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**ASSESSING STIGMA ON MENTAL HEALTH IN FICTION FROM  
THE PERSPECTIVE OF FRANTZ FANON'S *THE WRETCHED OF  
THE EARTH* AND INSTITUTIONAL PSYCHOTHERAPY**

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## **ABSTRACT**

Works of fiction could be considered as cultural artifacts through which stigma on mental health disorders can be fomented or prevented. Therefore, the aim of this EDP is to analyse how stigma towards these disorders and illnesses is presented and addressed in different works of fiction. The works of fiction that have been selected are Charlotte Brontë's novel *Jane Eyre* (1847), Milos Forman's film *One Flew Over the Cuckoo's Nest* (1975) and Netflix's series *The End of the F\*\*\*ing World* (2017-2019). In addition, Frantz Fanon's *The Wretched of the Earth* (1961) and the basic principles of institutional psychotherapy conform the theoretical background to approach this issue.

**Keywords:** Stigma, Frantz Fanon, Francesc Tosquelles, institutional psychotherapy, concentrationism, trauma, disorder, illness, madness, stagnation, transformation, right to roam.

## **RESUM**

Les obres de ficció poden ser enteses com a artefactes culturals mitjançant els quals es pot fomentar o prevenir l'estigma cap als trastorns i malalties mentals. Per tant, l'objectiu d'aquest TFG és analitzar com diferents obres de ficció presenten i tracten la qüestió de l'estigma cap a aquests trastorns i malalties. Les obres seleccionades per aquest propòsit són la novel·la "Jane Eyre" (1847), escrita per Charlotte Brontë; la pel·lícula "Algú va volar sobre el niu del cucut" (1975), dirigida per Milos Forman i, finalment, la sèrie de Netflix "The End of the F\*\*\*ing World" (2017-2019). El marc teòric d'aquest treball són el llibre de Frantz Fanon "Els condemnats de la terra" (1961) i els principis bàsics de la psicoteràpia institucional.

**Paraules clau:** Estigma, Frantz Fanon, Francesc Tosquelles, psicoteràpia institucional, concentracionisme, trauma, trastorn, malaltia, bogeria, estancament, transformació, dret a vagabundejar.

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## **1. INTRODUCTION**

According to the World Health Organization's (WHO) website, mental health is a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Thus, and still according to the WHO, "the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world."

In present days, the estimate of people susceptible of developing some disorder affecting their mental health –either due to social, psychological, or biological factors—differs little from different sources. For instance, according to Sharon M. Holder et al. (2019), 1 in 5 adults had a diagnosable mental disorder within the year prior to their article was written (2019, p. 369). According to Obertament, a Catalan organization that works to prevent stigma on people suffering from mental health disorders, the proportion (quoting the WHO) is 1 in 4. Moreover, 56% of adults with a mental illness do not receive treatment and one of the reasons playing an important role on it, according to M. Holder et al. (2019, p. 369), is stigma on the micro (individual) and macro (social, institutional) levels. Stigma, which according to M. Holder et al. can be of different kinds –social, to oneself, or professional (medical staff to patient, or within the medical staff)—can lead to the othering of people suffering a disorder because of the existence of prejudices labelling and targeting them as "different." Furthermore, the assumption of those prejudices by individuals towards themselves may make them decide not to seek help fearing a negative response --either from society or the healthcare professionals--, which might lead to a worsening of their symptoms, which could have been avoided.

M. Holder et al. conclude their article stating the need to address stigma on mental health disorders beyond the mere raising of awareness from and within health institutions and professionals and address to all levels where stigma might exist, such as communities, individuals, intergroups, and the media (2019, p.373).

In addition, all forms of cultural expression can be considered either as tools for raising awareness and provide means to prevent stigma, or, in the worst case, as focus of creation and diffusion of stigma. However, from a preventive point of view, there is the possibility of study critically those cultural artifacts creating or promoting stigmatising

prejudices towards mental health to analyse and refute those prejudices, promoting the existence of more inclusive points of view.

Therefore, the aim of this project is to study how the issue of stigma towards mental health disorders is presented in different works of fiction from the 19<sup>th</sup>, 20<sup>th</sup>, and 21<sup>st</sup> centuries –either literary or audio visual--. The working methods and ideas of institutional psychotherapy and psychiatrist Frantz Fanon (1925-1961) will be used as the main references to analyse the plot and characters of Charlotte Brontë's *Jane Eyre* (1847), Milos Forman's *Someone Flew Over the Cuckoo's nest* (1975), and Netflix's series *The End of the F\*\*\*ing world* (2017-2019) and try to assess if their views on mental health could be stigmatising. Thus, Fanon and his involvement with institutional psychotherapy, which appears to be reflected in his book *The Wretched of the Earth* (1961), will be of use when trying to assess whether stigma on mental health exists, is denounced or is non-existent in these three works of fiction.

## **2.THEORETICAL BACKGROUND**

### **2.1. Frantz Fanon and institutional psychotherapy**

According to Camille Robcis (2020), Frantz Fanon's methodology as a psychiatrist has been traditionally regarded just as a biographical detail. However, Robcis considers his commitment to institutional psychotherapy as key to understand the evolution of his thought towards the belief that mental disorders had a lot to do with the social and the political. This outlook on mental health would lead Fanon to articulate the theories behind his most renowned works, such as *Black Skin, White Masks* (1952), and *The Wretched of the Earth* (1961).

In her article, Robcis explains that Fanon started studying medicine in Lyon in 1946, and that in 1949 he decided to specialize in psychiatry. At that time, and especially in Lyon, psychiatry was oriented towards an organicist and neuropsychiatric approach, which made Fanon to feel constrained. Thus, he decided to open to other fields, such as literature, anthropology, philosophy, and psychoanalysis. From those different fields of knowledge, Fanon learned "the importance of relationality in the construction of the self" (existentialism and anthropology), "the decisive effect of politics on the human condition" (Marxism), and "theories of embodiment that complemented social construction" (psychoanalysis and phenomenology) (2020, pp. 306-307).

In addition to his readings, Robcis continues, Fanon's first experiences in the medical field also had a great influence on his impression that lesions were not the only requirement for symptoms. Hence, symptoms of pain presented by patients of North African origin that according to French doctors had "no lesional basis" and were judged as not having "consistence, no reality" --thus corroborating the racist theory that North Africans were "simulators, liars, malingerers, sluggards, thieves" (2020, p. 308)--, were regarded by Fanon to be the product of a first encounter with themselves within a racist society that threatened them, with a neurotic mode as a result (2020, p. 309). The observation of those symptoms led Fanon to consider the alienation (both political and psychological) that hostile social environments produced on people and to write in *Black Skin, White Masks* that "if racism did indeed produce an inferiority complex, it began as an economic process that was later internalized, inscribed in the body and in the skin" (2020, p.310). Therefore, Fanon's analysis through his college years convinced him to

emphasize the importance of the social, of the existence of structural racism, and of personal relationships in the construction of the self.

Robcis goes on explaining how, after a short internship at Saint-Ylie of Dole psychiatric hospital in France –where he witnessed the effects of overcrowding and lack of personnel in the psychiatric institutions of that time—and a brief return to Martinique to work at the Colson hospital, finally, in 1952, Fanon worked during fifteen months at Saint-Alban psychiatric hospital (France), where at that time a revolution in the field, known as “institutional psychotherapy” was on its heyday.

Institutional psychotherapy was, according to Robcis, a product of the Second World War and in its creation took part a heterogenous group of people, among which could be found communist and anarchist refugees, artists and intellectuals (especially surrealists), local inhabitants, and physicians frustrated with mainstream psychiatry (2020, p. 311). One of the doctors who would spearhead this new approach to psychiatry was the Catalan psychiatrist Francesc Tosquelles (1912-1994).

As Tosquelles himself comments in the 1989 documentary *Une Politique de la Folie (A Politics of Madness)*, his heterodox approach to psychiatry began during the Spanish Civil War (1936-1939) when he was appointed chief doctor of the Republican army’s psychiatric service. From his point of view, the first thing necessary in the front was to “heal” the doctors in order to make them lose, apart from their fear, the bourgeois mentality of individualism and stability, so they could work from an “anti-cultural” perspective. Hence, according to this tenet, doctors would not act from an omnipotent position, but rather patients where those who “chose their clients.” (1989, min. 18:53-20:48). It might have been for this reason that instead of recruiting psychiatrists –who, according to Tosquelles, were afraid of patients—to work at the therapeutic community he organized at Almodovar del Campo (Spain), he preferred people whose original profession ranged from lawyers to prostitutes, including artists and priests, to nurse psychiatric patients (1989, min. 21:29-23:46).

After the war, Tosquelles continued approaching psychiatry using non-professional staff during his stay –as a refugee—at Septfonds concentration camp (France). It was after his release from the camp that he was admitted to work as a nurse at Saint-Alban psychiatric hospital in Vichy France in 1940.

Going back to Robcis's article, the experience of being a refugee and a member of the French resistance, the fact of considering himself a Catalan against Spanish imperialism, an anti-Stalinist member of the political party POUM (Partit Obrer d'Unificació Marxista), and a member of the Spanish Republican army that fought against Franco added to his sensitivity towards the dangers of "concentrationism" (2020, p. 312). According to Robcis, "concentrationism" is the "potential of any institution or any group to become authoritarian, oppressive, discriminatory, and exclusionary." This concentrationism, apart from threatening people's modes of social and political organisation, is also a behaviour or psychic disposition that gives way to an alienation both social and psychic (2020, pp. 312-313).

Psychiatric hospitals in Vichy France, apart from their prison-like way of functioning, had a shortage of food and supplies that caused the death of 40,000 patients. This is referred to as the "extermination douce" (soft extermination) of the mentally ill (1989, min. 36:32), and could be considered an effect of "concentrationism." Thus, Tosquelles's and his colleagues' way to avoid the effects of this model at Saint-Alban was to send the patients and the staff to work at neighbouring farms in exchange for food (1989, min. 36:59). Apart from avoiding the effects of famine, this allowed patients some contact with the outside world. This practice might go in consonance with the institutional psychotherapy tenet that there existed the need to adapt psychoanalysis—which until then was believed to have no effect on psychotics—to observe patients' behaviour inside the collective rather than attempting intersubjective therapy sessions (2020, P. 313). Together with psychoanalysis—although adapted to their needs—institutional psychotherapists also based their methods on Marxism. Hence, the activities set up for patients such as the creation of a club to relearn social interaction, the workshops (which included the edition of a newsletter written by patients and members of the hospital staff), cultural events such as theatre and cinema (2020, p. 314), together with the allowance of freedom of movement to patients, had the intention to create spontaneous situations that would make patients avoid alienation and could help them become, as Tosquelles puts it, "what they really are" (1989, 35:05).

Hence, according to Robcis (2020, p. 313), institutional psychotherapy, which because of its anti-totalizing nature did not have a general model, aimed to "imagine and set up structures that could be constantly rethought, reworked and remapped" (2020, p. 314).

According to Tosquelles, quoted by Robcis (2020, p. 314), Fanon involved enthusiastically in all the activities and workshops during his stay at Saint-Alban, and contributed to them by writing some pieces for *Trait d'Union*, the hospital's newsletter. Therefore, after leaving this hospital, Fanon would have been eager to apply these methods in his new post as a doctor, which would be Blida-Joinville psychiatric hospital (Algeria), where he arrived in 1953.

At this time, according to Robcis, psychiatry in Algeria was led by Antoine Porot, who, although eager to appear as a reformist, was responsible for the notoriously racist theories that were mainstream in France, which Fanon had already learned and witnessed during his studies. Moreover, Blida-Joinville hospital looked like all pre-war psychiatric hospitals did in France; and, in addition to ill-treatment to patients, racial segregation was the norm (2020, pp. 315-316). Fanon's objections to this colonialist mode of management made his relationship with many of his colleagues difficult; and, at first, the methods he learned at Saint-Alban met with the indifference of both patients and staff. Finally, he found some adherents and "curing the hospital" became the main goal. To this purpose, the staff was encouraged to blend with patients—for instance, eating together or removing uniforms—and formation courses were offered to nurses and doctors. Finally, Fanon was put in charge of one guard composed of European female patients and three composed of Muslim male patients, so he could continue applying measures similar to those learned at Saint-Alban. (2020, p. 317).

The setting up of workshops (including the printing of the hospital newspaper, also written by patients), and cultural activities such as cinema, theatre, and sports, was a success among the European women—meaning an increase in releases. However, it was met with cold indifference from the Muslim male patients, leading Fanon to consider his approach to them as a "total failure" (2020, pp. 317-318).

Finally, what Fanon and one of his interns, Jaques Azoulay, realized was that "their attempt to impose a Western grid [of activities] in Algeria was a form of violence that was ultimately complicit with imperialism" (2020, p 319). Thus, their intention at that point was to find how native Algerians lived under colonialism and from there adapt therapy methods to the needs of Muslim patients. From a series of trips throughout the country, Fanon and Azoulay came to realise that the nature of gatherings for most Algerians was religious or familial, that instead of sports, they enjoyed more playing cards and dominos—to that purpose Fanon set up a café in the hospital that gained a lot of

popularity. They also preferred action-filled films, and they did not want to get involved in activities considered as feminine, such as weaving. The importance of Algerian culture was also important when they came up with the notion that the favourite genre of fiction was that of storytellers, so from now on the hospital would invite some to tell their tales to the patients (2020, pp. 319-320). Thus, getting involved with the life of Algerians was useful to organize an atmosphere that would allow a start for socialization. What is more, this would make possible the constant transformation required to deal with life to take place.

In 1956, with the Algerian war at one of its most violent stages, Fanon came to realise that despite all his efforts to provide his patients the means to adapt to their environment, those efforts were useless because of the existence of colonialism and the alienation –political and psychic—it caused in native Algerians. Thus, this same year he decided to resign from his position of medical director at Blida-Joinville psychiatric hospital (2020, p. 303). However, the work he developed during his stay there confirmed his belief in the relation between the social and the politic with the psychic. Moreover, according to Robcis, his work at Blida reveals the possibility to rethink and decolonize “supposedly European parameters” (2020, p. 325) to transform them according to the needs of those peoples undergoing other scenarios, which can be said to imply “concentrationism,” such as colonialism and capitalism. Hence, all these ideas could be considered to have been translated and adapted by Fanon in such works as *The Wretched of the Earth*.

## **2.2. Frantz Fanon's *The Wretched of the Earth* (1961)**

Fanon's *The Wretched of the Earth* should be considered as a book that has those peoples undergoing the oppression of colonialism as its target audience. In this work, Fanon, without giving any strict or precise directions on ways to proceed, presents the colonized societies and individuals as alienated beings –both politically and psychologically—that fail to reach their true potential due to the economic, cultural, and military exploitation inflicted by the European “mother countries.” Thus, the only alternative those peoples have is to take arms and start a fight against the colonial powers that will provide the means to their regeneration. Fanon also provides some scenarios that would present setbacks and stagnation and proposes some alternatives. Therefore, this quest for constant transformation, the avoidance of fixed solutions, and the refusal to imitate old standards that pervade all the book might be in consonance with the methods he observed at Saint-Alban and those he put into practice at Blida-Joinville hospital.

For instance, in the chapter “The Pitfalls of National Consciousness,” Fanon criticises the urge the national middle classes have for imitating the colonial's power bourgeoisie after independence (1961, p.150). The main setback this poses to the young nation, according to Fanon, is that the nationalisation of what had been colonial businesses and institutions becomes a mere “transfer into native hands of those unfair advantages which are a legacy of the colonial period” (1961, p.152). Moreover, the lack of invention, initiative and ideas of the native middle classes makes them appear only as the intermediaries between nation and capitalism, making tourism at the service of Europeans the only industry where they can come to feel at the same level as the mother country's bourgeoisie. Such behaviour, according to Fanon, only represents the stigma of the deprivations of the national middle class (1961, pp.153-154). Another danger of imitating the colonial bourgeoisie is the lack of ownership over the humanist values that justified colonialism and its contempt to the native population. Instead, the national bourgeoisie is only able to elaborate a discourse of defensive racism against those minorities or ethnic groups who are considered to put in danger their newly acquired position of privilege (1961, pp.163-164). Hence, Fanon continues, the political education that led the people to achieve independence needs to continue by teaching which economic measures to take (1961, p.198). From his point of view, the bourgeoisie of underdeveloped countries cannot add social and technical advances (1961, pp. 174-175), so the nationalization of the intermediary economy should involve the opening of

wholesale and retail cooperatives directed by democratic means (1961, p.180). Therefore, the stagnation Fanon perceives in the decisions taken by the bourgeoisie can be avoided, from his point of view, using methods of popular participation he witnessed and put into practice when working as a psychiatrist both in France and Algeria.

There are other instances in the book where Fanon appears to invoke the institutional therapy tenet of “curing hospitals” to apply it to find a cure to the ills caused by the ideology supporting colonialism. For instance, in “Criminal impulses found in North Africans which have their origin in the national war of liberation,” an annex at the end of the chapter “Colonial War and Mental Disorders,” Fanon discusses the racist theories of the psychiatric school of Algiers before starting to refute them. According to Fanon, the most important about the conflict undertaken against colonialism is that it starts a process of reintegration inside individuals and society that will provide them with consistence, coherence and homogeneity. Thus, the main aim of this conflict is to start teaching people living under colonialism what is the meaning of being human (1961, p. 293). The first sign of this encounter with human nature would be the existence of what from the colonialist point of view could be understood as “laziness.” However, Fanon goes on, this laziness is just a sabotage of the colonial enterprise and a mechanism of auto-protection. The contrary, that is, working with enthusiasm, is considered by Fanon to be a sign of a pathological case (1961, p.294). To this stigma of laziness, the colonialist adds to the native that of violence when observing the general criminal behaviour of, for example, North Africans. From this point, Fanon begins to explain how the school of psychiatry of the faculty of Algiers, spearheaded by Dr. Antoine Porot, built a body of knowledge on criminality based on racist tenets. Before the start of the Algerian Revolution in 1954, it was affirmed by academics –and taught at universities—that the Algerian was a born criminal who killed for no reason. Porot and his pupils explained this phenomenon from a “sociological, functional, and anatomical” interpretation (1961, pp. 296-298). From Porot’s point of view, the brain of North Africans was not as evolved as that of Europeans. In short, according to him, the North African brain structure made this people focus only into the details of problems instead of the full picture, which denied logical thinking. This led to a lack of inner life that translated into murder instead of suicide –which requires the existence of an inner life—when Algerians suffered from melancholia (1961, pp. 298-300). Porot’s theories were supported by other scientists, such as Dr. J.C. Carothers (from the World Health Organisation) who described the

African as a “lobotomized” European (1961, p. 302). Thus, the colonists’ conclusion from those studies was the need to “tame and pacify” Africans (1961, p 303). However, Fanon notes how this violence and murder, which used to be mostly between Algerians, has receded since the beginning of the revolution. Instead, anger has been canalized to the French. The explanation Fanon gives to this is that before the war all signs of colonial oppression (hunger, unemployment, poverty) hid the ultimate responsibility of colonialism because those signs triggered violence during interactions between Algerians, who used each other as a screen of their anger. With the start of the war, however, the objective of defeating colonialism has increased cooperative efforts and has put individualism aside. Moreover, Fanon compares the situation before the war with a farm where the animals are competing for the few resources left to them, thus making impossible to think about morals and values. Finally, Fanon comments that the individual transformation that the questioning of colonialism provides goes hand in hand with the fight against colonialism (1961, pp. 305-310). Hence, the reasoning Fanon makes on the racist nature of colonialism and the response to it might be another point in common with therapeutic methods used to “cure” political situations and encourage social and individual change.

Another example of Fanon’s professional methodology, perhaps influenced by institutional psychotherapy, could be found in the chapter “On National Identity” because it seems to propose therapeutic measures that give way to finding a cultural voice according to the characteristics of each new independent nation. Fanon argues that no matter what kind of measures undertaken by colonialism to counteract the struggle for independence of a nation, there is always the colonial power’s assumption that, thanks to it, the colonized abandoned their barbarian state (1961, pp. 207-209). However, against this discourse of colonialism enlightening the darkness the natives lived in is counteracted by the native intellectuals and their defence of the nation’s legitimacy (1961, p. 211). Fanon notes that, to counteract the colonialist racist view of Africans as a homogeneous body, the first move of native intellectuals is to claim, for instance, the existence of a “Negro culture” all along their continent. Nevertheless, Fanon considers these attempts of continental unity, such as the African Cultural Society and those made by Arab nations, to be leading towards a blind alley. First, because it attempts for an exclusive comparison with an European culture already claiming its universality, and second, because the attempts of continental cultural unity do not consider the objective problems of each

colonized nation (1961, pp. 211-216). From Fanon's point of view, native intellectuals – until then influenced by the European canon—start rejecting what they had learnt in favour of the search of their national culture. Moreover, they start doing this after having seen their people's struggle for independence. Therefore, Fanon observes three stages intellectuals go through once they start developing their national awareness. First, the work they produce is highly influenced by European standards. Second, after having started to “remember what they are” they develop what Fanon considers “muscular action.” This is characterized by their use of elements such as rhythms, images and colours that express their need to liberate themselves. In this second stage native intellectuals produce works expressing distress, but also signs of humour and optimism, with a constant use of allegories. Finally, intellectuals go to the third phase, where, after having mixed with their people and get to know them, they will work to shake and awaken national consciousness. Furthermore, this stage also requires the active involvement of intellectuals with the ongoing war of liberation (1961, pp. 220-223). Fanon continues stating that in the first attempts of contact with their people, intellectuals are only capable to grasp a few superficial things, such as garments and traditions. Such elements, although important in the past to counter colonial oppression, are already obsolete and cannot help to capture the essence of the nation and its people because once the fight for independence has begun, the nation and its culture start a quick process of transformation. Thus, not getting this quick process of change can make the artists and intellectuals to become out of date automatically and stagnate (1961, pp.223-224). Fanon's antidote to that stagnation is that intellectuals need to realize their own estrangement from the people, and then allow to be taken before taking from them. In other words, intellectuals need to join the movement towards independence. Such statements make the evolution of the nation and its culture intertwined with the progress of the war against colonialism. Thus, according to Fanon, each nation will end up having a culture different from the other nations, a culture in constant evolution where the “nigger” as conceived by Europeans starts to disappear precisely because of the cultural and national transformation they undergo (1961, pp. 225-234). Hence, for Fanon the struggle itself becomes the most “complete cultural manifestation” (1961, p. 245), leading to the transformation of stagnated native cultures with automatic habits into whole new institutions. The aim of such new cultural institutions would be to contribute to international consciousness and new universalized values far from those pre-conceived European ones (1961, pp.238-247). During this chapter, Fanon also admonishes those governments from independent nations criticising

the struggle of other peoples while talking about African unity at the same time (1961, p.235). Thus, it appears that, from Fanon's point of view, the concept of unity might also involve the acceptance of each other's circumstances and efforts to escape from the same situation of colonialist oppression. Finally, another idea worth mentioning might be that in a period of cultural change in a young nation, the colonial power becomes the first advocate for a return of the native population to their traditional cultural ways (1961, p.242).

Therefore, the practices of institutional psychotherapy, based on the active participation of patients in the therapeutic process and in the functioning of the hospital, aimed to achieve the recovery and release of psychiatric patients through encouraging them to find who they wanted to be by the constant questioning of universal truths, considered to be alienating. Furthermore, Frantz Fanon's *The Wretched of the Earth* could be based on his therapeutic methodology, aiming, as institutional psychotherapy did, to start the transformation required to live in society after having understood the circumstances the patient, in this case the population of whole countries and continents, faced at the beginning of their recovery. In addition, cultural activities played an important role in the therapy methods of both institutional psychotherapy and Frantz Fanon. For instance, in an interview in the Catalan channel Més 324 to talk about her book *Tosquelles. Curar les Institucions (Tosquelles, Healing the Institutions)* (2021), philologist Joana Masó explains that Tosquelles filmed the daily life inside the hospital to show it to the patients (2021, 03:00). This cinema activity may have been positive for the patients as it was about them and talked to them at the same time. Thus, either institutional psychotherapy and *The Wretched of the Earth* could be useful to identify and analyse how works of fiction address the issue of stigma on mental health, and if they do so, if they create positive or negative referents for the audience.

### **3. STIGMA ON MENTAL HEALTH IN FICTION**

#### **3.1. *Jane Eyre* (1847)**

Charlotte Brontë's *Jane Eyre* is a novel with elements of the bildungsroman, romance novel, and gothic fiction where its main character and narrator –Jane Eyre—tells her life from childhood to her marriage with her former employer Mr. Rochester. Throughout her journey, Jane will have to learn how to deal with her inner rage and feelings so she can know how to respect herself and live according to her values. However, although characters such as Jane and Mr. Rochester might evince or recognise in themselves signs of madness or mental illness, which they finally manage to overcome, this contrasts with the stigmatisation of people suffering from other certain kinds of mental illness, such as the character of Bertha Mason. What is more, this stigma might be reinforced by the numerous references to the medical language that was in vogue when this novel was written. Hence, *Jane Eyre* is a novel that could be read through the lens of theories such as those of institutional psychotherapy and Frantz Fanon.

In the documentary on his figure, Francesc Tosquelles comments that people cannot remain always at the same place. He compares people to “pilgrims” whose journey is of paramount importance to become themselves. Having this idea in mind, Tosquelles comments how psychiatric hospitals need to provide patients with different spaces that would encourage them to face the unexpected and avoid stagnation. Therefore, Tosquelles saw in the “droit au vagabondage” (right to roam or wander) the key to a constant process of personal construction and deconstruction (1989, mins. 40:35-42:19). Thus, the development of Jane's character throughout the novel could be read as a constant “wandering” or quest to become her ideal self. In the second chapter of the novel, Jane is confined into the “red room” after an episode of rebellion against her cousin's tyranny. According to Sandra M. Gilbert and Susan Gubar in their book *The Madwoman in the Attic* (1979), it is when she is locked in this room that Jane will find in madness a way to escape the injustice of her present situation (1979, p. 341). However, when put in front of madness again, Jane will be able to overcome it before escaping, as Gilbert and Gubar put it, through deliberation (1979, p. 363). Such an episode occurs in chapter 27, when she resists Mr. Rochester's attempts to convince her to continue living with him once it has been revealed that he is married to Bertha. Despite all Mr. Rochester's entreaties and explanations about the circumstances of his marriage, Jane sticks to “the principles received by me when I was sane, and not mad –as I am now” (1847, p. 454).

Hence, it appears that the decisions taken by Jane to control her impulses and become someone with self-respect are rooted on her previous experiences, such as her education in Lowood and what she learnt from the friends she made there. In the same manner, what Jane learned about herself during her stay at Thornfield Hall with Mr. Rochester will condition her decision to refuse St. John Rivers's marriage proposal because it does not suit her standards of marriage. Therefore, in a "concentrationist patriarchal society," as institutional psychotherapy would put it, Jane manages to resist ways of life undesired by her by applying what she has learnt through her constant journey or roaming. Moreover, by doing so, she also appears to have overcome madness.

On the other hand, Bertha Mason could be a character who, apart from her voice, is deprived of her "right to wander," which turns her into a character that can only be valued through her mental illness. Until chapter 26, Bertha is both invisible and ethereal. The only things through which she is perceived by the reader during most of the novel are her laughter and the result of her actions, such as the fire she starts at Mr. Rochester's bedroom in chapter 15. Her first physical appearance is told by Jane as if it were a dream in chapter 25, with the rendered veil as the only evidence of Bertha's presence in Jane's room. Furthermore, Bertha's only line of dialogue is told by her brother: "She said she'd drain my blood" (1847, p. 301), but at that point in the novel it might only be attributed to Grace Poole. It will not be until chapter 27 that readers will get to know the story of Bertha, this time through Mr. Rochester. Thus, readers will learn that Mr. Rochester's marriage with Bertha was arranged by his father only for economic reasons, and how, once they were married, Mr. Rochester realised that Bertha was mad. This madness, which was aggravated, according to Mr. Rochester, by Bertha's vices springing "up fast and rank" (1847, p. 439) determined Mr. Rochester to go back to England, where no one knew about his marriage. Once in England, he would lock up Bertha in his attic and try to start a new life. Thus, after having "failed" to become the expected English wife, Bertha is not deemed by her husband to deserve her right to continue with her life and ends up swallowed by "concentrationist" institutions such as marriage. Hence, according to that "concentrationism," the only thing possible for Bertha was to give all her wealth to a husband that had the right to dispose of her as he pleased. Thus, ultimately Bertha loses her capacity to wander and evolve at her own rhythm, ending closed as an animal and narrated as such. This image of Bertha, according to Elizabeth J. Donaldson (2002), had great influence on medical accounts of female insanity in Victorian England (2002, p.

101). Therefore, Bertha becomes a character that represents to the reader and characters such as Jane just “a way of how not to act,” according to Gilbert and Gubar (1979, p. 360). Moreover, Bertha might also represent, from the perspective of institutional psychotherapy, a character forced into a stagnation that stigmatises her.

Throughout *Jane Eyre* there are also many references, according to Donaldson, to physiognomy and biological destiny. Such references may remind us of the theories of the Algiers school of psychiatry, which was bitterly criticised by Fanon. Thus, according to Donaldson, characters such as Jane and the narrative of the novel itself “partake in a deep abiding faith in the discerning powers of physiognomy” (2002, p. 103). Physiognomy was used, Donaldson continues, to discuss idiocy and madness, two mental states that were “commonly discussed in tandem” (2002, p.103). Moreover, as Donaldson points out, characters such as Jane and Mr. Rochester resort to medical theories from Charlotte Brontë’s time to judge the character of other people. For instance, Mr. Rochester, uses terminology borrowed from phrenology –the reading of personality through the external shape that the inner organs of the brain give to the skull—to judge that Jane has “a good deal of the organ of Adhesiveness,” which endows the ability to be social and friendly (2002, p. 103). By the same token, Jane herself also appears to rely on the reading of external physical traits to judge character, as Donaldson indicates, when she first meets Richard Mason (2002, p.104) in chapter 18. Hence, Mason, who at first looks to Jane as a fine and good-looking man, comes to be (after a closer reading of his features) someone with a weak personality according to the shape of his head, face, and eyes (1847, p.268). This reading of Bertha’s brother anticipates Bertha state of madness. Moreover, as Mr. Rochester reveals in chapter 27, Bertha’s madness was determined by the madness of her own mother. This hereditary condition, according to Rochester, has not only affected Bertha, but also her little brother, who is described as a “complete dumb idiot,” and shows its signs also in Richard Mason’s submissive personality (1847, p. 438). According to Sander Gilman (quoted by Donaldson), “by the time Brontë was writing *Jane Eyre*, Alexander Morison’s depictions of madness in texts like *The Physiognomy of Mental Disease* (1840) were familiar and ‘greatly influential’.” (2002, p. 104). Hence, *Jane Eyre* would be an example of what Donaldson understands as fictional representations of madness having a way of influencing clinical discourses of mental illness and vice versa (2002, p. 101). In addition, read from the point of view of Fanon and institutional psychotherapy, the determinist medical discourse endorsed by Brontë in

*Jane Eyre* might have contributed to the further stigmatisation and isolation of the mentally ill, placing them in a state from whence no positive evolution was possible, rather than seeking for their recovery through means that would permit to live more independently.

Finally, apart from endorsing the discourse of colonialism and doctor Porot's racist theories, the final reunion of Jane with Mr. Rochester also appears to go in the opposite direction of the need and right, of people and nations, to seek their own cultural or individual identity that Fanon and institutional psychotherapy would advocate for. For instance, whereas Bertha, according to Donaldson, symbolises "raving madness" (2002, p. 106), the blinded and mutilated Mr. Rochester (1847, p. 621) would come to embody its opposite: melancholy madness (2002, p. 108). Donaldson explains this interpretation by comparing these two characters with Caus Gabriel Cibber's sculpted figure over the gates of Bethlem "Bedlam" Hospital (London) which represents raving madness (with its hands in chains) juxtaposed to melancholy madness (with its hands hidden) (2002, pp. 106-108). The hidden hands of melancholy would symbolize, Donaldson continues, Mr. Rochester's present state of "melancholic ineffectuality" (2002, p. 108). Moreover, Mr. Rochester's blindness would be the sign of an interiority that "threatens to separate the self from the exterior world, just as severe mental illness might" (2002, p. 108). Mr. Rochester's image of melancholy contrasts with that of Bertha's raving madness, who needs to be isolated or bound to a chair to prevent her from hurting others or herself. Therefore, using Fanon's terms, whereas Jane would become a "mother figure" that protects Mr. Rochester from a hostile environment (perhaps stressed by the isolation and wilderness of Ferndean Manor), Mr. Rochester seems to incarnate the "colonial mother" that protects her child (Bertha) from "committing suicide and from giving free rein to its evil instincts" (1961, p.211). Continuing with a reading from Fanon's point of view, Bertha's attempt to kill Rochester, and her rendering Jane's wedding veil (1847, p.444) could symbolize a way to fight back against her state of imprisonment, revealing the existence of her inner life. This could be stressed by the fact that Bertha commits suicide after burning down Thornfield Hall (1847, p.617), thus contradicting the school of Algiers tenet according to which only melancholics (such as Mr. Rochester) had the inner life needed to resort to suicide. In addition, Mr. Rochester's mental illness is juxtaposed, according to Donaldson, to that of Bertha in that his can be cured and is not congenital (2002, p.109), apart from not being aggravated by "immoral vices." This distinction,

which would imply that some illnesses deserve more stigma than others according to their symptoms and causes, could be translated to Fanon's notion of national culture because from his perspective, everyone should deserve the opportunity to find their own means to overcome either a state of mental illness or oppression, instead of being constantly judged or despised by their circumstances.

In a nutshell, Charlotte Brontë's *Jane Eyre*, read from the perspective of Frantz Fanon and institutional psychotherapy, appears to be a novel that juxtaposes different kinds of anguish, mental illness, and ways to overcome them. By doing so, and supported by the medical discourse of its time, it might succeed in stigmatise behaviours and types of mental illness deemed to be anti-social and dangerous; thus, perhaps favouring a negative shift in the public opinion and health professionals towards a specific kind of psychiatric patients.

### **3.2. *One Flew Over the Cuckoo's Nest* (1975)**

Milos Forman's *One Flew Over the Cuckoo's Nest* is a film based on the 1962 novel of the same title written by Ken Kesey. The main character of the film is Randle Patrick McMurphy (Jack Nicholson), a convict who feigns insanity to avoid his hard labour sentence. Once transferred to a psychiatric hospital, McMurphy will defy the regulations of that institution, which are incarnated in its head nurse, Mildred Ratched (Louise Fletcher).

According to Jennifer Lambe (2019), both the film and the novel share a criticism to psychiatric hospitals, depicting them as a “microcosm of societal pressures and authoritarianism” (2019, p. 303). Lambe comments that the message of rebellion against structures of authority turned Kesey's novel into a countercultural hit, and that its adaptation into theatre helped to increase its popularity with its opening in Broadway in 1969 (2019, p. 304). Moreover, the theatre adaptation would also have been performed for therapeutic purposes. Thus, Lambe mentions that in 1973 the play was performed in a psychiatric hospital as an activity “designed to awaken patients from their ‘zombie dormitory life’.” Moreover, getting patients to ask themselves what they were doing in a hospital in the first place would have been the aim of such an activity (2019, pp. 304-305). Despite this therapeutic staging, however, neither the book nor the play had a clear relationship with psychiatry (2019, p. 305). Indeed, Dean K. Brooks, superintendent of the Oregon State Hospital (where the film version was shot), and who plays the character of Dr. Spivey in the film, had in mind the novel's allegory of repression and authoritarianism when he agreed to collaborate with Forman (2019, p. 305). Nevertheless, Brooks would eventually find himself having to answer for the accurate description the film offers of hospital life and procedures such as electroconvulsive therapy (ECT) or lobotomy. Thus, the film's focus on psychiatry contributed to increase the debate around the use of such practices –for instance, psychosurgery as a means of racialized behavioural control-- which would prompt “Senate hearings and new guidelines for biomedical research and ethics.” (2019, pp. 306-307). Throughout her essay, Lambe also mentions how her History of Psychiatry course students show ambivalent responses to the film. For instance, many of these students have the opinion that the psychiatry depicted in the film does not represent the methods used in the present. However, considering the aforementioned “soft extermination” of the mentally ill in the asylums of Vichy France, or the theories of the Algiers school of psychiatry that both institutional

psychotherapy and Frantz Fanon denounced, the psychiatric methods depicted in *One Flew* could be considered another example of the constant danger disciplines and institutions (such as psychiatry and its hospitals) face of performing “concentrationism.” That is, as Robcis would put it, of becoming focuses of authoritarianism, oppression, discrimination, and exclusion. Thus, *One Flew* could be considered a film that, acknowledging the dangers of concentrationism and its stigmatising effects on the people suffering it, offers alternatives much in tune with the ideas of institutional psychotherapy and Frantz Fanon.

The year in which the film is set (1963) seems to draw a parallel between institutionalized racism and psychiatric abuses, and between the protests that ensued both asking for social change. Hence, the film might be considered, in institutional psychotherapy’s terms, a critique to concentrationism and its practices. In *One Flew*, just before the party that precedes McMurphy’s and “Chief” Bromden (Will Sampson) attempt of escape –and that will catalyse the final repression on Billy Bibbit (Brad Dourif) and McMurphy, causing their death and lobotomy respectively--, the TV announces the arrest of the suspects of the bombing of a church in Birmingham (Alabama) that killed three black children. The name of the suspects mentioned in the film coincides with those of the perpetrators of the 16<sup>th</sup> Street Baptist Church Bombing that took place on September 15<sup>th</sup> 1963 in Birmingham, killing four black girls. According to a timeline of this case provided by *CNN* (2013), FBI director J. Edgar Hoover gave orders to close the investigation in 1968 without any charges being filed. The case would not be reopened until 1971, and the perpetrators would not start receiving their sentences until 1977. Hence, this case was still open when *One Flew* was released. Thus, from an institutional psychotherapy point of view, the film might mention this episode to stress its critique to the concentrationism it denounces. In parallel to this, it is worth mentioning Lambe’s explanation about the shift started during the middle of the 20<sup>th</sup> century from a psychiatry more focused on biological remedies, such as lobotomy and ECT, to more “refined approaches” such as psychotherapy or psychoanalysis. The intention of this shift was, according to Lambe, to “light a path out of the discipline’s historic, widely censured seat: the mental asylum” (2019, p. 302). Such reformist spirit, Lambe continues, prompted federal intervention on mental health in the USA. Therefore, under President Truman, the National Institute of Mental Health was created, and the Mental Health Study Act was passed in 1955. This act would lead to the creation of a commission on mental health

conditions, the conclusions of which would prompt the Kennedy administration to pass the Community Mental Health Centers Construction Act in 1963. The aim of this act was to “reduce by fifty per cent or more the number of patients under custodial care within ten or twenty years” (2019, p. 302). Thus, *One Flew*, set in the same year this ambitious act was passed, portrays a moment in American psychiatry history where hospitals were about to try to start to change (or healing) from places where people were pathologized and stored in a state of stagnation to become places aiming to provide better means of recovery, trying to leave the authoritarianism attached to such spaces behind. Moreover, according to Lambe, such changes on legislation could have been prompted by the protests coming both from inside and outside the academy, with movements such as anti-psychiatry (2019, 302), that could have some affinity with the ideas of psychiatrists such as Frantz Fanon. Hence, in the film there may be a background parallel between the protests of the Civil Rights Movement and those asking for the improvement of the treatment of the mentally ill. Such parallel might be implicit on the message of *One Flew* which, from the perspective of institutional psychotherapy, might present psychiatric hospitals as places in need to be “healed” of authoritarianism before start working on the recovery of patients.

From Fanon’s and institutional psychotherapy’s point of view, the hospital staff, as depicted in the film, would also be in need to be “healed” before committing to the care of their patients. For instance, the blending of the members of the hospital staff with the patients is very sparse throughout the film. This can be observed in the case of the attendants, whose only real life-like interaction with patients is the basketball games they play with them. However, a real blending, as Fanon would put it, does not take place since basketball teams are segregated between attendants and patients. Moreover, this segregation is stressed by the fact that attendants seem to be far more familiar with the game and appears that in the past they might have won every game against patients. Continuing with basketball, this game also shows how, far from aiming to contribute to the patients’ progress, the attendants in the film appear to discourage any attempt of initiative shown by patients. Thus, this could be observed when an attendant tells McMurphy there is no point in trying to make someone that “can’t hear a f\*\*\*ing thing,” such as Bromden, learn how to score a basket. Similarly, focusing on nurse Ratched, she does not look like a character who mingles properly with patients either. Therefore, nurse Ratched makes patients follow a rigid schedule full of arbitrary rules to which every

alternative proposed by patients is disregarded. For instance, the loud music that accompanies medication time seems to be played following Ratched's instructions although it might annoy some patients. However, although her psychiatric ward has a TV, she does not allow it to be turned on to watch a baseball game because its noise might be annoying. Moreover, in scenes such as that in the swimming pool or at the aftermath of the party, attendants and Ratched show signs of sadism in their way of addressing to patients. For instance, in the swimming pool an attendant tries to elicit a violent response from McMurphy perhaps thinking that in the end what will count will be the figure of authority's account of the events. Moreover, after the party, attendants seem eager to know how Ratched will punish the patients. Nurse Ratched is also pictured as a character who prefers to intimidate patients instead of trying to understand their real needs. What is more, the sadism evinced by the staff might make audiences think about that of the French police inspector in Algeria who, according to Fanon, beat his family influenced by the tortures he practiced at work (1961, p. 267). Thus, viewers might come to think that all these violent attitudes that the staff show might be taking their toll on their personal life. Lambe also mentions the controversy of using people from traditionally oppressed collectives (women and black men) to take the role of oppressor in the film (2019, p. 299). However, this might recall Fanon's comment on Keita Fodeba's poem and its implicit allusion to men from colonized countries who, after having served in the "mother country" wars, continue serving as trained soldiers against the movements of independence (1961, p. 232). Thus, in the case of the film, women and black men acting as oppressors might symbolize the potential of authoritarianism (or concentrationism) to transform any kind of person into a "public servant of evil." Hence, *One Flew* offers a picture of the staff of a psychiatric hospital close to that in need, according to institutional psychotherapy, of "healing" themselves before being able to offer real means of recovery to patients.

In front of authoritarian –or concentrationist—methods, McMurphy's acts of rebellion might recall the methods used by Fanon and institutional psychotherapy seeking to make patients transform their routines so they could recover. The scheduled activities performed in the hospital, such as group therapy sessions, seem to pathologize behaviours that would have other explanations than mental illness. This would be the case of patients such as Dale Harding (William Redfield), and Billy Bibbit. Moreover, nurse Ratched's questions to them during these group sessions only appear to make these two characters

go in circles around the events causing their traumas instead of encouraging them to address their problems differently, which perhaps would stop making it “necessary” for them to seek hospitalisation on a regular basis. However, in opposition to Ratched’s stagnating methods, McMurphy’s acts of rebellion seem to encourage other patients to start questioning the rules of the hospital and find therapeutic alternatives through the interaction with the unexpected. For instance, the fishing trip McMurphy takes his fellow patients to might recall Tosquelles’s notion of recovery through the assumption of different roles and accomplishing specific tasks that include the need to improvise. Moreover, this fishing trip might remind Fanon’s activities based on the cultural background of his patients. In this case the activity appears to be based on the “American tradition” of spending a day out fishing. Another character that appears to be influenced by McMurphy’s quest for freedom might be “Chief” Bromden. Bromden appears to be a character who, perhaps despaired by societal pressures’ effectivity to grind people down and destroy them, might have opted to manage to get committed to a mental institution to isolate himself from the outside world. Moreover, his auto-defence strategy appears to be feigning muteness and deafness to reduce to the minimum his interactions with other people. However, his interaction with McMurphy appears to make Bromden abandon his stagnating performance and resolve to escape looking for a new start. Therefore, McMurphy’s actions seem to encourage other characters to seek for ways to transform themselves in ways that might evoke the philosophy of Fanon and institutional psychotherapists. Moreover, such actions are a response to the pathologizing, stagnating and stigmatising methods of “concentrationist” psychiatry.

In conclusion, the abuses endured by psychiatric patients in Milos Forman’s *One Flew Over the Cuckoo’s Nest* appear to parallel, according to the narrative of the film, the episodes of racist terrorism in the USA during the 1960s. Thus, from Frantz Fanon’s and institutional psychotherapy’s point of view, the film might be pointing out to the need to heal institutions such as the psychiatric hospital and its staff before they can start helping their patients to recover. Moreover, the healing of such an institution also needs psychiatry to stop pathologizing certain kinds of behaviour that might have their origin in the pressure society inflicts on individuals. What is more, the film might also be urging to the need to prevent stigma, recognizing in it the source of acts of violence against those marked by it.

### **3.3. *The End of the F\*\*\*ing World* (2017-2019)**

Based on Charles Forsman's comic of the same title (2013), *The End of the F\*\*\*ing World* could be understood as a coming-of-age series. Its two main characters, James (Alex Lawther) and Alyssa (Jessica Barden), are two 17-year-olds who decide to escape together from their present life. Although at first it might appear that James's reason to join this trip—thinking that he is a psychopath who ought to start killing people, beginning with Alyssa—differ from Alyssa's, the reasons of the two for escaping seem to have their roots in traumatic experiences related to the history of their families. Moreover, the same could be said about the personality of Bonnie (Naomi Ackie), another main character that appears in season 2. Therefore, this series could be analysed through the lens of institutional psychotherapy's and Frantz Fanon's theories for the stress it puts on family as the starter of disorders likely to be pathologized or stigmatized as mental illness. Moreover, using Fanon's terms, such disorders, which according to the series are caused by trauma, seem capable of stagnating processes of transformation, and lead to the further deterioration of people's well-being.

The three families depicted throughout the series might recall the imitation of Western standards that, according to Fanon, new nations needed to avoid at all costs. The audience learns about James's and Alyssa's families on the first episode of season 1. On the one hand, Alyssa's mother (Christine Bottomley) appears to be someone trying to give the impression of living a perfect life according to middle-class standards. However, she does so by looking the other way when his husband (Navin Chowdhry) shows his contempt towards Alyssa or harasses her. On the other hand, James's father (Steve Oram) looks like a man who tries to reproduce socially established forms of masculinity in his way of live. Thus, he is someone who only eats junk food, is continually trying to give the impression of being cool to his son and makes homophobic remarks when he refers to James's lack of girlfriends. On the first episode of season 2, Bonnie also presents her mother (Nadine Marshall), who appears as a perfectionist and conservative woman obsessed with her daughter being able to get into university. Bonnie's mother might be so as the result of her having had to quit college after getting pregnant with her. Hence, it appears that, in the series, the present circumstances of the parents reflect their reaction to their own traumas. For instance, in episode 5 of season 1 there is a flashback of James's childhood about the day his mother drowned herself in front of him. Before this happens, James's mother appears to be depicted as someone depressed or melancholic to whom all

her husband has to say is “How are you feeling? Better?” before “prescribing” her to go out and take some air. Therefore, with his present “masculine” attitude, James’s dad seems to try to compensate for his lack of communication with his wife and try to convey a sensation of normality to his son. In addition, in episode 7 of season 1, Alyssa reunites with her biological father (Barry Ward). Initially, he looks as a freedom-loving man but he ends up revealing as an irresponsible person who does not care about the consequences his acts might have on other people, including Alyssa. Thus, Alyssa’s mother obsession with the perfect middle-class life might come from her previous experience with Alyssa’s father. Therefore, a reading of this series based on Fanon would stress the futility of trying to imitate established patterns of normality instead of addressing present situations properly. Such present situations would imply, for example, the need of not hiding the past. Otherwise, the series seems to warn, the traumas of parents might take their toll on their kid’s lives.

The toll that past family traumas take on the minds of James, Alyssa, and Bonnie appears to cause their self-stigmatisation. To begin with, at the age of eight (2019, S1, Ep. 5) James witnessed his mother’s suicide. From that moment on, he felt as he was unable to feel anything. For instance, in episode one of season 1, James explains how, when he was nine, he fried his own hand just to see if he was able of feeling something. At 15 he started killing animals and this led him to think he was a psychopath. This way of reasoning, perhaps influenced by established fiction clichés on psychopaths, seems to be the consequence of his father’s decision to mask what happened to his wife with a mix of silence and preconceived ideas about how the relationship with his son should be. The same kind of process seems to have taken place in the case of Alyssa. Hence, because her mother thought not telling her anything about her father should be the best, Alyssa appears to have idealised him as a maverick from the few memories she has of him. Therefore, Alyssa seems to apply this idealised figure to herself and, in episode one of season 1, she appears as someone who does not like to fit in. Moreover, she constantly annoys other people such as waitresses and shares her father’s advice that thieves ought to have principles when deciding where to steal from. Thus, the lack of communication with her mother might make Alyssa see herself as an anti-social person. Finally, in Bonnie’s case, perhaps her mother, considering that she had to quit university as punishment for her faults, punishes Bonnie to prevent her from “failing” as she did. However, the consequence of this for Bonnie is to associate punishment with love and recur also to

lying as her means to get others to accept her. This association between love and punishment might confuse Bonnie to the extent of not being able to recognise how her “lover” Clive Koch (Jonathan Aris) manipulates her (2019, S2, Ep.1). Thus, the consequence that feigned normality has for James, Alyssa, and Bonnie might be that it causes them to create distorted perceptions of themselves. That is, their notion of not being “worthy” leads them to self-stigmatisation. A self-stigma that, going back to Fanon, might recall the acceptance of racist academic theories by North Africans when it came to see themselves.

Although James and Alyssa undergo certain positive transformations during their escape, it will also put them through situations that will worsen the effect of their past traumas. Hence, from an institutional psychotherapy approach, his wanderings with Alyssa will make James realise he can have feelings, which makes him put aside his idea of being a psychopath (2017, S1, Ep.4). On the other hand, Alyssa starts putting aside her self-stigmatising vision of herself as someone anti-social through her relationship with James, coming to realise that it makes her feel more like herself (2017, S1, Ep.6). However, the trail James and Alyssa leave behind during their escape—such as murdering Clive Koch in self-defence—will make prevail within the police the idea that they are dealing with two dangerous criminals. This will lead to James being shot down by the police at the end of season 1. James’s realisation that he was nearly killed, together with the sudden death of his father (2019, S2, Ep.2) just when their relationship seemed to improve, makes James have recurring flashbacks of his mother’s suicide. Throughout season 2, all this makes James feel vulnerable and terribly afraid of the possibility of ending alone and helpless in the world. In the case of Alyssa, after having suffered Koch’s abuses, she becomes a person who appears to live by inertia and is only capable of advancing by taking rush decisions, such as getting married. However, the reason of this behaviour is that, as she tells Bonnie in episode seven of season 2, she has been trapped in Koch’s room since the moment he put his hands on her. In addition, Bonnie, due to Koch’s manipulation of her, also seems to be trapped in a period of stagnation where the only thing important to her is to continue the philosophy of punishment inherited from her mother to avenge Koch’s death. Therefore, after learning about Koch’s true nature from Alyssa, life loses all its sense to Bonnie and tries to commit suicide. However, in the case of these three characters, the key to their recovery seems to be in accordance with Tosquelles’s methods. According to Joana Masó (2021, min. 11:36), Tosquelles thought

that the closer patients are from the source of their trauma, recovery will be more likely to take place. Thus, Alyssa goes to Koch's house in the final episode of season 2 and seems to start coming to terms with what happened to her—a fact that seems stressed by the “purifying” bath she takes in the swimming pool—. In the case of James, he might start coming to terms with the trauma his mother's suicide caused to him when confronted with the idea of Alyssa ending in the same way as his mother. Finally, Bonnie seems to be given a second chance to come to terms with all the manipulations she has suffered, although the series acknowledges it will be difficult due to institutional (law and police) indifference (2019, S2, Ep. 8). At the end of season 2, Alyssa acknowledges the fact that to recover, she will need time and psychological help. Although James does not acknowledge it to be his case, both characters appear to have the need to overcome, in Tosquelles's terms, the walls they have inside (2021, min. 22:10). Therefore, although the series might acknowledge the institutional psychotherapy's conception of transforming wanderings as the way to achieve recovery from past traumas, such process would need to take a step further, allowing to recognise one's limits and seek further help if needed to avoid stagnation and regression. Moreover, the series appears to acknowledge the right everyone has to find their own means to recover, although it also admits possible difficulties due to institutional negligence. Thus, it seems to be in accordance with Fanon's idea of nations having the right to find and follow their path to create their identity.

Finally, the character of Clive Koch might imply the possibility that both institutional psychotherapy's and Frantz Fanon's methods can be perverted by “concentrationism.” The first episode of season 2 offers an insight to Clive Koch's personality. Therefore, in the presentation class of his course he utters sentences that seem influenced by Fanon's *The Wretched of the Earth* and institutional psychotherapy's ideas. For instance, his line “Freedom is what you do with what's been done to you” recalls a statement by Jean-Paul Sartre written in his preface of Fanon's book. Sartre comes to say that, when oppressing the colonized, the coloniser does not think about the memory of the oppressed, nor the fact that “we only become what we are by the radical and deep-seated refusal of that which others have made us” (1961, p. 17). Moreover, both Fanon and institutional psychotherapy seem present in Koch's statement “be the protagonist of your own story, and that story begins with an act of intellectual defiance.” However, Koch stating that “Foucault is an embarrassment” might imply that his act of intellectual

defiance is against the very opposition to authoritarianism of authors such as Fanon or Tosquelles. Thus, as it is discovered by James and Alyssa on the third episode of season 1, Koch is someone who uses his psychology knowledge and his position as a university professor to put into practice his fantasies of domination and power over women. Moreover, the cops' reaction to his name, acknowledging its sexual innuendo, added to Koch's activities, would make him appear as an agent of "concentrationist" forces, such as the patriarchy. Thus, Clive Koch could be understood as a character warning about the risk all kinds of ideas undergo of being used with authoritarian purposes.

In conclusion, *The End of the F\*\*\*\*ing World* might be conveying a message about the dangers that badly addressed historical traumas (in this case inside families) might imply to individuals. Such dangers could involve self-stigmatising thoughts leading to stagnation and regression. Thus, being subject to the mere imitation of established social standards to avoid facing reality might be a factor adding to the assumption of self-stigma. Moreover, the series also appears to acknowledge Tosquelles's vision of wandering as a healing solution. However, such healing would need "additional help" in the shape of psychotherapy for individuals to be able to overcome their "inner walls." All this, nevertheless, needs constant revision, as institutional psychotherapy and Fanon would put it, to prevent principles meant to heal become the opposite.

#### **4. CONCLUSION**

According to the World Health Organization (WHO), the promotion, protection and restoration of mental health are regarded as fundamental rights on both the individual and social level. Such concern is motivated by the estimate that 1 in 4 people are expected to develop a mental disorder or illness during their lifetime. However, people suffering from mental health disorders or mental illness can face the stigmatisation of their condition, either by society, healthcare professionals, or even themselves. One of the effects of such stigma is that it may prevent people to seek treatment to avoid bad reactions from their environment, with the ultimate consequence of the deterioration of their well-being.

Nevertheless, stigma towards mental health disorders and mental illness, or even towards pathologized behaviours and entire ethnic groups has come from official institutions, including the WHO. Examples of such practices could be the silenced extermination of the mentally ill by the Vichy regime during WWII, or the studies based on racist theories carried out by J.C. Carothers (working for the WHO) that claimed the inferiority of Africans in comparison to white Europeans. Hence, such practices are an example of the consequences stigma towards mental health can lead to.

Psychiatrists such as Frantz Fanon understood that social and political factors, such as the described above, could also be the cause of mental disorders and the key to their cure. Moreover, he got more convinced of this during his residence in Saint-Alban hospital. In this psychiatric hospital, Fanon would have been influenced by Dr. Francesc Tosquelles's methods. Tosquelles's methods, rejecting the concept of bourgeois normality and based on the idea of healing the institutions, consisted in giving freedom of movement to patients so they could interact in real life-like situations, which, based on the principle of constant construction and deconstruction, aimed to help them become who they wanted to be. Such real life-like situations ranged from the active participation of patients in the functioning of the hospital to their participation in cultural activities and workshops. Hence, Fanon might have exported these methods to Algeria and adapted them to the culture of his Muslim patients. Fanon's work in Algeria, which was opposed to the dominating racist (and both psychically and politically alienating) approach to psychiatry practiced by then, would be reflected in his work *The Wretched of the Earth*.

Therefore, this project had the aim to assess whether Frantz Fanon's *The Wretched of the Earth* and the methods of institutional psychotherapy could be useful to assess the

existence (or lack of) of stigma towards mental illness in works of fiction. Hence, Charlotte Brontë's *Jane Eyre* (1847), Milos Forman's *One Flew Over the Cuckoo's Nest* (1975), and Netflix series *The End of the F\*\*\*ing World* (2017-2019) have been selected for that purpose. In the case of *Jane Eyre*, from Fanon's and institutional psychotherapy's perspective, it could be understood as a novel that juxtaposes different kinds of madness and, using the determinist medical language of its time, stigmatises certain type of mental illness according to its perception as anti-social or dangerous. However, this might not be the case of the other two works of fiction. For instance, Forman's film, although depicts psychiatric patients as stagnated people, their condition appears to be the product of an authoritarian approach to psychiatry, which is likely to perform acts of violence against them. Hence, in Fanon's or institutional psychotherapy's terms, *One Flew* narrates psychiatric hospitals as institutions in need to be healed before starting to treat patients. In addition, in the case of *The End of the F\*\*\*ing World*, this series, from Fanon's point of view, would be addressing the danger arising from the imitation of socially established ways of life and its effects on individuals, which can be self-stigmatising. However, it might also be endorsing the institutional psychotherapy philosophy of transformation through constant wandering and its healing effects. Moreover, this series might also imply the risk the tenets of institutional psychotherapy might face, as any idea, of being perverted by the authoritarianism it was meant to oppose.

Finally, it might be worth mentioning here in the conclusion that the chronological order of the works analysed above does not correspond with the idea of studying stigma through time. On the contrary, short stories such as Herman Melville's *Bartleby, the Scrivener* (1853) or Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892) were considered among the possible examples of works of fiction having a critical view towards stigma on mental health. On the other hand, Ron Howard's film *A Beautiful Mind* (2001) was considered among those offering a stigmatising perspective on mental illness.

In conclusion, Frantz Fanon's *The Wretched of the Earth* and the methods of institutional psychotherapy have proven useful instruments to assess how issues such as discrimination between certain kinds of mental illness, institutional abuse, pathologizing medical practices, and issues related to trauma and self-stigma are addressed in fiction. Moreover, this theoretical background has also been useful to assess positive and negative referents related to mental health and the stigma those suffering from mental disorders might face.

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