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Crisis, Ψ-trauma, refugees: Psycho-political questions at the edge of fortress Europe

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ABSTRACT

Since 2014 the situation in the Mediterranean Sea has been named and tackled as a 'refugee crisis', and in the name of this 'crisis' migrants have been accommodated in 'hotspots' and camps. Within these spaces, their experiences have often been articulated by the humanitarian sector and the discipline of psychology as traumatic, with refugees being described as traumatised. In this article, I critically discuss the politics of psychology and trauma within the European territory of aid, with a specific focus on Greece, amid the current, so-called 'refugee crisis'. I start by situating crisis and trauma as concepts and their role within humanitarian and state governance. I continue by discussing how the terms 'hotspot' and 'camp' emerged in state and humanitarian discourse and practice, to explore then the politics of psychology and trauma there. Both space and time are important elements for understanding the role of psychology, as they comprise the material landscape of migration amid 'refugee crisis'. At the same time, the discourses of psychology and trauma are implicated in the very production of these spaces. Approaching critically their interconnection through the lens of critical psychology and the work of Frantz Fanon, the article concludes that the gaze of humanitarian aid and psychology, besides medicalising refugees, psychologises the inherently political issues of migration and life lived in hotspots and camps. In so doing, it substitutes the latter with a managerial discourse.

KEYWORDS: refugee crisis; psychology; trauma; hotspots; camps; psychopolitics; Frantz Fanon

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INTRODUCTION

In 2014, parts of Europe were experiencing a mass movement of people, most originating in Syria and Afghanistan. In 2015, it was estimated that more than 850,000 people crossed the Mediterranean Sea. Many of those arriving in Greece were detained on the Aegean islands (particularly Lesvos, Chios, and Samos). It was at this moment that the situation became recognised as an emergency and played out as a humanitarian crisis on the outskirts of Europe. The European Union's (EU) response was to open the 'Balkan route' as an emergency measure, showing its inability to respond effectively to the scale of the arrivals (Skleparis, 2017). This caused people to become trapped at the borders of Greece and North Macedonia, so in March 2016 they closed the 'Balkan route' and put into effect the 'EU–Turkey deal' which legitimised the return to Turkey of all new 'irregular migrants' who crossed to the Greek islands (see European Council, 2016).

Scholars from critical migration studies (see New Keywords Collective, 2016) vigorously question the concept of a 'humanitarian refugee crisis'. De Genova et al. (2018) argue that the pluralisation of crisis, to a plurality of crises, allows us to conceptualise migration within the economic crisis (i.e., the fiscal crisis in Greece since 2008 and in Europe); the political crisis of Europe (i.e., rise of far right movements, tightening of migration and restriction of movement, border control) with its internal re-bordering (i.e., Brexit); and the epistemic crisis 'at stake in the governmental labelling and administration of migrants' and refugees' heterogeneous mobilities' (p. 255).

Within this plurality of crises, both Critical Migration Studies (De Genova et al., 2018; Tazzioli, 2020) and Neocleous and Kastrinou (2016) discuss the political expediency of the divisive 'migrant–refugee' or 'migrant–illegal migrant' categories. According to Neocleous and Kastrinou (2016), there is a broader war against the migrant, who is sometimes represented as a refugee and other times as a migrant, the 'good, needed, and vulnerable', and the one who signifies 'illegality, war, and terror'.

It was not by accident, for instance, that when asylum applications increased in 2015, several EU countries started tightening their borders and putting restrictions on the number of asylum applications they would receive. To name a few, the governments of Hungary, Sweden, Denmark, Austria, and Germany enacted legislation to reduce and restrict asylum numbers (for a detailed discussion on the changes in asylum policies, see Skleparis, 2017).

The decision of European states and the humanitarian sector to represent migration towards European territory as a 'refugee crisis' obscures the political intricacies of different and multiple versions of crisis, including the history of forced displacement—a history rooted in decades of exploitation (as in colonialism, imperialism, and capitalism). It is on this very notion and representation of a singular crisis, named as a 'refugee crisis', that the divisive binaries of 'migrant–refugee' or 'migrant–illegal migrant' are constructed to justify who is considered welcomed vs. illegal.

Europe's response, for example, was different towards people coming from Syria rather than from Cameroon, Democratic Republic of the Congo, or Somalia. People whose origin was West Africa, Afghanistan, Iraq, or Iran, etc., were not granted asylum as easily as people coming from Syria. The official narrative was that Syrians were fleeing war and there was an immediate need to respond to this 'crisis', whereas others had to prove their reasons for seeking refuge in European territory. Nor is country of origin the sole, deciding factor for a successful asylum claim; it is also necessary to tell a story that justifies a fear of persecution.

With that in mind, I think that crisis is a concept that links, on the one hand, the partial representation of the political and interconnected crises, and on the other hand, it connects this partial representation (the 'refugee crisis') with an embodied narrative of a psychic response to war. Often, this embodied narrative centres on the concept of trauma as a psychic response to war, and post-traumatic stress disorder (PTSD) is one of the most common diagnoses linked to experiences of war (see Summerfield, 2001).

Humanitarian programmes have a well-established history of defining war by its traumatogenic nature (Summerfield, 1999). A quick look at NGO (non-governmental organisation) websites and articles on the current 'refugee crisis' (see Sköld's article as part of UNHCR's [The UN Refugee Agency] news reports, 2021; Terre des hommes, 2018; Louis' article as part of Médecins Sans Frontières' reports, 2016) reveals the almost automatic equation of war with trauma. Ingleby (2005, p. 9) notes that 'the word "trauma" itself is used to describe *both* the situation causing disturbance, *and* the disturbance itself'. This overlap reinforces the notion that if a situation is considered 'traumatic', those experiencing it will be automatically considered 'traumatised' as well.

Given the rise of what Summerfield (1997) calls 'talk therapies' and Pupavac (2001) terms 'therapeutic governance' to highlight the role of 'therapy' in psychosocial interventions and trauma risk management programmes, in this article I mobilise the concepts of crisis and trauma to discuss the politics of support within the European territory of aid, and specifically in the hotspots and camps in Greece. I also interrogate the way humanitarian aid and the discipline of psychology use and capitalise on trauma to individualise, pathologise, and depoliticise social and political conditions such as migration, in general, and the life in hotspots and camps, in particular.

Drawing on my experience as an aid worker, psychologist, and doctoral researcher in the programme of Psychosocial Support (PSS) in Greek refugee camps, I present, first and in brief, a genealogy of the terms 'hotspot' and 'camp', and then discuss the role of psychology and trauma there. Through an analysis of my research material, I argue that these spaces reflect and embed a 'crisis discourse'. The latter is important to an exploration of the politics of space, and how the discourse of psychology and trauma inform such spaces. I continue by discussing the psychopolitics manifested within refugee camps from a Fanonian perspective. Frantz Fanon (1952/2008, 1959/1965, 1961/2004), with his work on psychopolitics and his

views on colonialism and mental health, provides critical insights that help situate the discourse of psychology at the level of the body and psyche.

ENTERING THE FORTRESS: A SHORT GENEALOGY OF THE HOTSPOTS AND CAMPS

Europe has 'hosted' so far more than 1,259,309 refugees (UNHCR, 2021) in spaces that have been publicly and extensively denounced as hostile (to name a few, Moria in Greece, or Calais in France, which came to be known as 'the Jungle'; see Calais Writers, 2017). Even a quick web search on the hotspot of Moria on the island of Lesvos will bring up the hostilities that flow from asylum law on the European continent. Notwithstanding the public and humanitarian denunciation of spaces like Moria (see Barberio, 2018; Médecins Sans Frontières, 2016; V.H., 2018), there is an open question with regard to the role of psychosocial support overall in the formulation, acceptance, and reproduction of spaces such as refugee camps and hotspots in the name of emergency, crisis, and acute assistance.

Doreen Massey (2005) critically observes not just that the 'spatial is political' but 'thinking the spatial in a particular way can shake up the manner in which certain political questions are formulated' (p. 9).

Hotspots and camps were not always part of the humanitarian discourse and practice of disaster management. In the case of hotspots, they were only adopted by the European Council in September 2015 in the four ports of Italy and then on the Greek islands of Lesvos, Chios, Samos, Leros, and Kos in order to identify, register, and fingerprint refugees. As soon as the EU–Turkey agreement came into effect on the 23rd of March 2016, they transformed into the main mechanism of controlling and regulating migration and 'crisis' in European terrain. Additionally, hotspots are jointly administered by the Greek army, police, riot police, Frontex, and Europol. Refugees who are based in a 'hotspot' are allowed to move inside and outside of this space, but they are not allowed to leave the region where the 'hotspot' is based.

As Neocleous and Kastrinou (2016) argue, hotspot is not a new term. Tracing the genealogy and history of the term, they describe how, prior to World War II (WWII), it was used variously to refer to 'nightclubs, points on the skin stimulated by heat, points on metal likely to tear, and areas of non-uniformity on photographs, often in quotation marks to indicate its unusualness' (p. 4). It was during the war that hotspot took on a military meaning, referring to an area of danger or violence. Connecting the historical connotations with the current situation in Italy and Greece, as they critically state: 'Politically speaking, a hotspot is a space of conflict where the enemy will be confronted. *The hotspot is a warzone* [emphasis added]' (p. 4). A warzone, I would add, in the body and psyche of every potential Other who manages to cross European borders and enter this terrain.

The history of camps is more complicated. Malkki (1995) argues that camps have not always been linked with the international humanitarian domain. It was towards the end of WWII that encampments became recognised as 'a standardised, generalisable technology of power in the management of mass displacement' (Malkki, 1995, p. 498). As she describes, between the latter years of WWII and the immediate post-war years, people who were displaced in Europe started to be classed as a military problem. It was anticipated that upon Allied victory, the displaced population would be an enormous 'refugee problem' concentrated in Germany. The camp, already quasi-military in design, offered a place of mass control of refugees. However, the latter view is considered Eurocentric. Forced labour and 'concentration camps' had been established before WWII, during the Boer War (1900–1902) in South Africa. It is also argued that 'concentration camps' existed during the Spanish–Cuban war (1895–1898), even if the term is rarely found in the case of Cuba (Smith and Stucki, 2011). While concentration camps are not the same as refugee camps, it is important to highlight their origins because as the authors succinctly put it, the origins of concentration camps 'lie in the colonial arenas of imperial powers at the turn of the nineteenth and twentieth centuries' (Smith & Stucki, 2011, p. 417).

Tracing the genealogy of hotspots and camps makes Massey's (2005) thought-provoking enquiry into the spatial and the political once again fruitful. The genealogy of hotspots and camps indicates that there is a spatial and colonial ideology in place which co-produces the subjects encompassed in it. In other words, hotspots and camps are far from being neutral places which accommodate 'the crisis'. On the contrary, they are part of a political strategy that indicates who and how someone is eligible to seek a place in another's home. In the next section, I discuss how space and time dimensions of refugee camps can help reveal political aspects of the role of psychology and trauma during the so called 'refugee crisis'.

IN THE FORTRESS: THE SPATIAL TEMPORALITIES OF THE PSYCHOLOGICAL

During my field study in Moria in 2019, my research participants, all of them aid workers, highlighted the way that refugees had to fight to survive there and did not have access to what are broadly considered to be human rights. When the hotspot first 'opened', refugees lacked access to electricity, water, and other basic amenities. Often, more than 20–24 people were packed into in one tent, and people had to queue for three to four hours to receive food of inadequate quality. There were many power cuts resulting in no heating for days at a time, and no way for people to communicate with their families due to the lack of internet. There were many incidents of violence, including sexual violence, based on gender, ethnicity, and race. Not to mention that in February 2020, Moria housed 18,342 refugees in a space designed to hold a maximum of 2,200 people (see Mahecic, 2020).

Refugee camps in mainland Greece became almost normalised at this time, and a mainstream and dangerous argument emerged that at least they were better than the

hotspots: 'They are not like "Moria"', was a phrase heard frequently during my fieldwork. Refugee camps, mostly on the mainland, became the official waiting room for people seeking permission to enter Greece as a refugee. By offering psychological, social, legal, and educational support (language classes, usually English and Greek), the PSS programme in the camps was aimed at tackling mental health issues, asylum processing, and other local bureaucratic hurdles. PSS was also about establishing a daily routine. Daily group activities attempted to address a range of issues, from experiences of violence and loss to feelings of numbness. It was this nexus of political encounters between space, time, and support that prompted me to query the politics of psychology as a discipline and trauma as a concept within the camps.

Throughout my time in the camps, there was an overall admission that aid workers in general, and psychologists in particular, convene sessions and psychosocial activities in order to help people process experiences of violence and normalise feelings of loss. As one aid worker put it, to '*normalise their life, to continue through activities*'. This form of psychological language approaches refugees within a frame of empowerment, but more precisely it teaches them how to cope with camp life. It allows them to adjust smoothly to conditions which require them to accept whatever they are offered, such as living in camps or hotspots in the first place.

One of my research participants, an aid worker and psychologist, mentioned that some psychiatrists were referring to psycho-affective forms of resistance to the realities of camp life as *adjustment disorder*. By 'resistance' I mean the different ways in which the tensions they experience are made visible. Such tension may be expressed through what in medical language are called psychosomatic symptoms (like headaches, insomnia, loss of appetite, etc.). This is not to romanticise the tensions experienced in the body, but to show how they manifest within refugee camps.

The psychologist noted 'in most of them we can say that they have difficulties in adjustment, to which psychiatrists assign the term "adjustment disorder", ok…[but] it is normal, it is not a psychiatric problem what they experience'. While this transformation of resistance into a disorder is quite shocking, it is worth noting that psychology in the field of migration quite often goes hand-in-hand with psychiatry. It happens when aid workers feel they cannot handle certain 'cases' and refer them on to a psychiatrist, or because what refugees describe as 'symptoms' cannot be understood within their therapeutic field, and the institutional power of psychiatry is mobilised to make sense of them. We then see a medical approach to trauma, resulting in diagnoses such as PTSD, and treatment with drugs such as antidepressants (see Kinzie, 2016).

The transformation of resistance into psychiatric disorder means that refugees' resistance to processing (what is understood from a psychological perspective as) trauma and loss is sometimes being interpreted as them not being 'ready to manage and process the trauma

and loss', in the words of one of my participants. Managerial language is invoked to describe how refugees 'should' process their experiences, showing the influence of a neoliberal and Western mode of understanding. This form of language, which comes from a psychological discourse, is neoliberal (Harvey, 2005) because it requires them to be able to manage their psyche in order to act; furthermore, I name it as Western (inspired by Mohanty, 1984, 2003), because it asks them to manage and process trauma and loss within an individualised framework and understanding which fails to consider the socio-cultural diversities of people from different backgrounds.

Interestingly, when refugees do not respond to this call, they are interpreted as not 'being ready' to process trauma and loss, as if the process and articulation of any trauma is a ritual passage to the new territory. Taking into consideration that the activities organised as part of the PSS are about normalising feelings of violence and loss, it may be argued that the discourse of trauma becomes a stepping stone between violence and adjustment in the new spatiality. As mentioned above, the aid worker described the purpose of the PSS as being to 'normalise their life, to continue through activities'. It may thus be argued that there is a broader intention within psychosocial support that goes beyond processing trauma and loss. Given that refugees are mainly approached as 'traumatised' (Summerfield, 1998), I argue that trauma becomes a primary signifier reproducing a form of discourse that asks refugees to adjust to the daily camp life, structured by the PSS activities.

In the words of another psychologist from a refugee camp in mainland Greece (from an interview conducted during my doctoral research):

> And when let's say someone comes and complains that 'I don't have anything to do, I feel bored, I want to go to an apartment', I know very well that the process for getting an apartment is complicated, and either he will be given one or he won't, but in the meantime, there are the activities in the camp which he can get involved in in order to *fill his day, to be occupied with something and at least not be bored, not be- not be vulnerable to anxiety, not be vulnerable to losing interest or, might I say, to falling into 'depression'* [emphasis added]. But he does not get involved with anything, he sits and thinks about 'what I left back in my country', about the life he had before, and has no motivation to get involved with the present and to do something.

Back in 2019, while I was doing my fieldwork in mainland Greece, the urban accommodation programme, which had begun in 2016, was still being implemented. People who were considered vulnerable and/or as having special needs were given apartments to live in or near urban centres. In the extract above (the refugee requesting an apartment and to leave the camp), it is worth paying attention to the psychologist's suggestion that engagement in camp activities was the way to tackle 'vulnerability' to anxiety and depression.

Consequently, it is not only *the space* of the camp, in the sense of 'the spatial', that should be considered in the discussion of psychology and trauma, but also how 'doing something in the present', the present of the camp, is associated with time, the time in the camp. This is why I refer to the *spatial temporalities of the psychological*, to connect the spatial and the

temporal realm (Harvey, 1990) of camps with the role and discourse of psychology on trauma. Understanding and conceptualising the present in camps as engagement with PSS activities psychologises refugees and their understanding of both the camp and their present and presence there.

This form of psychologisation (De Vos, 2014), which almost calls on refugees to submerge themselves in the spatial temporality of camps and within one-to-one therapeutic sessions or group activities designed to motivate and 'empower' them, creates a distorted reality of what is taking place in the present, the present of camps.

Hotspots and camps are part of the crisis and its discourse. In the name of 'refugee crisis' they become a necessary 'solution'; a 'response' that accommodates the crisis. On further exploration, it seems that they encapsulate the way refugees are approached in the new spatiality, i.e., in European territory. Thinking of them as a political strategy to tackle both crisis and forced migration, they in fact trap people in their spatiality and when the discourse of psychology and trauma comes into play, hotspots and camps become a mechanism where a certain form of subjectivity is produced (see Christinaki, 2022, but also Kapsali and Mentinis, 2018).

In the next section, I offer an example of psychologisation (De Vos, 2011) at the level of body and psyche, and I discuss how psychopolitics manifest within camps and push towards the creation of a certain form of subjectivity among migrants. The work of Frantz Fanon provides fruitful insights for conceptualising the intersection of psychology and politics at the level of the body and the psyche and, secondly, for situating psychopolitics within a postcolonial framework and understanding.

FANON AND THE POSTCOLONIAL CRITIQUE OF LIVELIHOOD: PSYCHOPOLITICAL INTIMACIES

Fanon's work still feels contemporary to scholars who work on the intersections of psychology and politics, especially those who attempt to invoke the post/de/anti-colonial. As Hook (2005) explains, for Fanon it was important to show the role of political factors within the fields of psychiatry and psychology. Equally, it was crucial for him to depict, critique, and analyse the socio-political conditions of colonialism in terms of their implications for the human psyche. In the context of multiple discussions of the term 'refugee crisis', De Genova (2018) suggests we approach 'migrant crisis' as racial crisis, highlighting the 'unresolved *racial crisis* that derives fundamentally from the postcolonial condition of "Europe" as a whole' (p. 1765). Taking this seriously into consideration, I conclude this article by offering an example of how humanitarian refugee programmes in Greece should be linked with questions of psychology and politics not just in terms of class and gender, but of race. Hence this section focuses on Fanon's contributions to a postcolonial critique of psychology within camps.

According to another psychologist (interviewed as part of my doctoral research) in mainland Greece, most refugees:

…embody, psycho-embody their problems: there are issues in the family with the husband or the children, the tension is too much—they come and say 'I have a headache and I need medicines'. Most of the cases I had were referred to me by the Doctors of the World staff in the camp—if someone… asks for medicines either for sleeping or for a headache and *the pain does not exist* [emphasis added], they send him to a psychologist, they understand after some explanation that 'the problem I am dealing with is this, I think a lot because I am here and I miss my family', most [of them] do not know how to speak of their emotions…

Additionally, Fanon (1964/1967, p. 8) writes:

The patient who complains of headaches, ringing in his ears, and dizziness, will also have high blood-pressure. But should it happen that along with these symptoms there is no sign of high blood-pressure, nor of brain tumour, in any case nothing positive, the doctor would have to conclude that medical thinking was at fault; and as any thinking is necessarily thinking about something, he will find the patient at fault—an indocile, undisciplined patient, who doesn't know the rules of the game. Especially the rule, known to be inflexible, which says: any symptom presupposes a lesion.

The objective medical gaze needs to justify the tensions of the body as symptoms which provoke lesions. As Fanon (1964/1967, p. 8) shows, for doctors '*any symptom presupposes a lesion*' [emphasis added]. The asymptomatic patient is a patient whose tensions are not recognised, since they do not show symptoms which can be medically read. In other words, their pain is misrecognised because it is unable to be situated in the medical terminology of suffering.

In the psychologist's extract, a refugee's pain is also misrecognised by the medical gaze. As the psychologist says, '*the pain does not exist*'. The pain in the head, unable to find a substantial medical interpretation, loses its substantial meaning; and without medical meaning, the pain also loses its legitimate existence. It does not have a medical value which can be justified in tensions–lesions and alleviated through the prescription of a medication. The pain is misrecognised in its own embodiment and moved from the level of body to the level of the psyche. Doctors of the World staff, being unable to 'see' the outcome of pain in the body, refer this refugee to the expert of the psyche, a psychologist.

What if pain, though, is an affective emotion able to powerfully signify 'a symptom of its own time'?

In other words, what would it mean to historicise pain and loss?

For pain to be considered, it must either be 'seen' in the body or enunciated in language to articulate its meaning. Recall the psychologist's words: '*most* [of them] *do not know how to speak of their emotions*'. For some people, it may indeed help to articulate the pain and put it into words. However, it depends on how the pain is registered into language. In the

context of migration, if this means to register it into an expression of emotions intelligible to the mainstream language of psychology, then this may only individualise the pain.

When the psychologist states that refugees 'understand with some explanation that "the problem I am dealing with is this, I think a lot because I am here and I miss my family"', the discourse of psychology interprets the pain in a twofold way. The first is that the pain in the head is an effect of constant thought in relation to where the refugee is at that point in time (i.e., in the camp) as well as in relation to their family, who have probably been left behind. The pain is individualised with the argument of constant thought, rather than situated within the broader effects of war and forced migration. Second, the psychologist implies that by making refugees understand how the pain results from constant thought, they help them articulate their emotions. According to the psychologist:

> …they understand with some explanation that 'the problem I deal with is this, I think a lot because I am here and I miss my family', most [of them] they do not know how to speak for their emotions…

This is why I think it matters to focus on and explore the way pain is registered in language: as the extract above illustrates, it fails to connect the psychic and socio-political effects of war together.

As for 'the North African' in Fanon, the past for the refugee is 'a burning past'. 'What he hopes is that he will never suffer again, never again be face-to-face with that past. This present pain … suffices him' (1964/1967, p. 4). The past is burning in a burning present, I would claim, where pain as a form of psychosomatic symptom is misrecognised. The discourse of psychology, by arguing that refugees need help to understand why they feel pain, is a great misrecognition, even more so when it is interpreted as a manifestation of constant thinking.

It is not that the psychologist makes no attempt to address the meaning of the pain, the symptom; but pushing it into another level of psychic elaboration articulates a different form of existence. To '*think a lot*' because '*I am here, and I miss my family*' psychologises their present and presence because it treats the pain simply as a cognitive-psychic manifestation. The attitude of the medical personnel, Fanon argues (1964/1967, p. 7), 'is very often an a priori attitude. The North African does not come with a substratum common to his race, but on a foundation built by the European. In other words, the North African spontaneously, by the very fact of appearing on the scene, enters into a pre-existing framework'.

The pain in the head is an embodied political symptom. A symptom which may seek to understand why 'I am here' in the first place or 'why I am here while my family is not'. Turning the symptom inwards, rather than analysing and approaching it within a socio-political framework which opens questions of war, forced migration, and camps on a political basis, firstly reveals the limits of the mainstream European psychological framework, and secondly, provides an argument that prevents engagement with the role of the West in refugees' arrival. This is what makes Fanon so important for approaching and conceptualising

psychosomatic symptoms, psychology, and trauma in the refugee reality; he adds a postcolonial reading of suffering which moves from bodily integrity into psychic elaboration and positions the West at the epicentre of refugees' subject formation amid the camps spatiality.

CONCLUSION

It remains a question whether and how psychology could be more liberatory, if at all, within camps and hotspots. As shown in this article, both space and time are key to understanding the role of psychology and trauma there. At the same time, the discourses of psychology and trauma are implicated in the very production of these spaces. By exploring how psychology and trauma manifest within hotspots and camps, I have argued that they have become a political strategy for 'tackling' the crisis. When the discourses of psychology and trauma come into play, they become the spatial temporality in which a certain form of subjectivity emerges and is produced.

Drawing on Fanon and his work on psychopolitics, colonialism, and mental health, I discuss how postcolonial thought could shed further light on the way subjectivity emerges amid the spatial temporalities of camps and hotspots, and within the combined discourses of psychology and aid.

Throughout my time in Greece, there were multiple and well-supported sites of resistance: protests outside of the hotspots and camps, demonstrations inside hotspots and camps, hunger strikes, feminist solidarity, and LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, and others) solidarity networks among others. It is in these spaces that an eerie hope and beauty was and is flourishing. I believe, then, that to intervene in the way psychology works, we need to connect it with broader movements that not only demand the opening of borders and eradication of hotspots and camps, but that it can also provide alternate spaces of care, support, and resistance. That was also Fanon's aspiration and contribution. Psychic liberation is tightly linked with the struggle for social liberation.

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