

responsibility is not the fact of a metaphysical principle but the awareness of a simple rule which wills that every independent nation in an Africa where colonialism is still entrenched is an encircled nation, a nation which is fragile and in permanent danger.

If man is known by his acts, then we will say that the most urgent thing today for the intellectual is to build up his nation. If this building up is true, that is to say if it interprets the manifest will of the people and reveals the eager African peoples, then the building of a nation is of necessity accompanied by the discovery and encouragement of universalizing values. Far from keeping aloof from other nations, therefore, it is national liberation which leads the nation to play its part on the stage of history. It is at the

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heart of national consciousness that international consciousness lives and grows. And this two-fold emerging is ultimately only the source of all culture.

Statement made at the Second Congress of Black Artists and Writers, Rome, 1959

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COLONIAL WAR AND MENTAL DISORDERS

But the war goes on; and we will have to bind up for years to come the many, sometimes inefaceable, wounds that the colonialist onslaught has inflicted on our people.

That imperialism which today is fighting against a true liberation of mankind leaves in its wake here and there tinctures of decay which we must search out and mercilessly expel from our land and our spirits.

We shall deal here with the problem of mental disorders which arise from the war of national liberation which the Algerian people are carrying on.

Perhaps these notes on psychiatry will be found illtimed and singularly out of place in such a book; but we can do nothing about that.

We cannot be held responsible that in this war psychiatric phenomena entailing disorders affecting behavior and thought have taken on importance where those who carry out the "pacification" are concerned, or that these same disorders are notable among the "pacified" population. The truth is that colonialism in its essence was already taking on the aspect of a fertile purveyor for psychiatric hospitals. We have since 1954 in various scientific works drawn the attention of both French and international psy-

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chiatrists to the difficulties that arise when seeking to "cure" a native properly, that is to say, when seeking to make him thoroughly a part of a social background of the colonial type.

Because it is a systematic negation of the other person and a furious determination to deny the other person all attributes of humanity, colonialism forces the people it dominates to ask themselves the question constantly: "In reality, who am I?"

The defensive attitudes created by this violent bringing together of the colonized man and the colonial system form themselves into a structure which then reveals the colonized personality. This "sensitivity" is easily understood if we simply study and are alive to the number and depth of the injuries inflicted upon a native during a single day spent amidst the colonial regime. It must in any case be remembered that a colonized people is not only simply a dominated people. Under the German occupation the French remained men; under the French occupation, the Germans remained men. In Algeria there is not simply the domination but the decision to the letter not to occupy anything more than the sum total of the land. The Algerians, the veiled women, the palm trees and the camels make up the landscape, the *natural* background to the human presence of the French.

Hostile nature, obstinate and fundamentally rebellious, is in fact represented in the colonies by the bush by mosquitoes, natives, and fever, and colonization is a success when all this indocile nature has finally been tamed. Railways across the bush, the draining of swamps and a native population which is non-existent politically and economically are in fact one and the same thing.

In the period of colonization when it is not contested by armed resistance, when the sum total of harmful nervous stimuli overstep a certain threshold, the defensive atti-

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tudes of the natives give way and they then find themselves crowding the mental hospitals. There is thus during this calm period of successful colonization a regular and important mental pathology which is the direct product of oppression.

Today the war of national liberation which has been carried on by the Algerian people for the last seven years has become a favorable breeding ground for mental disorders, because so far as the Algerians are concerned it is a total war. We shall mention here some Algerian cases which have been attended by us and who seem to us to be particularly eloquent. We need hardly say that we are not concerned with producing a scientific work. We avoid all arguments over semiology, nosology, or therapeutics. The few technical terms used serve merely as references. We must, however, insist on two points. Firstly, as a general rule, clinical psychiatry classifies the different disturbances shown by our patients under the heading "reactionary psychoses." In doing this, prominence is given to the event which has given rise to the disorder, although in some cases mention is made of the previous history of the case (the psychological, affective, and biological condition of the patient) and of the type of background from whence he

comes. It seems to us that in the cases here chosen the events giving rise to the disorder are chiefly the bloodthirsty and pitiless atmosphere, the generalization of inhuman practices, and the firm impression that people have of being caught up in a veritable Apocalypse.*

*In the unpublished introduction to the first two editions of *L'an V de la Révolution Algérienne*, we have already pointed out that a whole generation of Algerians, steeped in wanton, generalized homicide with all the psycho-affective consequences that this entails, will be the human legacy of France in Algeria. Frenchmen who condemn the torture in Algeria constantly adopt a point of view which is strictly French. We do not reproach them for this; we merely point it out: they wish to protect the consciences of the actual torturers who today have full power to carry on their work; they wish at the same time to try to avoid the moral contamination of the young people of France. As far as we are concerned we are totally in accord with this attitude. Certain notes here brought together, especially in Cases 4 and 5 in Series A, are sad illustrations and justifications for this obsession which haunts French believers in democracy. But our purpose is in any case to show that torture, as might well be expected, upsets most profoundly the personality of the person who is tortured.

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Case No. 2 of Series A is a typical reactionary psychosis, but Case Nos. 1, 2, 4, and 5 of Series B give evidence of a much more widely spread causality although we cannot really speak of one particular event giving rise to the disorders. These are reactionary psychoses, if we want to use a ready-made label; but here we must give particular priority to the war: a war which in whole and in part is a colonial war. After the two great world wars, there is no lack of publications on the mental pathology of soldiers taking part in action and civilians who are victims of evacuations and bombardments. The hitherto unemphasized characteristics of certain psychiatric descriptions here given confirm, if confirmation were necessary, that this colonial war is singular even in the pathology that it gives rise to.

Another idea which is strongly held needs in our opinion to be re-examined; this is the notion of the relative harmlessness of these reactional disorders. It is true that others have described, but always as exceptional cases, certain secondary psychoses, that is to say cases where the whole of the personality is disrupted definitively. It seems to us that here the rule is rather the frequent malignancy of these pathological processes. These are disorders which persist for months on end, making a mass attack against the ego, and practically always leaving as their sequel a weakness which is almost visible to the naked eye. According to all available evidence, the future of such patients is

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mortgaged. An example will best illustrate our point of view.

In one of the African countries which have been independent for several years we had occasion to receive a visit from a patriot who had been in the resistance. This man in his thirties came to ask us for advice and help, for around a certain date each year he suffered from prolonged insomnia, accompanied by anxiety and suicidal obsessions. The critical date was that when on instructions from his organization he had placed a bomb somewhere. Ten people had been killed as a result. *

This militant, who never for a single moment thought of repudiating his past action, realized very clearly the manner in which he himself had to pay the price of national independence. It is border-line cases such as his which raise the question of responsibility within the revolutionary framework.

*The circumstances surrounding the appearance of these disorders are interesting for several reasons. Some months after his country's independence was declared, he had made the acquaintance of certain nationals of the former colonial power, and he had found them very likeable. These men and women greeted the new independent state warmly and paid tribute to the courage of the patriots who had fought in the struggle for national freedom. The former militant therefore had what might be called an attack of vertigo. He wondered with a feeling of anguish whether among the victims of the bomb there had been people like his new acquaintances. It was true that the café that it was aimed at was a meeting place for notorious racists; but there was nothing to prevent a quite ordinary passer-by from going in and having a drink. From the first day that he suffered from vertigo the man tried to avoid thinking of these former occurrences. But paradoxically, a few days before the crucial date, the first symptoms made their appearance. After that, they reappeared with great regularity.

In other words, we are forever pursued by our actions. Their ordering, their circumstances, and their motivation may perfectly well come to be profoundly modified *a posteriori*. This is merely one of the snares that history and its various influences sets for us. But can we escape becoming dizzy? And who can affirm that vertigo does not haunt the whole of existence?

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The observations noted here cover the period running from 1954-59. Certain patients were examined in Algeria, either in hospital centers or as private patients. The others were cared for by the health divisions of the Army of National Liberation.

SERIES A

Five cases are cited here. They are cases of Algerians or Europeans who had very clear symptoms of mental disorders of the reactionary type.

Case No. 1: Impotence in an Algerian following the rape of his wife.

B-- is a man twenty-six years old. He came to see us on the advice of the Health Service of the FLN for treatment of insomnia and persistent headaches. A former taxi-driver, he had worked in the nationalist parties since he was eighteen. Since 1955 he had been a member of a branch of the FLN. He had several times used his taxi for the transport of political pamphlets and also political personnel. When the repression increased in ferocity, the FLN decided to bring the war into the urban centers. B-- thus came to have the task of driving commandos to the vicinity of attacking points, and quite often waited for them at those points to bring them back.

One day however, in the middle of the European part of the town, after fairly considerable fighting a very large number of arrests forced him to abandon his taxi, and the commando unit broke up and scattered. B --, who managed to escape through the enemy lines, took refuge at a friend's house. Some days later, without having been able to get back to his home, on the orders of his superiors he joined the nearest band of Maquis.

For several months he was without news of his wife and

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his little girl of a year and eight months. On the other hand he learned that the police spent several weeks on end searching the town. After two years spent in the Maquis he received a message from his wife in which she asked him to forget her, for she had been dishonored and he ought not to think of taking up their life together again. He was extremely anxious and asked his commander's leave to go home secretly. This was refused him, but on the other hand measures were taken for a member of the FLN to make contact with B--'s wife and parents.

Two weeks later a detailed report reached the commander of B--'s unit.

His abandoned taxi had been discovered with two machine-gun magazines in it. Immediately afterward French soldiers accompanied by policemen went to his house. Finding he was absent, they took his wife away and kept her for over a week.

She was questioned about the company her husband kept and beaten fairly brutally for two days. But the third day a French soldier (she was not able to say whether he was an officer) made the others leave the room and then raped her. Some time later a second soldier, this time with others present, raped her, saying to her, "If ever you see your filthy husband again don't forget to tell him what we did to you." She remained another week without undergoing any fresh questioning. After this she was escorted back to her dwelling. When she told her story to her mother, the latter persuaded her to tell B-- everything. Thus as soon as contact was re-established with her husband, she confessed her dishonor to him. Once the first shock had passed, and since moreover every minute of his time was filled by activity, B-- was able to overcome his feelings. For several months he had heard many stories of Algerian women who had been raped or tortured, and he had occasion to see the husbands of these violated women;

thus his personal misfortunes and his dignity as an injured husband remained in the background.

In 1958, he was entrusted with a mission abroad. When it was time to rejoin his unit, certain fits of absence of mind and sleeplessness made his comrades and superiors anxious about him. His departure was postponed and it was decided he should have a medical examination. This was when we saw him. He seemed at once easy to get to know; a mobile face: perhaps a bit too mobile. Smiles slightly exaggerated; surface well-being: "I'm really very well, very well indeed. I'm feeling better now. Give me a tonic or two, a few vitamins, and I'll build myself up a bit." A basic anxiety came up to break the surface. He was at once sent to the hospital.

From the second day on, the screen of optimism melted away, and what we saw in front of us was a thoughtful, depressed man, suffering from loss of appetite, who kept to his bed. He avoided political discussion and showed a marked lack of interest in everything to do with the national struggle. He avoided listening to any news which had a bearing on the war of liberation. Any approach to his difficulties was extremely long, but at the end of several days we were able to reconstruct his story.

During his stay abroad, he tried to carry through a sexual affair which was unsuccessful. Thinking that this was due to fatigue, a normal result of forced marches and periods of undernourishment, he again tried two weeks later. Fresh failure. Talked about it to a friend who advised him to try vitamin B-12. Took this in form of pills; another attempt, another failure. Moreover, a few seconds before the act, he had an irresistible impulse to tear up a photo of his little girl. Such a symbolic liaison might have caused us to think that unconscious impulses of an incestuous nature were present. However, several interviews and a dream, in which the patient saw the rapid rotting

away of a little cat accompanied by unbearably evil smells, led us to take quite another course. "That girl," he said to us one day, speaking of his little daughter, "has something rotten about her." From this period on, his insomnia became extremely marked, and in spite of fairly large doses of neuroleptics, a state of anxiety excitation was remarked which the Service found rather worrying. Then he spoke to us for the first time about his wife, laughing and saying to us: "She's tasted the French." It was at that moment that we reconstructed the whole story. The weaving of events to form a pattern was made explicit. He told us that before every sexual attempt, he thought of his wife. All his confidences appeared to us to be of fundamental interest.

I married this girl although I loved my cousin. But my cousin's parents had arranged a match for their daughter with somebody else. So I accepted the first wife my parents found for me. She was nice, but I didn't love her. I used always to say to myself: "You're young yet; wait a bit and when you've found the right girl, you'll get a divorce and you'll

make a happy marriage." So you see I wasn't very attached to my wife. And with the troubles, I got further apart than ever. In the end, I used to come and eat my meals and sleep almost without speaking to her.

In the Maquis, when I heard that she'd been raped by the French, I first of all felt angry with the swine. Then I said "Oh, well, there's not much harm done; she wasn't killed. She can start her life over again." And then a few weeks later I came to realize that they'd raped her *because they were looking for me*. In fact, it was to punish her for keeping silence that she'd been violated. She could have very well told them at least the name of one of the chaps in the movement, and from that they could have searched out the whole network, destroyed it, and maybe even arrested me. That wasn't a simple rape, for want of something better to do, or for sadistic reasons like those I've had occasion to see in the villages; it

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was the rape of an obstinate woman, who was ready to put up with everything rather than sell her husband. And the husband in question, *it was me*. This woman had saved my life and had protected the organization. It was because of me that she had been dishonored. And yet she didn't say to me: "Look at all I've had to bear for you." On the contrary, she said: "Forget about me; begin your life over again, for I have been dishonored."

It was from that moment on that I made my own decision to take back my wife after the war; for it must be said that I've seen peasants drying the tears of their wives after having seen them raped under their very eyes. This left me very much shaken; I must admit moreover that at the beginning I couldn't understand their attitude. But we increasingly came to intervene in such circumstances in order to explain matters to the civilians. I've seen civilians willingly proposing marriage to a girl who was violated by the French soldiers, and who was with child by them. All this led me to reconsider the problem of my wife.

So I decided to take her back; but I didn't know at all how I'd behave when I saw her. And often, while I was looking at the photo of my daughter, I used to think that she too was dishonored, like as if everything that had to do with my wife was rotten. If they'd tortured her or knocked out an her teeth or broken an arm I wouldn't have minded. But that thing--how can you forget a thing like that? And why did she have to tell me about it all?

He then asked me if his "sexual failing" was in my opinion caused by his worries.

I replied: "It is not impossible."

Then he sat up in bed.

"What would you do if all this had happened to you?"

"I don't know."

"Would you take back your wife?"

"I think I would . . . "

"Ah, there you are, you see. You're not quite sure . . . "

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He held his head in his hands and after a few seconds left the room.

From that day on, he was progressively more willing to listen to political discussions and at the same time the headaches and lack of appetite lessened considerably.

After two weeks he went back to his unit. Before he left he told me:

"When independence comes, I'll take my wife back. If it doesn't work out between us, I'll come and see you in Algiers."

Case No. 2: Undifferentiated homicidal impulses found in a survivor of a mass murder.

S --, thirty-seven years old, a fellah. Comes from a village in the country around Constantine. Never took any part in politics. From the outset of the war, his district was the scene of fierce battles between the Algerian forces and the French army. S-- thus had occasion to see dead and wounded. But he continued to keep out of things. From time to time however, in common with the people as a whole, the peasantry of his village used to come to the aid of Algerian fighting men who were passing through. But one day, early in 1958, a deadly ambush was laid not far from the village. After this the enemy forces went into operation and besieged the village, which in fact had no soldiers in it. All the inhabitants were summoned and questioned; nobody replied. A few hours after, a French officer arrived by helicopter and said: "There's been too much talk about this village. Destroy it." The soldiers began to set fire to the houses while the women who were trying to get a few clothes together or save some provisions were driven away by blows with rifle-butts. Some peasants took advantage of the general confusion to run away. The officer gave the order to bring together the men who re-

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mained and had them brought out to near a watercourse where the killing began. Twenty-nine men were shot at point-blank range. S-- was wounded by two bullets which went through his right thigh and his left arm respectively; the arm injury gave rise to a fracture of the humerus.

S-- fainted and came to to find himself in the midst of a group of ALN. He was treated by the Health Service and evacuated as soon as it was possible to move him. While on the way, his behavior became more and more abnormal, and worried his escort continually. He demanded a gun, although he was helpless and a civilian, and refused to walk in front of anybody, no matter who they were. He refused to have anyone behind him. One night he got hold of a soldier's gun and awkwardly tried to fire on the sleeping soldiers. He was disarmed rather roughly. From then on they tied his hands together, and it was thus that he arrived at the Center.

He began by telling us that he wasn't dead yet and that he had played a good trick on the others. Bit by bit, we managed to reconstruct his story of the assassination he had attempted. S-- was not anxious, he was in fact rather overexcited, with violent phases of agitation, accompanied by screaming. He did not break anything much, but tired everybody out by his incessant chatter, and the whole Service was permanently on the alert on account of his declared intention of "killing everybody." During his stay in the hospital he attacked about eight patients with makeshift weapons. Nurses and doctors were not spared either. We almost wondered whether we were not witnessing one of those masked forms of epilepsy which is characterized by a wholesale aggressivity which is nearly always present.

Deep sleep treatment was then tried. From the third day on, a daily interview made it possible for us to better understand the moving force of the pathological process.

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The patient's intellectual confusion progressively toned down. Here are some extracts from his statements:

God is with me . . . but he certainly isn't with those who are dead. . . . I've had hellish good luck. . . . In life you've got to kill so as not to be killed. . . . When I think that I knew nothing at all about all that business. . . . There are Frenchmen in our midst. They disguise themselves as Arabs. They've all got to be killed. Give me a machine-gun. All these so-called Algerians are really Frenchmen . . . and they won't leave me alone. As soon as I want to go to sleep they come into my room. But now I know all about them. Everyone wants to kill me. But I'll defend myself. I'll kill them all, every single one of them. I'll cut their throats one after the other, and yours with them. You all want to kill me but you should set about it differently. I'd kill you all as soon as look at you, big ones and little ones, women, children, dogs, birds, donkeys . . . everyone will be dead. And afterward I'll be able to sleep in peace. . . .

All this was said in jerks; the patient's attitude remained hostile, suspicious, and aloof.

After three weeks, his state of excitement had disappeared, but a certain reticence and a tendency to seek solitude gave us grounds for fearing a more serious evolution of his disorder. However after a month he asked to be let out in order to learn a trade that would

be compatible with his disability. He was then entrusted to the care of the Social Service of the FLN. We saw him six months after, and he was going on well.

Case No. 3: Marked anxiety psychosis of the depersonalization type after the murder of a woman while temporarily insane.

Dj --, a former student, a soldier in the ALN, nineteen years old. His illness already dated from some months back by the time he came to the Center. His appearance was characteristic: he seemed very depressed, his hands

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were constantly moist and his lips were dry; his chest was lifted by continual sighs. Pernicious insomnia; two attempts at suicide since the trouble started. During the conversation, he struck hallucinatory attitudes while listening. Sometimes his glance fixed itself for a few seconds on a point in space, while his face lit up, giving the impression to observers that the patient was witnessing a play. Thoughts woolly. Certain phenomena known in psychiatry by the name of blocking: a gesture or phrase is begun and then suddenly interrupted without apparent reason. But in particular one element aroused our particular attention: the patient talked of his blood being spilt, of his arteries which were being emptied and of his heart which kept missing a beat. He implored us to stop the hemorrhage and not to let him be "sucked by a vampire" within the very precincts of the hospital. Sometimes he could not speak any more, and asked us for a pencil. Wrote: "I have lost my voice; my whole life is ebbing away." This living depersonalization gave us reason to believe that the illness had reached a serious stage of development.

Several times during the course of our conversations, the patient spoke to us of a woman who when night fell came to persecute him. Having learnt beforehand that his mother whom he had been very fond of was dead, and that nothing had been able to console him for her loss (his voice had considerably sunk as he spoke of her, and he shed some tears), I directed the investigation toward the maternal image. When I asked him to describe the woman who obsessed him, I might even say persecuted him, he declared that she was not an unknown person, that he knew her very well and that it was he who had killed her. It was thus a matter of finding out whether we had to deal with an unconscious guilt complex following on the death of the mother, as Freud has described in *Mourning and Melancholia*. We asked the patient to talk to us about

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this woman in greater detail, since he had known her so well, and since also it was he who had killed her. Thus we were able to reconstruct the following story:

I left the town where I had been a student to join the Maquis. After some months, I had news of my people. I learnt that my mother had been killed point-blank by a French soldier and two of my sisters had been taken to the soldiers' quarters. Up to now, I have

had no news of what happened to them. I was terribly shaken by the death of my mother. Since my father had died some years before, I was the only man in the family, and my sole ambition had always been to manage to do something to make life easier for my mother and my sisters. One day we went to an estate belonging to settlers, where the agent, who was an active colonialist, had already killed two Algerian civilians. We came to his house, at night, but he wasn't there. Only his wife was at home. When she saw us, she started to cry and implored us not to kill her: "I know you've come for my husband," she said, "but he isn't here. I've told him again and again not to have anything to do with politics." We decided to wait for her husband. But as far as I was concerned, when I looked at that woman I thought of my mother. She was sitting in an armchair and her thoughts seemed to be elsewhere. I wondered why we didn't kill her; then all of a sudden she noticed I was looking at her. She flung herself upon me screaming "Please, please don't kill me . . . I have children." A moment after she was dead; I'd killed her with my knife. My commander disarmed me and ordered me to leave. I was questioned by the platoon commander a few days later. I thought I was going to be shot, but I didn't give a damn. * And then I started vomiting after every meal, and I slept badly. After that this woman started coming every night and asking for my blood. But my mother's blood--where's that?

*After considering the medico-legal experts' report which emphasized the pathological character of the action, the legal proceedings which had been set in motion by the General Staff were closed.

At nightfall that evening, as soon as the patient went to bed, the room was "invaded by women" in spite of everything. It was a manifold repetition of the same woman. Every one of them had an open wound in her stomach. They were bloodless, pale, and terribly thin. They tormented the young patient and insisted that he should give them back their spilt blood. At this moment the sound of running water filled the room and grew so loud that it seemed like a thundering waterfall, and the young patient saw the parquet of his room drenched with blood--his blood -while the women slowly got their color back, and their wounds began to close up. The patient awoke, bathed with sweat and in deep distress, and remained in a state of nervous excitement until the dawn.

The young patient was treated for several weeks, after which time the oneiroid symptoms (nightmares) had practically disappeared. However, a serious deficiency remained in his personality. When he started thinking of his mother, the disemboweled woman rose up before him in redoubled horror. Though it may appear unscientific, in our opinion time alone can bring some improvement to the disrupted personality of this young man.

Case No. 4: A European policeman in a depressed state meets while under hospital treatment one of his victims, an Algerian patriot who is suffering from stupor.

A --, twenty-eight years old, no children. We learnt that for several years both he and his wife underwent treatment, unfortunately with no success, in order to have children. He was sent to us by his superiors because he had behavior disturbances.

Immediate contact seemed fairly good. The patient spoke to us spontaneously about his difficulties. Satisfactory relations with his wife and parents-in-law. His trouble was that at night he heard screams which prevented him

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from sleeping. In fact, he told us that for the last few weeks before going to bed he shut the shutters and stopped up all the windows (it was summer) to the complete despair of his wife, who was stifled by the heat. Moreover, he stuffed his ears with cotton wool in order to make the screams seem less piercing. He sometimes even in the middle of the night turned on the wireless or put on some music in order not to hear this nocturnal uproar. He consequently explained to us at full length the whole story that was troubling him.

A few months before, he had been transferred to an anti-FLN brigade. At the beginning, he was entrusted with surveying certain shops or cafés; but after some weeks he used to work almost exclusively at the police headquarters. Here he came to deal with interrogations; and these never occurred without some "knocking about." "The thing was that they never would own up to anything." He explained:

Sometimes we almost wanted to tell them that if they had a bit of consideration for us they'd speak out without forcing us to spend hours tearing information word by word out of them. But you might as well talk to the wall. To all the questions we asked they'd only say "I don't know." Even when we asked them what their name was. If we asked them where they lived, they'd say "I don't know." So of course, we have to go through with it. But they scream too much. At the beginning that made me laugh. But afterward I was a bit shaken. Nowadays as soon as I hear someone shouting I can tell you exactly at what stage of the questioning we've got to. The chap who's had two blows of the fist and a belt of the baton behind his ear has a certain way of speaking, of shouting, and of saying he's innocent. After he's been left two hours strung up by his wrists he has another kind of voice. After the bath, still another. And so on. But above all it's after the electricity that it becomes really too much. You'd say that the chap was going to die any minute. Of course there are some that don't scream; those are the tough ones.

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But they think they're going to be killed right away. But we're not interested in killing them. What we want is information. When we're dealing with those tough ones, the first thing we do is to make them squeal; and sooner or later we manage it. That's already a victory. Afterward we go on. Mind you, we'd like to avoid that. But they don't make things easy for us. Now I've come so as I hear their screams even when I'm at home. Especially the screams of the ones who died at the police headquarters. Doctor, I'm fed

up with this job. And if you manage to cure me, I'll ask to be transferred to France. If they refuse, I'll resign.

Faced with such a picture, I prescribed sick leave. As the patient in question refused to go to the hospital, I treated him privately. One day, shortly before the therapeutic treatment was due to begin, I had an urgent call from my department. When A-- reached my house, my wife asked him to wait for me, but he preferred to go for a walk in the hospital grounds, and then come back to meet me. A few minutes later as I was going home I passed him on the way. He was leaning against a tree, looking overcome, trembling and drenched with sweat: in fact having an anxiety crisis. I took him into my car and drove him to my house. Once he was lying on the sofa, he told me he had met one of my patients in the hospital who had been questioned in the police barracks (he was an Algerian patriot) and who was under treatment for "disorders of a stuporous nature following on shock." I then learnt that the policeman had taken an active part in inflicting torture on my patient. I administered some sedatives which calmed A--'s anxiety. After he had gone, I went to the house in the hospital where the patriot was being cared for. The personnel had noticed nothing; but the patient could not be found. Finally we managed to discover him in a toilet where he was trying to commit suicide: he on his side had recognized the policeman and thought that

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he had come to look for him and take him back again to the barracks.

Afterward, A-- came back to see me several times, and after a very definite improvement in his condition, managed to get back to France on account of his health. As for the Algerian patriot, the personnel spent a long time convincing him that the whole thing was an illusion, that policemen were not allowed inside the hospital, that he was very tired, that he was there to be looked after, etc.

Case No. 5: A European police inspector who tortured his wife and children.

R --, thirty years old. Came of his own accord to consult us. He was a police inspector and stated that for several weeks "things weren't working out." Married, had three children. He smoked a lot: five packets of cigarettes a day. He had lost his appetite and his sleep was frequently disturbed by nightmares. These nightmares had no special distinguishing features. What bothered him most were what he called "fits of madness:" In the first place, he disliked being contradicted:

Can you give me an explanation for this, doctor: as soon as someone goes against me I want to hit him. Even outside my job, I feel I want to settle the fellows who get in my way, even for nothing at all. Look here, for example, suppose I go to the kiosk to buy the papers. There's a lot of people. Of course you have to wait. I hold out my hand (the chap who keeps the kiosk is a pal of mine) to take my papers. Someone in the line gives me a challenging look and says "Wait your turn." Well, I feel I want to beat him up and I say

to myself, "If I had you for a few hours my fine fellow you wouldn't look so clever afterwards."

The patient dislikes noise. At home he wants to hit everybody all the time. In fact, he does hit his children,

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even the baby of twenty months, with unaccustomed savagery.

But what really frightened him was one evening when his wife had criticized him particularly for hitting his children too much. (She had even said to him, "My word, anyone'd think you were going mad.") He threw himself upon her, beat her, and tied her to a chair, saying to himself "I'll teach her once and for all that I'm master in this house."

Fortunately his children began roaring and crying. He then realized the full gravity of his behavior, untied his wife and the next day decided to consult a doctor, "a nerve specialist." He stated that "before, he wasn't like that"; he said that he very rarely punished his children and at all events never fought with his wife. The present phenomena had appeared "since the troubles." "The fact is" he said:

nowadays we have to work like troopers. Last week, for example, we operated like as if we belonged to the army. Those gentlemen in the government say there's no war in Algeria and that the arm of the law, that's to say the police, ought to restore order. But there is a war going on in Algeria, and when they wake up to it it'll be too late. The thing that kills me most is the torture. You don't know what that is, do you? Sometimes I torture people for ten hours at a stretch. . . .

"What happens to you when you are torturing?"

You may not realize, but it's very tiring. . . . It's true we take it in turns, but the question is to know when to let the next chap have a go. Each one thinks he's going to get the information at any minute and takes good care not to let the bird go to the next chap after he's softened him up nicely, when of course the other chap would get the honor and glory of it. So sometimes we let them go; and sometimes we don't.

Sometimes we even offer the chap money, money out of

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our own pockets, to try to get him to talk. Our problem is as follows: are you able to make this fellow talk? It's a question of personal success. You see, you're competing with the others. In the end your fists are ruined. So you call in the Senegalese. But either they hit too hard and destroy the creature or else they don't hit hard enough and it's no good. In fact, you have to be intelligent to make a success of that sort of work. You have to know when to lay it on and when to lay it off. You have to have a flair for it. When the chap is

softened up, it's not worth your while going on hitting him. That's why you have to do the work yourself; you can judge better how you're getting on. I'm against the ones that have the chap dealt with by others and simply come to see every hour or so what state he's in. Above all, what you mustn't do is to give the chap the impression that he won't get away alive from you. Because then he wonders what's the use of talking if that won't save his life. In that case you'll have no chance at all of getting anything out of him. He must go on hoping; hope's the thing that'll make him talk.

But the thing that worries me most is this affair with my wife. It's certain that there's something wrong with me. You've got to cure me, doctor.

His superiors refused to give him sick leave, and since moreover the patient did not wish to have a psychiatrist's certificate, we tried to give him treatment "while working full time." The weaknesses of such a procedure may easily be imagined. This man knew perfectly well that his disorders were directly caused by the kind of activity that went on inside the rooms where interrogations were carried out, even though he tried to throw the responsibility totally upon "present troubles." As he could not see his way to stopping torturing people (that made nonsense to him for in that case he would have to resign) he asked me without beating about the bush to help him to go on torturing Algerian patriots without any prickings of con-

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science, without any behavior problems, and with complete equanimity. *

SERIES B

We have here brought together certain cases or groups of cases in which the event giving rise to the illness is in the first place the atmosphere of total war which reigns in Algeria.

Case No. 1: The murder by two young Algerians, thirteen and fourteen years old respectively, of their European playmate.

We had been asked to give expert medical advice in a legal matter. Two young Algerians thirteen and fourteen years old, pupils in a primary school, were accused of having killed one of their European schoolmates. They admitted having done it. The crime was reconstructed, and photos were added to the record. Here one of the children could be seen holding the victim while the other struck at him with a knife. The little defendants did not go back on their declarations. We had long conversations with them. We here reproduce the most characteristic of their remarks:

a) The boy thirteen years old:

"We weren't a bit cross with him. Every Thursday we used to go and play with catapults together, on the hill above the village. He was a good friend of ours. He usn't to go to

school any more because he wanted to be a mason like his father. One day we decided to kill him, because

^{**}With these observations we find ourselves in the presence of a coherent system which leaves nothing intact. The executioner who loves birds and enjoys the peace of listening to a symphony or a sonata is simply one stage in the process. Further on in it we may well find a whole existence which enters into complete and absolute sadism.

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the Europeans want to kill all the Arabs. We can't kill big people. But we could kill ones like him, because he was the same age as us. We didn't know how to kill him. We wanted to throw him into a ditch, but he'd only have been hurt. So we got the knife from home and we killed him."

"But why did you pick on him?"

"Because he used to play with us. Another boy wouldn't have gone up the hill with us."

"And yet you were pals?"

"Well then, why do they want to kill us? His father is in the militia and he said we ought to have our throats cut."

"But he didn't say anything to you?"

"Him? No."

"You know he is dead now."

"Yes."

"What does being dead mean?"

"When it's all finished, you go to heaven."

"Was it you that killed him?"

"Yes."

"Does having killed somebody worry you?"

"No, since they want to kill us, so..."

"Do you mind being in prison?"

"No."

b) The boy fourteen years old:

This young defendant was in marked contrast to his schoolfellow. He was already almost a man, and an adult in his muscular control, his appearance, and the content of his replies. He did not deny having killed either. Why had he killed? He did not reply to the question but asked me had I ever seen a European in prison. Had there ever been a European arrested and sent to prison after the murder of an Algerian? I replied that in fact I had never seen any Europeans in prison.

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"And yet there are Algerians killed every day, aren't there?"

"Yes."

"So why are only Algerians found in the prisons? Can you explain that to me?"

"No. But tell me why you killed this boy who was your friend."

"I'll tell you why. You've heard tell of the Rivet business?" *

"Yes."

"Two of my family were killed then. At home, they said that the French had sworn to kill us all, one after the other. And did they arrest a single Frenchman for all those Algerians who were killed?"

"I don't know."

"Well, nobody at all was arrested. I wanted to take to the mountains, but I was too young. So X--and I said we'd kill a European."

"Why?"

"In your opinion, what should we have done?"

"I don't know. But you are a child and what is happening concerns grown-up people."

"But they kill children too..."

"That is no reason for killing your friend."

"Well, kill him I did. Now you can do what you like."

"Had your friend done anything to harm you?"

"Not a thing."

"Well?"

"Well, there you are..."

Case No. 2: Accusatory delirium and suicidal conduct dis-

*Rivet is a village which since a certain day in the year 1956 has become celebrated in the region around Algiers. For on that evening the village was invaded by the militia who dragged forty men from their beds and afterward murdered them.

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guised as "terrorist activity" in a young Algerian twenty. two years old.

This patient was sent to our hospital by the French judicial authorities. This measure was taken after medical and legal advice given by French psychiatrists practicing in Algeria.

The patient was an emaciated man in a complete state of aberration. His body was covered with bruises and two fractures of the jaw made all absorption of nourishment impossible. Thus for more than two weeks the patient was fed by various injections.

After two weeks, the blank in his thoughts receded; we were able to establish contact and we managed to re. construct the dramatic history of this young man.

During his youth he went in for scouting with unusual enthusiasm. He became one of the main leaders of the Moslem Scout Movement. But when he was nineteen years old he dropped scouting completely in order to have no preoccupation other than his profession. He was a multicopying-machine maker; he studied hard and dreamt of becoming a great specialist in his profession. The first of November, 1954, found him absorbed by strictly professional problems. At the time he showed no interest at all in the national struggle. Already he no longer frequented the company of his former companions. He defined himself at that time as "completely bent on increasing [his] technical capacity."

However, about the middle of 1955, when spending the evening with his family, he suddenly had the impression that his parents considered him a traitor. After a few days this fleeting impression became blunted but at the back of his mind a certain misgiving persisted, a sort of uneasiness that he did not understand.

On account of this, he decided to eat his meals quickly,

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shrinking from the family circle, and shut himself into his room. He avoided all contacts. It was in these conditions that catastrophe intervened. One day, in the middle of the street at about half-past twelve, he distinctly heard a voice calling him a coward. He turned round, but saw nobody. He quickened his pace, and decided that from then on he would not go to work. He stayed in his room and did not eat any dinner. During the night the crisis came on. For three hours he heard all sorts of insults coming from out of the night and resounding in his head: "Traitor, traitor, coward...all your brothers who are dying,... traitor, traitor..."

He was seized with indescribable anxiety: "For eighteen hours my heart beat at the rhythm of 130 pulsations to the minute. I thought I was going to die."

From that time on, the patient could no longer swallow a bite. He wasted away almost visibly; he shut himself up in complete darkness, and refused to open the door to his parents. Around the third day he took refuge in prayer. He stayed kneeling, he told me, from seventeen to eighteen hours on end each day. On the fourth day, acting on impulse "like a madman," with "a beard that was also enough to make [him] be taken for a madman," wearing neither coat nor tie, he went out into the town. Once in the street, he did not know where to go; but he started walking, and at the end of some time he found himself in the European town. His physical appearance (he looked like a European) seemed then to safeguard him against being stopped and questioned by the police patrols.

As a contrast to this, beside him Algerian men and women were arrested, maltreated, insulted, and searched. Paradoxically, he had no papers on him. This uncalled-for consideration toward him on the part of the enemy patrols confirmed his delusion that "everybody knew he was with

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the French. Even the soldiers had their orders; they left him alone."

In addition, the glances of the arrested Algerians, who were waiting to be searched with their hands behind their necks, seemed to him to be full of contempt. The prey of overwhelming agitation, he moved away, striding rapidly. It was at this moment that he happened to walk in front of the building which was the French Staff Headquarters. In the gateway stood several soldiers armed with machine-guns. He went toward the soldiers, threw himself upon one of them and tried to snatch his machine-gun, shouting "I am an Algerian."

He was quickly overcome and was brought to the police, where they insisted on making him confess the names of his "superiors" and the different members of the network to which he (supposedly) belonged. After some days the police and the soldiers realized that they were dealing with a sick man. An expert opinion was sought which concluded that he was suffering from mental disorders and that he should be sent to the hospital. "All I wanted to do," he said, "was to die. Even at the police barracks I thought and hoped that after they'd tortured me they would kill me. I was glad to be struck, for that showed me

that they considered that I too was their enemy. I could no longer go on hearing those accusing voices, without doing something. I am not a coward. I am not a woman. I am not a traitor." *

Case No. 3: Neurotic attitude of a young Frenchwoman whose father, a highly placed civil servant, was killed in an ambush.

This girl, twenty-one years old, a student, came to con-

*During the year 1955, cases of this type were very numerous in Algeria. Unfortunately not all the patients had the good fortune to be sent to a hospital.

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sult me about certain minor symptoms of anxiety complex which interfered with her studies and with her social relationships. Her hands were constantly moist and at times presented very worrying symptoms when sweat "flowed all over her hands." Constrictions of the chest accompanied by nocturnal headaches. Bit her nails. But the thing that was most apparent was above all the over-easy contact, obviously too rapid, while a severe anxiety could be dearly sensed underlying the facile approach. The death of her father, though judging from the date fairly recent, was mentioned by the patient with such lightheartedness that we quickly directed our investigations toward her relations with her father. The account which she gave us was clear, completely lucid, with a lucidity which touched on insensibility and later revealed, precisely by its rationalism, this girl's uneasiness and the nature and origin of her conflict.

My father was highly placed in the civil service. He was responsible for a very large rural area. As soon as the troubles started, he threw himself into the Algerian manhunt with frenzied rage. Sometimes it happened that he would eat nothing at all, and not even sleep, he was in such a state of excitement over putting down the rebellion. I saw without being able to do anything about it the slow metamorphosis of my father. Finally, I decided not to go to see him any more and to stay in town. The fact was that every time I went home I spent entire nights awake, for screams used to rise up to my room from down below; in the cellar and in the unused rooms of the house Algerians were being tortured so as to obtain information. You have no idea how terrible it is to hear screaming all night like that. Sometimes I used to wonder how it was that a human being was able to bear hearing those screams of pain--quite apart from the actual torture. And so it went on. Finally, I didn't ever go home. The rare times that my father came to see me in town I wasn't able to look him in the face without being terribly frightened

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and embarrassed. I found it increasingly difficult to force myself to kiss him.

For you must understand that I had lived a long time in the village. I knew almost all the families that lived there. The Algerian boys of my age and I had played together when we were small. Every time I went home my father told me that fresh people had been arrested. In the end I didn't dare walk in the street any more, I was so sure of meeting hatred everywhere. In my heart I knew that those Algerians were right. If I were an Algerian girl, I'd be in the Maquis.

One day, however, she received a telegram which announced that her father was seriously injured. She went to the hospital and found her father in a coma. Shortly afterward he died. He had been wounded while on a reconnoitering expedition with a military detachment; the patrol fell into an ambush laid by the Algerian National Army. "The funeral sickened me," she said.

All those officials who came to weep over the death of my father whose "high moral qualities conquered the native population" disgusted me. Everyone knew that it was false. There wasn't a single person who didn't know that my father had the whip hand of all the interrogation centers in the whole region. Everyone knew that the number of deaths under torture reached ten a day, and there they came to tell their lies about my father's devotion, his self-sacrifice, his love for his country, and so on. I ought to say that now such words have no meaning for me, or at any rate hardly any. I went back to the town directly afterward, and I avoided all the authorities. They offered me an allowance but I refused it. I don't want their money. It is the price of the blood spilt by my father. I don't want any of it. I am going to work.

Case No. 4: Behavior disturbances in young Algerians under ten.

These children were refugees, the children of fighting men or of civilians killed by the French. They were sent to various different centers in Tunisia and Morocco. These children were sent to school, and games and outings were

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organized for them. They were examined regularly by doctors; that is how we came to have occasion to see some of them.

- A. In each of these different children there exists a very marked love for parental images. Everything which resembles a father or a mother is sought out with the greatest tenacity and jealously guarded.
- B. Generally speaking, they all have a noise phobia which is very noticeable. These children are very much affected when they are scolded. They have a great thirst for peace and for affection.
- C. Many of them suffer from sleeplessness and also from sleepwalking.
- D. Periodical enuresis.
- E. Sadistic tendencies. A game that is often played is to stretch a sheet of paper and feverishly poke holes in it. All their pencils are chewed and their nails bitten with distressing regularity. They quarrel frequently among themselves despite a deep fundamental affection.

Case No. 5: Puerperal psychoses among the refugees.

The name *puerperal psychoses* is given to mental disorders which occur in women around childbirth. Such disorders may appear immediately before or some weeks after giving birth. The determinism of such illnesses is very complex; but it is considered that the principal causes are the upsetting of the functioning of the endocrine glands and the existence of an "affective shock." The latter heading, though vague, covers what most people refer to as "violent emotion."

On the Moroccan and Tunisian frontiers there are to be found something like 300,000 refugees since the decision of the French government to practice their burnt earth policy over hundreds of kilometers. The destitution in which they exist is well known. International Red Cross committees have repeatedly paid visits to these places and

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after having observed the extreme poverty and precariousness of living conditions they have recommended increased aid to these refugees from international organizations. It was thus only to be expected, considering the undernourishment which is rife in these camps, that pregnant women there should show particular propensities for the development of puerperal psychoses.

The atmosphere of permanent insecurity in which the refugees exist is kept up by frequent invasions of French troops, applying "the right of following and pursuit," bombardments from the air, machine-gunnings--it is well known that no further attention is now paid to bombardments of Moroccan and Tunisian territories by the French army, of which Sakiet-Sidi-Youssef, the martyred village in Tunisia, was the most appalling--together with the break-up of homes which is a consequence of the conditions of the evacuation. To tell the truth there are very few Algerian women who give birth in such conditions who do not suffer from mental disorders.

These disorders take various forms. Sometimes they are visible as states of agitation which sometimes turn into rages; sometimes deep depression and tonic immobility with many attempted suicides; or sometimes finally anxiety states with tears, lamentations, and appeals for mercy. In the same way the form which the delusions take are many and divers. We may find a delusion of persecution against the French who want to kill the new-born infant or the child not yet born; or else the mother may have the impression of imminent death, in which the mothers implore invisible executioners to spare their child.

Here once more we must point out that the fundamental nature of these problems is not cleared up by the regression and soothing of the disorders. The circumstances of the cured patients maintains and feeds these pathological kinks.

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SERIES C

Affective-intellectual modifications and mental disorders after torture. In this series we will group together patients in a fairly serious condition whose disorders appeared immediately after or during the tortures. We shall describe various different groups in this category, because we realize that the characteristic morbidity groups correspond to different methods of torture employed, quite independently of its evil effects, whether glaring or hidden, upon the personality. **Category No. 1: After so-called preventive tortures of an indiscriminate nature.** We here refer to brutal methods which are directed toward getting prisoners to speak, rather than to actual torture. The principle that over and above a certain threshold pain becomes intolerable here takes on singular importance. The aim is to arrive as quickly as possible at that threshold. There is no finicking about. There is a mass attack taking several forms: several policemen striking the prisoner at the same time; four policemen standing around the prisoner and hitting him backward and forward to each other, while another burns his chest with a cigarette and still another hits the soles of his feet with a stick. Certain methods of torture used in Algeria seemed to us to be particularly atrocious; the confidences of those who had been tortured are our reference.

- A. Injection of water by the mouth accompanied by an enema of soapy water given at high pressure. *

* This type of torture is the cause of a very large number of deaths. After these enemas given at high pressure, the mucous membrane of the intestine becomes in fact the seat of numerous lesions which provoke minute perforations of the intestine. Gaseous embolisms and cases of peritonitis are thus very frequently caused.

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- B. Introduction of a bottle into the anus.

Two forms of torture called "motionless torture":

- C. The prisoner is placed on his knees, with his arms parallel to the ground, the palms of his hands turned upward, his torso and head straight. No movement is allowed. Behind the prisoner a policeman sitting on a chair keeps him motionless by blows of his truncheon.
- D. The prisoner is placed standing with his face to the wall, his arms lifted and his hands against the wall. Here too if he makes the slightest movement or shows the slightest sign of relaxing the blows rain down.

We must now point out that there are two categories of people who undergo torture:

1. Those who know something.
2. Those who know nothing.
1. Those who know something are very rarely seen in, hospital centers. Evidently, it may be common knowledge that such-and-such a patriot has been tortured in the French prisons, but you never meet him as a patient. *
2. On the contrary, those who know nothing come very frequently to consult us. We are not here speaking of Algerians taken prisoner during a general arresting or a round-up: they do not come to see us as patients either. We are speaking expressly of those Algerians who do not belong to any organization, who are arrested and brought to

police quarters or to farms used as centers of interrogation in order to be tortured there.

Symptoms of psychiatric cases encountered:

- A. Agitated nervous depressions: four cases. These are patients who are sad, without really being anxious. They are depressed and spend most of their time

*We are here speaking of course of those Algerians who, knowing something, have not confessed under torture; for it is well known that an Algerian who confesses is killed immediately afterward.

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in bed; they shun contact, and are liable to suddenly show signs of very violent agitation the significance of which is always difficult to grasp.

- B. Loss of appetite arising from mental causes: five cases.

These patients present serious problems, for every mental anorexia is accompanied by a phobia against all physical contact with another. The nurse who comes near the patient and tries to touch him, to take his hand, for example, is at once pushed stiffly away. It is not possible to carry out artificial feeding or to administer medicine. *

- C. Motor instability: eleven cases.

Here we have to deal with patients who will not keep still. They insist on being alone and it is difficult to get them to allow themselves to be shut up with the doctor in his consulting room.

Two feelings seemed to us to be frequent in the first category of tortured people:

First that of suffering *injustice*. Being tortured night and day for nothing seemed to have broken something in these men. One of these sufferers had a particularly painful experience. After some days of useless torturing, the police came to realize that they were dealing with a peaceable man who knew nothing whatever about anybody in an FLN network. In spite of being convinced of this, a police inspector had said: "Don't let him go like that. Give him a bit more, so that when he gets out he'll keep quiet." †

*The medical attendants are obliged to sit by the patient night and day working to explain matters to him. We can understand that the formula of "treating him a bit rough" is of no possible value here.

†This preventive torture becomes in certain districts "preventive repression." Thus at Rivet, though peace reigned, the settlers did not want to be taken unawares (the neighboring districts were beginning to stir) and decided purely and simply to do away with all eventual members of the FLN. Over forty Algerians were killed in a single day.

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Secondly, there was *indifference to all moral arguments*. For these patients, there is no just cause. A cause which entrains torture is a weak cause. Therefore the fighting strength of the cause must at all costs be increased; its justness must not be questioned. Force is the only thing that counts. **Category No. 2: After tortures by electricity.** In this category we have placed the Algerian patriots who were mainly tortured by electricity. In fact, although previously electricity was used as one of the general methods of torture, from September, 1956, on certain questionings were carried on exclusively by electricity. **Descriptions of psychiatric cases encountered :**

A. Localized or generalized coenesthopathies: three cases.

These patients felt "pins and needles" throughout their bodies; their hands seemed to be torn off, their heads seemed to be bursting, and their tongues felt as if they were being swallowed.

B. Apathy, aboulia, and lack of interest: seven cases.

These are patients who are inert, who cannot make plans, who have no resources, who live from day to day.

C. Electricity phobia.

Fear of touching a switch, of turning on the radio, fear of the telephone. Completely impossible for the doctor to even mention the eventual possibility of electric shock treatment.

Category No. 3: After the "truth serum."

The basic principles of this treatment are well known. When dealing with a patient who seems to suffer from an unconscious inner conflict which consultations do not manage to externalize, the doctor has recourse to chemical methods of exploration. Pentothal, given by intravenous injections, is the most common serum used to liberate the

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patient from a conflict which seems to go beyond his powers of adaptation. The doctor intervenes in order to liberate the patient from this "foreign body." *

It has been generally observed that it is difficult to control the progressive disintegration of psychical processes when using this method. Very often a spectacular worsening of the illness was observed, or new and quite inexplicable symptoms appeared. Thus, generally speaking, this technique has been more or less abandoned.

In Algeria, military doctors and psychiatrists have found a wide field for experiment in police quarters. For if in cases of neurosis pentothal sweeps away the barriers which bar the way to bringing to light an interior conflict, it ought equally in the case of Algerian patriots to serve to break down the political barrier and make confession easier for the prisoner without having recourse to electricity; medical tradition lays down that suffering should be avoided. This is the medical form that "subversive war" takes.

The scenario is as follows. First, "I am a doctor, I am not a policeman. I am here to help you." In this way after a few days the confidence of the prisoner is won.[†]

After that, "I'm going to give you a few injections, for you're badly shaken." For a few days, treatment of any

*In fact, it is not "foreign" at all. A conflict is only the result of the dynamic evolution of the personality, and here there can be no "foreign body." We ought rather to say that the problem is one of a "badly integrated body."

†We can cite in the same way the case of psychiatrists who were prime movers in "*Présence française*," who when they were called in to give an expert opinion on a prisoner had the habit from the very first of proclaiming their great friendship with the defending lawyer, and of assuring the prisoner that the two of them (the barrister and the psychiatrist) would get him out of there. All the prisoners who had the benefit of expert opinions were guillotined. These psychiatrists boasted in front of us of their elegant method of overcoming "resistance."

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kind at all is given--vitamins, treatment for heart disease, sugar serums. On the fourth or fifth day the intravenous injection of pentothal is given. The interrogation begins.**Psychiatric symptoms.**

A. Verbal stereotypy:

The patient continually repeats sentences of the type of "I didn't tell them anything. You must believe me; I didn't talk." Such stereotypies are accompanied by a permanent anxiety state. In fact the patient does not even know whether he has given any information away. The sense of culpability toward the cause he was fighting for and his brothers in arms whose names and addresses he may have given here weighs so heavily as to be dramatic. No assurance can bring peace to these broken consciences.

B. Intellectual or sensory perception clouded.

The patient cannot affirm the existence of a given visible object. Reasoning is assimilated but in undifferentiated fashion. There is a fundamental inability to distinguish between true and false. Everything is true and everything is false at the same time.

C. Fear, amounting to phobia, of all private conversations.

This fear is derived from the acute impression that at any moment a fresh interrogation may take place.

D. Inhibition.

The patient is on his guard; he registers each word of the question that is put to him and elaborates every word of his projected reply. From this comes the impression of

a quasi-inhibition, with psychical slowing down, interrupted sentences, repetition, and faltering, etc.

It is obvious that these patients obstinately refuse all intravenous injections.

Category No. 4: After brainwashing.

Recently much has been said about "psychological

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action" in Algeria. We do not wish to proceed to a critical study of these methods. We are content to bring to mind here their psychiatric consequences. There are two categories of centers where torture by brainwashing is carried on in Algeria. **1. For intellectuals.** The principle here is to lead the prisoner on to play a part. We can see that this is a throwback to a particular school of psycho-sociology.*

A. Playing the game of collaboration.

The intellectual is invited to collaborate and at the same time reasons for collaboration are brought forward. He is thus obliged to lead a double life: he is a man well known for his patriotism who is imprisoned for preventive reasons. The task undertaken is to attack from the inside those elements which constitute national consciousness. Not only is the intellectual in question expected to collaborate, but he is given orders to discuss matters "freely" with those opposed to his viewpoint or those who hold back, and to convince them. This is an elegant way of bringing him to focus attention on other patriots, and thus to serve as informer. If by chance he says that he cannot find any opponents, these latter are pointed out to him,

*We know that in the United States of America a trend toward psycho-sociology has developed. Supporters of this school think that the tragedy of the contemporary individual is contained in the fact that he has no longer any part to play, and that present-day social conditions force him to exist only as a cog in the machine. From this comes the proposal of a therapeutic which will allow a man to take various roles in a veritable game of activity. Anyone can play any role; it even happens that in a single day a person's role may be changed; symbolically you may put yourself in the place of anyone you please. The factory psychiatrists in the United States are, it seems, making huge strides in group psychotherapy among workers. The latter are in fact able to identify themselves with heroes. Strained relations between employers and workers are considerably diminished.

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or else he is told to behave as if he was dealing with such.

B.

Making
public
statements on

the value of
the French
heritage and
on the merits
of
colonization.

In order to
carry out this
task as well
as possible,
the
intellectual is
surrounded
by "political
advisers":
officers for
Native
Affairs, or,
better still,
psychologists,
social
psychiatrists,
sociologists,
etc.

C.

Taking the
arguments for
the Algerian
revolution
and
overthrowing
them one by
one.

Algeria is not
a nation; it
has never
been a nation;
it will never
be a nation.

There is no
such thing as
the "Algerian
people."

Algerian
patriotism is
nonsense.

The *fellaghas*
are ambitious
peasants,
criminals, and
poor mistaken
creatures.

Taking each
theme in turn,
the
intellectual is
expected to
make a
reasoned
statement on
it, and the
statement
must be
convincing.
Marks (the
well-known
"rewards")
are given and
counted up at
the end of
every month.
They serve as
a means of
deciding
whether or
not the
intellectual
will be
allowed out.
Leading a
totally
pathological
communal
life.

To be alone is
an act of

D.

rebellion: so
the
intellectual is
always with
somebody.
Silence is
also
forbidden;
thinking must
be done
aloud.

Evidence of brainwashing.

The case was that of a person with a university education who was interned and subjected to brainwashing which lasted for months on end. One day the camp officials congratulated him on the progress he had made and announced that he would soon be set free.

He knew about the enemy's maneuvers, and took care not to take this news too seriously. Their technique was in fact to announce to the prisoners that they were going to be freed, and then a few days before the date fixed to

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not taken as the starting point for modifying the attitude of the individual. On the contrary, the body is dealt with: it is broken in the hope that national consciousness will thus be demolished. It is a thorough breaking-in. "Rewards" are taken to mean the absence of torture or the possibility of getting food to eat.

- A. You must declare that you do not belong to the FLN. You must shout this out in groups. You must repeat it for hours on end.
- B. After that, you must recognize that you were once in the FLN and that you have come to realize that it was a bad thing. Thus, down with the FLN.

After this stage, we come to another: the future of Algeria is French; it can be nothing other than French. Without France, Algeria will go back to the Middle Ages.

Finally, you are French. Long live France.

Here, the disorders met with are not serious. It is the painful, suffering body that calls for rest and peace.

SERIES D

Psychosomatic disorders.

A marked increase in mental disorders and the creation of conditions favorable to the development of specific morbid phenomena are not the only consequences of the colonial war in Algeria. Quite apart from the pathology of torture there flourishes in Algeria a pathology of atmosphere, a state which leads medical practitioners to say when confronted with a case which they cannot understand: "This'll all be cleared up when this damned war is over."

We propose to group together in this fourth series the illnesses met with among Algerians, some of whom were

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interned in concentration camps. The main characteristic of these illnesses is that they are of the psychosomatic type.

The name "psychosomatic pathology" is given to the general body of organic disorders the development of which is favored by a conflicting situation.*

The name psychosomatic is used because the determinism is psychic in origin. This pathology is considered as a means whereby the organism responds to, in other words adapts itself to, the conflict it is faced with, the disorder being at the same time a symptom and a cure. More precisely, it is generally conceded that the organism (once again we are speaking of the cortico-visceral unity, the psychosomatic unity of former times) resolves the conflict by unsatisfactory, but on the whole economical, means. The organism in fact chooses the lesser evil order to avoid catastrophe.

On the whole, this pathology is very well known today, although the different therapeutic methods proposed (relaxation and suggestion, for example) seem to us very uncertain. In the Second World War in England during the air raids and in the Soviet Union among the besieged populations of towns, notably in Stalingrad, there was a great increase in reports of the occurrence of such disorders. Today, we know very well that it is not necessary to be wounded by a bullet in order to suffer from the fact of war in body as well as in mind. Like all other wars, the Algerian war has created its contingent of cortico-visceral illnesses. With the exception of Group G described below, all the disorders met with in Algeria have already

* This nomenclature which expresses an idealist conception is less and less frequently used. In fact the terminology "cortico-visceral" inherited from Soviet research work--especially that of Pavlov--has at least the advantage that it puts the brain back in its place, that is to say it considers the brain as the matrix where, precisely, the psychism is elaborated.

been described during the course of "traditional" wars. Group G seems to us to be specific to the colonial war in Algeria. This particular form of pathology (a generalized muscular contraction) had already called forth attention before the revolution began. But the doctors described it by portraying it as a congenital stigma of the native, an "original" part of his nervous system where, it was stated, it was possible to find the proof of a predominance of the extra-pyramidal system in the native. * This contracture is in fact simply the postural accompaniment to the native's reticence, the expression in muscular form of his rigidity and his refusal with regard to colonial authority.**Psychiatric symptoms encountered.**

A. Stomach ulcers.

Very numerous. The pains are felt predominantly at night, with considerable vomiting, loss of weight, sadness and moroseness, and irritability in exceptional cases. It should be noted that the majority of these patients are very young: from eighteen to twenty-five years old. As a general rule, we never advise surgical intervention. A gastrectomy was performed on two occasions, and in these two same cases a second intervention was necessary in the same year as the first.

B. Nephritic colic.

Here again we find pains which came on intensely at night. Obviously, stones are hardly ever present. These colics may occur, though rarely, in patients from fourteen to sixteen years old.

C. Menstruation trouble in women.

This pathology is very well known, and we shall not spend much time on it. Either the women affected remain three or four months without menstruation, or else con-

*The higher a person is on the neurological plane, the less he is extra-pyramidal. As we see, everything tallies.

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siderable pain accompanies it, which has repercussions on character and conduct.

D. Intense sleeplessness caused by idiopathic tremors.

The patients are young adults, to whom all rest is denied because of a generalized slight shaking, reminiscent of a total case of Parkinson's disease. Here too, "scientific thinkers" could invoke an extra-pyramidal determinism.

E. Hair turning white early.

Among the survivors of the interrogation centers, the hair often turns white suddenly, either in patches, in certain areas, or totally. Very often this is accompanied by serious debility and sexual impotence.

F. Paroxysmal tachycardias.

The cardiac rhythm accelerates abruptly: 120, 130, or 140 per minute. These

tachycardias are accompanied by anxiety, and by an impression of imminent death: the end of the crisis is marked by a heavy sweating fit.

G. Generalized contraction with muscular stiffness.

These symptoms are found in patients of the masculine sex who find it increasingly difficult (in two cases the appearance of the symptoms was abrupt) to execute certain movements: going upstairs, walking quickly, or running. The cause of this difficulty lies in a characteristic rigidity which inevitably reminds us of the impairing of certain regions of the brain (central gray nuclei). It is an extended rigidity and walking is performed with small steps. The passive flexion of the lower limbs is almost impossible. No relaxation can be achieved. The patient seems to be made all of a piece, subjected as he is to a sudden contraction and incapable of the slightest voluntary relaxation. The face is rigid but expresses a marked degree of bewilderment.

The patient does not seem able to "release his nervous tension." He is constantly tense, waiting between life

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and death. Thus one of these patients said to us: "You see, I'm already stiff like a dead man." *

Criminal impulses found in North Africans which have their origin in the national war of liberation.

It is not only necessary to fight for the liberty of your people. You must also teach that people once again, and first learn once again yourself, what is the full stature of a man; and this you must do for as long as the fight lasts. You must go back into history, that history of men damned by other men; and you must bring about and render possible the meeting of your people and other men.

In reality, the soldier who is engaged in armed combat in a national war deliberately measures from day to day the sum of all the degradation inflicted upon man by colonial oppression. The man of action has sometimes the exhausting impression that he must restore the whole of his people, that he must bring every one of them up out of the pit and out of the shadows. He very often sees that his task is not only to hunt down the enemy forces but also to overcome the kernel of despair which has hardened in the native's being. The period of oppression is painful; but the conflict, by reinstating the downtrodden, sets on foot a process of reintegration which is fertile and decisive in the extreme. A people's victorious fight not only consecrates the triumph of its rights; it also gives to that people consistence, coherence, and homogeneity. For colonialism has not simply depersonalized the individual it has colonized; this depersonalization is equally felt in the collective sphere, on the level of social structures. The colonized people find that they are reduced to a body of individuals

* It is hardly necessary to add that there is no question here of hysterical contraction.

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who only find cohesion when in the presence of the colonizing nation.

The fight carried on by a people for its liberation leads it, according to circumstances, either to refuse or else to explode the so-called truths which have been established in its consciousness by the colonial civil administration, by the military occupation, and by economic exploitation. Armed conflict alone can really drive out these falsehoods created in man which force into inferiority the most lively minds among us and which, literally, mutilate us.

How many times -- in Paris, in Aix, in Algiers, or in Basse-Terre -- have we not heard men from the colonized countries violently protesting against the pretended laziness of the black man, of the Algerian, and of the VietNameese? And yet is it not the simple truth that under the colonial regime a *fellah* who is keen on his work or a Negro who refuses to rest are nothing but pathological cases? The native's laziness is the conscious sabotage of the colonial machine; on the biological plane it is a remarkable system of auto-protection; and in any case it is a sure brake upon the seizure of the whole country by the occupying power.

The resistance that forests and swamps present to foreign penetration is the natural ally of the native. His point of view must be understood; it is time to stop remonstrating and declaring that the nigger is a great worker and that the Arab is first-rate at clearing ground. Under the colonial regime, what is true for the Arab and for the Negro is that they should not lift their little fingers nor in the slightest degree help the oppressor to sink his claws deeper into his prey. The duty of the native who has not yet reached maturity in political consciousness and decided to hurl back oppression is literally to make it so that the slightest gesture has to be torn out of him. This is a

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very concrete manifestation of non-cooperation, or at least of minimum cooperation.

These observations, which concern the relations between the native and his work, could equally be applied to the respect the native has for the oppressor's laws, to the regular payment of rates and taxes, and to the relations which the native has with the colonial system. Under the colonial regime, gratitude, sincerity, and honor are empty words. During the last few years I have had occasion to verify a very classic fundamental idea: that honor, dignity, and respect for the given word can only manifest themselves in the framework of national and international homogeneity. From the moment that you and your like are liquidated like so many dogs, you have no other resource but to use all and every means to regain your importance as a man. You must therefore weigh as heavily as you can upon the body of your torturer in order that his soul, lost in some byway, may

finally find once more its universal dimension. During these last years I have had occasion to see that in wartime Algeria honor, selfsacrifice, love of life, and scorn of death have taken on no ordinary forms. There is no question of singing the praises of those who are fighting. We are concerned here with a very ordinary statement which even the most rabid colonialists have not failed to make: the fighting Algerian has an unusual manner of fighting and dying, and no reference to Islam or to Paradise can explain that generous dedication of self when there is question of defending his people or shielding his brothers. And then there is that overwhelming silence -- but of course the body cries out -- that silence that overwhelms the torturer. Let us admit there here we find again that very ancient law which forbids any element whatsoever to remain unmoved when the nation has begun to march, when man affirms and

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claims at the same time his limitless humanity.

Among the characteristics of the Algerian people as observed by colonialism we will particularly notice their appalling criminality. Before 1954 magistrates, policemen, barristers, journalists, and legal doctors agreed unanimously that criminality in Algeria was a problem. It was affirmed that the Algerian was a born criminal. A theory was elaborated and scientific proofs were found to support it. This theory was taught in the universities for over twenty years. Algerian medical students received this education and imperceptibly, after accommodating themselves to colonialism, the elite came also to accommodate themselves to the inherent stigma of the Algerian people: they were born slackers, born liars, born robbers, and born criminals.

We propose here to repeat this official theory, and to recall to mind the concrete bases and the scientific arguments used to create it. Later on we shall go over the facts and try to reinterpret them.

The Algerian frequently kills other men. It is a fact, the magistrates will tell you, that four-fifths of cases brought to court deal with blows and woundings. The proportion of criminality in Algeria is one of the heaviest and largest in the world, or so they affirm. There are no minor delinquencies. When the Algerian, and this applies equally to all North Africans, puts himself outside the law, it is always outside to the maximum.

The Algerian kills savagely. First, the favorite weapon is the knife. The magistrates "who know the country" have created a minor philosophy on this subject. The Kabyles for example prefer a pistol or a gun. The Arabs of the plain have a preference for the knife. Certain magistrates wonder if the Algerian has not an inner need for the sight of blood. The Algerian, you are told, needs to feel warm blood, and to bathe in the blood of his victim.

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These magistrates, policemen, and doctors hold serious dissertations on the relationship between the Moslem soul and blood. *

A certain number of magistrates go so far as to say that the reason why an Algerian kills a man is primarily and above all in order to slit his throat. The savagery of the Algerian shows itself especially in the number of wounds he inflicts, some of these being unnecessary once the victim has been killed. Autopsies establish one fact incontestably: the murderer gives the impression, by inflicting many wounds of equal deadliness, that he wished to kill an incalculable number of times.

The Algerian kills for no reason. Very frequently magistrates and policemen are nonplused by the motives of a murder; it may arise out of a gesture, an allusion, an ambiguous statement, a quarrel over an olive tree which is possessed in common, or an animal which has strayed by an eighth of an acre. Confronted by such a murder, sometimes by a double or triple murder, the looked-for cause and the expected motive which would justify or give grounds for these murders in finally found to be of disparaging triviality. From thence springs the frequent impression that the social group is hiding the real motives.

Finally, robbery as practiced by an Algerian is always coupled with housebreaking whether accompanied or not by manslaughter, and in any case with aggression against the owner.

All these elements which cluster around Algerian criminality have appeared to specify its nature sufficiently clearly to enable a tentative systematization to be built up.

Similar though somewhat less weighty observations were made in Tunisia and Morocco; and thus the question

* In fact we know that Islam forbids its followers to eat meat unless they are sure that the animal has been drained of its blood. This is why the animals' throats are cut.

shifted more and more onto the ground of North African criminality. For over thirty years, under the constant direction of Professor Porot, professor of psychiatry on the faculty of Algiers, several teams worked with the aim of specifying the forms of expression of this criminality and of establishing a sociological, functional, and anatomical interpretation for them.

We shall here quote the main works on this subject by the psychiatric school of the faculty of Algiers. The conclusions of the researches carried on for over twenty years were, let us recall to mind, the subject of authoritative lectures from the Chair of Psychiatry.

It is thus that Algerian doctors who are graduates of the faculty of Algiers are obliged to hear and learn that the Algerian is a born criminal. Moreover, I remember certain among us who in all sincerity upheld and developed these theories that we had learned. We even add "It's a hard pill to swallow, but it's been scientifically established."

The North African is a criminal; his predatory instinct is well known; his intense aggressivity is visible to the naked eye. The North African likes extremes, so we can never entirely trust him. Today he is the best of friends, tomorrow the worst of enemies. He is insensible to shades of meaning, and Cartesianism is fundamentally foreign to him; the sense of balance, the weighing and pondering of an opinion or action clashes with his most intimate nature. The North African is a violent person, of a hereditary violence. We find him incapable of self-discipline, or of canalizing his impulses. Yes, the Algerian is a congenital impulsive.

But we must be precise. This impulsiveness is largely aggressive and generally homicidal. It is in this fashion that we come to explain the unorthodox behavior of the Algerian who is a prey to melancholia. The French psy-

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chiatrists in Algeria found themselves faced with a difficult problem. They were accustomed when dealing with a patient subject to melancholia to fear that he would commit suicide. Now the melancholic Algerian takes to killing. This illness of the moral consciousness, which is always accompanied by auto-accusation and auto-destructive tendencies, took on in the case of Algerians heretodestructive forms. The melancholic Algerian does not commit suicide. He kills. This is the homicidal melancholia which has been thoroughly studied by Professor Porot in the thesis of his pupil Monserrat. How did the Algerian school deal with such an anomaly? First, said the school of Algiers, killing oneself is a turning into and against oneself; it implies looking at oneself; it means practicing introspection. Now the Algerian is not given to an inner life. There is no inner life where the North African is concerned. On the contrary, the North African gets rid of his worries by throwing himself on the people who surround him. He does not analyze. Since by definition melancholia is an illness of the moral conscience it is clear that the Algerian can only develop pseudo-melancholia, since the precariousness of his conscience and the feebleness of his moral sense are well known. This incapacity on the part of the Algerian to analyze a situation and to organize a mental panorama is perfectly understandable if we refer to the two classes of causality set forth by French writers. First we must notice intellectual aptitudes. The Algerian is strongly marked by mental debility. If we are to really understand this datum we must go back to the semiology established by the Algerian school of psychiatry. The native, it is stated by them, presents the following characteristics:

- Complete or almost complete lack of emotivity.
- Credulous and susceptible to the extreme.

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Persistent obstinacy.

Mental puerility, without the spirit of curiosity found in the Western child.

Tendency to accidents and pithiatic reactions.*

The Algerian does not see the whole of a question. The questions he asks himself always concern the details and exclude all synthesis. He is a pointillist, clinging to objects, lost in details, insensible to ideas, and impervious to concepts. Verbal expression is reduced to a minimum. His actions are always impulsive and aggressive. He is incapable of grasping detail when looking at the whole, and he absolutizes the element and takes the part for the whole. Thus, he will have total reactions when confronted with particular incitements and with insignificant causes such as a fig tree, a gesture, or a sheep on his land. His congenital aggressivity finds ways of expressing itself on the slightest pretext. It is a state of aggressivity in its purest form.†

Leaving the descriptive stage, the Algiers school begins on that of explanation. It was in 1935 at the Congress of Mental Specialists and Neurologists that Professor Porot defined the scientific bases of his theory. In the discussion that followed the report by Baruk on hysteria, he pointed out that "the native of North Africa, whose superior and cortical activities are only slightly developed, is a primitive creature whose life, essentially vegetative and instinctive, is above all regulated by his diencephalon."

* Professor A. Porot, *Medico-psychological Annals*.

† In the mouth of the *doyen* of the judges of a court in Algeria, this aggressivity on the part of the Algerian is expressed by his love of the "fantastic." "We are wrong," he stated in 1955, "in believing this whole revolt to be political. From time to time that love of a scrimmage that they have has to come out!" For the ethnologist, the establishment of a series of tests and projective games which would have canalized the global aggressive instincts of the native would have had in 1955-56 the power to bring the revolution in Aurès to an end.

In order to estimate the importance of this discovery of Professor Porot's, we should remember that the characteristic of the human species when compared to other vertebrates is that it is corticalized. The diencephalon is one of the most primitive parts of the brain and man is above all the vertebrate in which the cortex dominates.

For Professor Porot, the life of the native of North Africa is dominated by diencephalic urges. It is as much as to say that in a way the native North African is deprived of a cortex. Professor Porot does not shrink from this contradiction and in April, 1939, in the *Southern Medical and Surgical Gazette* he states precisely, in collaboration with his pupil Sutter who is at present professor of psychiatry in Algiers: "Primitivism is not a lack of maturity or a marked stoppage in the development of the intellectual psychism. It is a social condition which has reached the limit of its evolution; it is logically adopted to a life different from ours." Finally, the professors come to the very basis of the doctrine:

This primitivism is not merely a way of living which is the result of a special upbringing; it has much deeper roots. We even consider that it must have its substratum in a particular predisposition of the architectonic structure, or at least in the dynamic hierarchization of the nervous centers. We are in the presence of a coherent body of comportment and of a coherent life which can be explained scientifically. The Algerian has no cortex: or, more precisely, he is dominated, like the inferior vertebrates, by the diencephalon. The cortical functions, if they exist at all, are very feeble, and are practically unintegrated into the dynamic of existence.

There is thus neither mystery nor paradox. The hesitation of the colonist in giving responsibility to the native is not racism nor paternalism, but quite simply a scientific appreciation of the biologically limited possibilities of the native.

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Let us end this review by seeking a summing-up which takes the whole of Africa for its field from Dr. A. Carothers, an expert from the World Health Organisation. This international expert brought together the essentials of his observations in a book which was published in 1954.*

Dr. Carothers' work was carried on in Central and East Africa, but his conclusions form a group with those of the North African school. For in fact the international expert states: "The African makes very little use of his frontal lobes. All the particularities of African psychiatry can be put down to frontal laziness."†

In order to make his point clearer, Dr. Carothers establishes a lively comparison. He puts forward the idea that the normal African is a "lobotomized European." We know that the Anglo-Saxon school believed that they had found a radical cure for certain serious forms of mental illness by practicing the section of an important part of the brain. Since then, however, the establishment of the fact that this method seriously impaired the personality has led to its being abandoned. According to Dr. Carothers, the likeness existing between the normal African native and the lobotomized European is striking.

Dr. Carothers, having studied the works of different authors working in Africa, offers us a conclusion which is the basis of a uniform conception of the African. He writes:

Such are the given facts of the case which do not concern European categories. They have been gathered in different regions of East, West, and South Africa, and on the whole each author had little or no knowledge of the work of the

* A. Carothers, "Normal and Pathological Psychology of the African," *Ethno-psychiatric Studies* (Ed. Masson).

† Op. cit., p. 176.

others. The essential similarity of these researches is therefore quite remarkable. *

We should point out before concluding that Dr. Carothers defined the Mau-Mau revolt as the expression of an unconscious frustration complex whose reoccurrence could be scientifically avoided by spectacular psychological adaptations.

So it was that unusual behavior--the African's frequent criminality, the triviality of his motives, the murderous and always very bloody nature of his brawls--raised a problem in observers' minds. The proposed explanation, which has come to be taught as a subject in the universities, seems in the last analysis to be the following: the layout of the cerebral structures of the North African are responsible both for the native's laziness, for his intellectual and social inaptitude and for his almost animal impulsivity. The criminal impulses of the North African are the transcription into the nature of his behavior of a given arrangement of the nervous system. It is a reaction which is neurologically understandable and written into the nature of things, of *the thing* which is biologically organized. The lack of integration of the frontal lobes in the cerebral dynamic is the explanation of the African's laziness, of his crimes, his robberies, his rapes, and his lies. It was a sub-prefect who has now become a prefect who voiced the conclusion to me: "We must counter these natural creatures," he said, "who obey the laws of their nature blindly, with a strict, relentless ruling class. We must tame nature, not convince it." Discipline, training, mastering, and today pacifying are the words most frequently used by the colonialists in occupied territories.

If we have spent a long time in going over the theories

* *Op. cit.*, p. 178.

held by colonialist scientists, it was less with the intention of showing their poverty and absurdity than of raising a very important theoretical and practical problem. In fact, Algerian criminality only represented a sub-section of the questions which were raised by the revolution, which could be reasoned out on the level of political discussion and demystification. But it so happens that the talks which formed the subject of this theme were so fruitful that they allowed us to understand and discern more deeply the idea of social and individual liberation. When in revolutionary practice the question of Algerian criminality is raised in the presence of leaders and militants, when the average figures of crimes, misdemeanors, and robberies are cited for the period before the revolution, when it is explained that the nature of a crime or the frequency of offenses depends on the relations which exist between men and women and between persons and the state, and when everybody understands this; when we see before us the breaking-up of the idea of the Algerian or the North African who is a criminal by vocation, an idea which was equally implanted into the consciousness of the Algerian because after all "we're a quick-

tempered, rowdy, bad lot; that's the way it is": then it can be said for sure that the revolution is making progress.

The important theoretical problem is that it is necessary at all times and in all places to make explicit, to de-mystify, and to harry the insult to mankind that exists in oneself. There must be no waiting until the nation has produced new men; there must be no waiting until men are imperceptibly transformed by revolutionary processes in perpetual renewal. It is quite true that these two processes are essential, but consciousness must be helped. The application of revolutionary theory, if it is to be completely liberating and particularly fruitful, exacts that nothing unusual should exist. One feels with particu-

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lar force the necessity to totalize the event, to draw everything after one, to settle everything, to be responsible for everything. Now conscience no longer boggles at going back into the past, or at marking time if it is necessary. This is why in the progress made by a fighting unit over a piece of ground the end of an ambush does not mean rest, but rather is the signal for consciousness to take another step forward, for everything ought to keep pace together.

Yes, the Algerian of his own accord accepts the verdict of the magistrates and the policemen.* So we had to take this Algerian criminality which was experienced on the narcissistic level as a manifestation of authentic virility, and place the problem on the level of colonial history. For example, we had to show that the criminal tendencies of Algerians in France differed fundamentally from those of the Algerians who were submitted to exploitation which was directly colonial.

A second thing ought to be noticed: in Algeria, Algerian criminality takes place in practice inside a closed circle. The Algerians rob each other, cut each other up, and kill each other. In Algeria, the Algerian rarely attacks Frenchmen, and avoids brawls with the French. In France, on the other hand, the emigrant creates an intersocial and intergroup criminality.

In France, Algerian criminality is diminishing. It is directed especially at the French, and its motives are

* It is moreover clear that this identification with the image picture produced by the European was very ambivalent. In fact the European seemed to be paying homage--an equally ambivalent homage--to the violent, passionate, brutal, jealous, proud, arrogant Algerian who stakes his life on a detail or on a word. We should point out in passing that in their dealings with the French of France, the Europeans of Algeria tend to identify themselves more and more with this image of the Algerian in opposition to the French.

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radically new. A certain paradox has helped us considerably in de-mystifying the militants: it has been established that since 1954 there has almost been a disappearance of crimes in common law. There are no more disputes and no longer any insignificant details which entail the death of a man. There are no longer explosive outbursts of rage because my wife's forehead or her left shoulder were seen by my neighbor. The national conflict seems to have canalized all anger, and nationalized all affective or emotional movements. The French judges and barristers had already observed this; but the militant had to be made conscious of it; he had to be brought to understand the reasons for it.

It remains for us to give the explanation.

Should it be said that war, that privileged expression of an aggressivity which is at last made social, canalizes in the direction of the occupying power all congenitally murderous acts? It is a commonplace that great social upheavals lessen the frequency of delinquency and mental disorders. This regression of Algerian criminality can thus be perfectly explained by the existence of a war which broke Algeria in two, and threw onto the side of the enemy the judicial and administrative machine.

But in the countries of the Magrab which have already been liberated this same phenomenon which was noticed during the conflicts for liberation continues to exist and even becomes more marked once independence is proclaimed. It would therefore seem that the colonial context is sufficiently original to give grounds for a reinterpretation of the causes of criminality. This is what we did for those on active service. Today every one of us knows that criminality is not the consequence of the hereditary character of the Algerian, nor of the organization of his nervous system. The Algerian war, like all wars of national liberation, brings to the fore the true protagonists. In the

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colonial context, as we have already pointed out, the natives fight among themselves. They tend to use each other as a screen, and each hides from his neighbor the national enemy. When, tired out after a hard sixteen-hour day, the native sinks down to rest on his mat, and a child on the other side of the canvas partition starts crying and prevents him from sleeping, it so happens that it is a little Algerian. When he goes to beg for a little semolina or a drop of oil from the grocer, to whom he already owes some hundreds of francs, and when he sees that he is refused, an immense feeling of hatred and an overpowering desire to kill rises within him: and the grocer is an Algerian. When, after having kept out of his way for weeks he finds himself one day cornered by the caïd who demands that he should pay "his taxes," he cannot even enjoy the luxury of hating a European administrator; there before him is the caïd who is the object of his hatred--and the caïd is an Algerian.

The Algerian, exposed to temptations to commit murder every day--famine, eviction from his room because he has not paid the rent, the mother's dried-up breasts, children like skeletons, the building-yard which has closed down, the unemployed that hang about the foreman like crows--the native comes to see his neighbor as a relentless enemy. If he

strikes his bare foot against a big stone in the middle of the path, it is a native who has placed it there; and the few olives that he was going to pick, X--'s children have gone and eaten in the night. For during the colonial period in Algeria and elsewhere many things may be done for a couple of pounds of semolina. Several people may be killed over it. You need to use your imagination to understand that: your imagination, or your memory. In the concentration camps men killed each other for a bit of bread. I remember one horrible scene. It was in Oran in 1944. From the camp where we

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were waiting to embark, soldiers were throwing bits of bread to little Algerian children who fought for them among themselves with anger and hate. Veterinary doctors can throw light on such problems by reminding us of the well-known "peck order" which has been observed in farmyards. The corn which is thrown to the hens is in fact the object of relentless competition. Certain birds, the strongest, gobble up all the grains while others who are less aggressive grow visibly thinner. Every colony tends to turn into a huge farmyard, where the only law is that of the knife.

In Algeria since the beginning of the war of national liberation, everything has changed. The whole foodstocks of a family or a mechta * may in a single evening be given to a passing company. The family's only donkey may be lent to transport a wounded fighter; and when a few days later the owner learns of the death of his animal which has been machine-gunned by an airplane, he will not begin threatening and swearing. He will not question the death of his donkey, but he will ask anxiously if the wounded man is safe and sound.

Under the colonial regime, anything may be done for a loaf of bread or a miserable sheep. The relations of man with matter, with the world outside, and with history are in the colonial period simply relations with food. For a colonized man, in a context of oppression like that of Algeria, living does not mean embodying moral values or taking his place in the coherent and fruitful development of the world. To live means to keep on existing. Every date is a victory: not the result of work, but a victory felt as a triumph for life. Thus to steal dates or to allow one's sheep to eat the neighbor's grass is not a question of the negation of the property of others, nor the transgres-

* Mountain village in Algeria.--*Trans.*

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sion of a law, nor lack of respect. These are attempts at murder. In order to understand that a robbery is not an illegal or an unfriendly action, but an attempt at murder, one must have seen in Kabylia men and women for weeks at a time going to get earth at the bottom of the valley and bringing it up in little baskets. The fact is that the only perspective is that belly which is more and more sunken, which is certainly less and less demanding, but which must be contented all the same. Who is going to take the punishment? The

French are down in the plain with the police, the army, and the tanks. On the mountain there are only Algerians. Up above there is Heaven with the promise of a world beyond the grave; down below there are the French with their very concrete promises of prison, beatings-up, and executions. You are forced to come up against yourself. Here we discover the kernel of that hatred of self which is characteristic of racial conflicts in segregated societies.

The Algerian's criminality, his impulsivity, and the violence of his murders are therefore not the consequence of the organization of his nervous system or of characterial originality, but the direct product of the colonial situation. The fact that the soldiers of Algeria have discussed this problem; that they are not afraid of questioning the beliefs fostered among themselves by colonialism; that they understand that each man formed the screen for his neighbor and that in reality each man committed suicide when he went for his neighbor: all these things should have primordial importance in the revolutionary conscience. Once again, the objective of the native who fights against himself is to bring about the end of domination. But he ought equally to pay attention to the liquidation of all untruths implanted in his being by oppression. Under a colonial regime such as existed in Algeria, the ideas put forward by colonialism not only influenced the

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European minority, but also the Algerians. Total liberation is that which concerns all sectors of the personality. The ambush or the attack, the torture or the massacre of his brothers plants more deeply the determination to win, wakes up the unwary and feeds the imagination. When the nation stirs as a whole, the new man is not an *a posteriori* product of that nation; rather, he co-exists with it and triumphs with it. This dialectic requirement explains the reticence with which adaptations of colonization and reforms of the façade are met. Independence is not a word which can be used as an exorcism, but an indispensable condition for the existence of men and women who are truly liberated, in other words who are truly masters of all the material means which make possible the radical transformation of society.

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CONCLUSION

Come, then, comrades; it would be as well to decide at once to change our ways. We must shake off the heavy darkness in which we were plunged, and leave it behind. The new day which is already at hand must find us firm, prudent, and resolute.

We must leave our dreams and abandon our old beliefs and friendships from the time before life began. Let us waste no time in sterile litanies and nauseating mimicry. Leave this Europe where they are never done talking of Man, yet murder men everywhere they find them, at the corner of every one of their own streets, in all the corners of the globe. For centuries they have stifled almost the whole of humanity in the name of a so-called