

OTHER WORKS BY FRANTZ FANON
PUBLISHED BY GROVE PRESS:

Black Skin, White Masks

A Dying Colonialism

Toward the African Revolution

THE WRETCHED OF THE EARTH

Frantz Fanon

*Translated from the French
by Richard Philcox*

*with commentary by
Jean-Paul Sartre
and
Homi K. Bhabha*



GROVE PRESS
New York
2004

simple rule which stipulates that any independent nation in an Africa where colonialism still lingers is a nation surrounded, vulnerable, and in permanent danger.

If man is judged by his acts, then I would say that the most urgent thing today for the African intellectual is the building of his nation. If this act is true, i.e., if it expresses the manifest will of the people, if it reflects the restlessness of the African peoples, then it will necessarily lead to the discovery and advancement of universalizing values. Far then from distancing it from other nations, it is the national liberation that puts the nation on the stage of history. It is at the heart of national consciousness that international consciousness establishes itself and thrives. And this dual emergence, in fact, is the unique focus of all culture.

Paper presented at the Second Congress of Black Writers and Artists, Rome, 1959.

Colonial War and Mental Disorders

But the war goes on. And for many years to come we shall be bandaging the countless and sometimes indelible wounds inflicted on our people by the colonialist onslaught.

Imperialism, which today is waging war against a genuine struggle for human liberation, sows seeds of decay here and there that must be mercilessly rooted out from our land and from our minds.

We shall deal here with the problem of mental disorders born out of the national war of liberation waged by the Algerian people.

Perhaps the reader will find these notes on psychiatry out of place or untimely in a book like this. There is absolutely nothing we can do about that.

We had no control over the fact that the psychiatric phenomena, the mental and behavioral disorders emerging from this war, have loomed so large among the perpetrators of "pacification" and the "pacified" population. The truth is that colonization, in its very essence, already appeared to be a great purveyor of psychiatric hospitals. Since 1954 we have drawn the attention of French and international psychiatrists in scientific works to the difficulty of "curing" a colonized subject correctly, in other words

making him thoroughly fit into a social environment of the colonial type.

Because it is a systematized negation of the other, a frenzied determination to deny the other any attribute of humanity, colonialism forces the colonized to constantly ask the question: "Who am I in reality?"

The defensive positions born of this violent confrontation between the colonized and the colonial constitute a structure which then reveals the colonized personality. In order to understand this "sensibility" we need only to study and appreciate the scope and depth of the wounds inflicted on the colonized during a single day under a colonial regime. We must remember in any case that a colonized people is not just a dominated people. Under the German occupation the French remained human beings. Under the French occupation the Germans remained human beings. In Algeria there is not simply domination but the decision, literally, to occupy nothing else but a territory. The Algerians, the women dressed in haiks, the palm groves, and the camels form a landscape, the *natural* backdrop for the French presence.

A hostile, ungovernable, and fundamentally rebellious Nature is in fact synonymous in the colonies with the bush, the mosquitoes, the natives, and disease. Colonization has succeeded once this untamed Nature has been brought under control. Cutting railroads through the bush, draining swamps, and ignoring the political and economic existence of the native population are in fact one and the same thing.

When colonization remains unchallenged by armed resistance, when the sum of harmful stimulants exceeds a certain threshold, the colonized's defenses collapse, and many of them end up in psychiatric institutions. In the calm of this period of triumphant colonization, a constant and considerable stream of mental symptoms are direct sequels of this oppression.

Today the all-out national war of liberation waged by the Algerian people for seven years has become a breeding ground for

mental disorders.²² We include here cases of Algerian and French patients under our care which we think particularly meaningful. We need hardly add that our approach here is not that of a scientific work, and we have avoided any semiological, nosological, or therapeutic discussion. The few technical terms used here are solely meant as points of reference. We must, however, insist on two points:

As a general rule, clinical psychiatry classifies the various disorders presented by our patients under the heading "psychotic reaction." In doing so, priority is given to the situation that triggered the disorder, although here and there mention is made of the role played by the subject's psychological, affective, and biological history, and that of his milieu. We believe that in the cases presented here the triggering factor is principally the bloody, pitiless atmosphere, the generalization of inhuman practices, of people's lasting impression that they are witnessing a veritable apocalypse.

Case no. 2 of Series A is a typical psychotic reaction, but case nos. 1, 2, 4, and 5 of Series B suppose a much vaguer causality, although we cannot really point to a particular triggering situation. Here it is the war, this colonial war that very often takes on the aspect of a genuine genocide, this war which radically disrupts and shatters the world, which is in fact the triggering

²² In the unpublished introduction of the first two editions of *L'an V de la révolution algérienne* (Studies in a Dying Colonialism), we already indicated that an entire generation of Algerians, steeped in collective, gratuitous homicide with all the psychosomatic consequences this entails, would be France's human legacy in Algeria. The French who condemn torture in Algeria constantly adopt a strictly French point of view. This is not a reproach, merely an affirmation: they want to safeguard the conscience of present and potential torturers and try and protect French youth from moral degradation. We, for our part, can but approve such an approach. Some of the observations collected here, notably case histories nos. 4 and 5 of series A, sadly illustrate and justify this obsessive fear of French democrats. Our purpose, in any case, is to demonstrate that any torture deeply dislocates, as might be expected, the personality of the tortured.

situation. These are brief psychotic disorders, if we want to use the official term, but putting particular emphasis on war in general and the specific circumstances of a colonial war. After the two major world wars there was a host of publications on the mental pathology of soldiers engaged in action as well as the civilian refugees and bombing victims. The novel physiognomy of some of the case histories mentioned here provides confirmation, if we still needed it, that this colonial war is a new phenomenon even in the pathology it produces.

Another well-established notion that deserves in our opinion to be reevaluated is that these psychotic reactions are relatively benign. Anniversary reactions, i.e., cases where the entire personality has been definitively dislocated, have of course been described, but always as exceptional cases. We believe on the contrary that the pathological processes tend as a rule to be frequently malignant. These disorders last for months, wage a massive attack on the ego, and almost invariably leave behind a vulnerability virtually visible to the naked eye. In all evidence the future of these patients is compromised. The following example will illustrate our standpoint.

In a certain African country, independent for some years now, we have had the opportunity of treating a patriot and former resistance fighter. The man, in his thirties, would come and ask us for advice and help, since he was afflicted with insomnia together with anxiety attacks and obsession with suicide around a certain date in the year. The critical date corresponded to the day he had been ordered to place a bomb somewhere. Ten people had perished during the attack.²³

²³ The circumstances surrounding the symptoms are interesting for several reasons. Several months after his country had gained independence he had made the acquaintance of nationals from the former colonizing nation. They became friends. These men and women welcomed the newly acquired independence and unhesitatingly paid tribute to the courage of the patriots in the national liberation struggle. The militant was then overcome by a kind of vertigo. He anxiously asked himself whether among the victims of his bomb

This militant, who never for a moment had thought of recanting, fully realized the price he had had to pay in his person for national independence. Such borderline cases pose the question of responsibility in the context of the revolution.

The observations quoted here cover the period 1954 to 1959. Certain patients were examined in Algeria either in hospitals or private practice. The others were treated in the National Liberation Army's medical facilities.

SERIES A

Five cases have been collected here, all involving Algerians or Europeans who had clearly defined symptoms of severe reactive disorders.

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

B— is a twenty-six-year-old man. He has been referred to us by the Medical Services of the National Liberation Front for persistent migraines and insomnia. A former taxi driver, he has been a militant in the nationalist parties since the age of eighteen. In 1955 he became a member of an FLN (Front de Libération Nationale) unit. On several occasions he used his taxi to carry propaganda leaflets and political leaders. Confronted with a widening crackdown, the FLN decided to wage war in the urban

there might have been individuals similar to his new acquaintances. It was true the bombed café was known to be the haunt of notorious racists, but nothing could stop any passerby from entering and having a drink. From that day on the man tried to avoid thinking of past events. But paradoxically a few days before the critical date the first symptoms would break out. They have been a regular occurrence ever since.

In other words, our actions never cease to haunt us. The way they are ordered, organized, and reasoned can be a posteriori radically transformed. It is by no means the least of the traps history and its many determinations set for us. But can we escape vertigo? Who dares claim that vertigo does not prey on every life?

centers; B— — was then assigned to driving commandos close to the points of attack, and fairly often having to wait for them.

One day, however, right in the middle of the European sector, following a fairly extensive commando raid, the sector was sealed off, forcing him to abandon his taxi and compelling the commando unit to break up and disperse. B— —, who managed to escape the enemy's surveillance, took refuge at a friend's house, and a few days later, on orders from his superiors, went underground to join the nearest resistance unit without ever going home.

For several months he went without news of his wife and his twenty-month-old daughter. He did learn, however, that the police had been looking for him for weeks in the city. After two years in the resistance movement he received a message from his wife asking him to forget her. She had brought shame on herself. He must no longer think of coming back to live with her. Extremely worried, he requested permission from his commander to make a secret trip back home. It was refused. However, steps were taken for a member of the FLN to contact B— —'s wife and parents.

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

Soon after his abandoned taxi had been discovered (with two machine gun magazines inside) a group of French soldiers and policemen had gone to his home. Finding him absent, they took away his wife and kept her for over a week.

She was interrogated about the company her husband kept and slapped fairly violently for two days. On the third day a French soldier—she was unable to say whether he was an officer—ordered the others out and raped her. Shortly afterward a second soldier, this time in the presence of the others, raped her, telling her: "If you ever see that bastard your husband again, don't you forget to tell him what we did to you." She remained another week without undergoing further interrogation. She was then escorted home. When she told her story to her mother, the latter

convinced her to tell B— — everything. So as soon as her husband got in touch with her again, she confessed her disgrace.

Once the initial shock was over, B— — soon recovered by devoting every minute of his life to the cause. For several months he took reports from Algerian women who had been tortured or raped; he had the opportunity of meeting with the husbands of abused women and his personal misfortune, his dignity as an injured husband took second place.

In 1958 he was assigned to a mission abroad. Just before rejoining his unit an unusual distraction and insomnia worried his comrades and his superiors. His departure was delayed and a medical examination ordered. This was when he was referred to us. Our first impression was good. A lively face, a bit too lively perhaps. His smile was slightly forced, his exuberance superficial: "I'm okay . . . I'm okay. I feel better now. Give me a fortifier, some vitamins, and let me go back." He was obviously anxious deep down. He was immediately hospitalized.

On the second day the smoke screen of optimism vanished and we had on our hands a bedridden anorexic suffering from melancholic depression. He avoided any political discussion and manifested a marked disinterest for anything concerning the national struggle. He avoided listening to news about the war of liberation. Identifying his problems was extremely laborious, but after several days we managed to reconstruct his story:

During his stay abroad he had tried to have sexual intercourse but failed. Thinking it was merely fatigue, normal after forced marches and periods of malnutrition, he tried again two weeks later and failed again. Spoke to a comrade about it who advised him to take vitamin B₁₂. Took it in tablet form. New attempt, new failure. Furthermore, a few moments before the act he had an irresistible impulse to tear up a photo of his little girl. Such a symbolic connection could raise the possibility of unconscious incestuous drives. However, several conversations and a dream in which the patient witnessed the rapid putrefying of a kitten giving off a nauseating smell, led us in a completely new direction.

"This girl," he told us one day, referring to his daughter, "has something rotten inside her." From that moment on his insomnia became extremely troubling, and despite a fairly large dose of neuroleptics, he developed a state of nervous anxiety that was particularly alarming. He then spoke to us for the first time about his wife and said laughingly: "She got a bit of French meat." It was then we were able to reconstruct the whole story. The fabric of events became clear. He told us that every time he tried to have sexual intercourse, he thought of his wife. What he confided to us seemed to be of fundamental interest.

"I married this girl whereas I was in love with my cousin. But the cousin's parents had arranged to marry their daughter to someone else. So I accepted the first girl my parents offered me. She was nice, but I didn't love her. I kept telling myself: you're young . . . wait a bit, and when you've found the right girl, you'll divorce and make a happy marriage. So I wasn't very attached to my wife. With the war, we moved even further apart. In the end, I used to come and eat my meals and go to bed with hardly a word between us.

"When I learned during my time with the freedom fighters that she had been raped by some French soldiers I first of all felt angry with the bastards. Then I said, 'Oh, it's nothing serious; she wasn't killed. She can start her life over again.' And then several weeks later it dawned on me that she had been raped *because they had been looking for me*. In fact she had been raped to punish her for keeping quiet. She could have easily given them at least one militant's name, which would have enabled them to discover and eliminate the network, and perhaps even have me arrested. It was not therefore a simple rape for want of anything better to do or out of sadism, as I had often seen in the *douars*; it was the rape of a tenacious woman who was prepared to accept anything rather than give up her husband. And that husband was *me*. That woman had saved my life and had protected the network. It was my fault she had been dishonored. Yet she didn't

say: 'This is what I endured for you.' On the contrary, she said: 'Forget me, start a new life, I have been disgraced.'

"It was then that I made up my mind to take her back after the war; I have to tell you I've seen peasants dry the tears of their wives who had been raped under their very eyes. That shook me up quite a bit and I have to confess that at first I couldn't understand their attitude. But we had to intervene increasingly in such circumstances to explain things to the civilians and I've seen civilians volunteer to marry a young girl who had been raped and made pregnant by French soldiers. All that made me think again about my wife.

"I've made up my mind to take her back, but I still don't know how I'll react when I see her. And when I look at the picture of my daughter I often think she was dishonored as well. As if everything that had to do with my wife was rotten. If they had tortured her, if they had broken all her teeth or an arm, I wouldn't have minded so much. But that thing, how can you ever get over it? And did she have to tell me about it?"

He then asked me whether his "sexual failing" in my opinion was caused by his worrying.

Answer: "It's quite likely."

He then sat up in bed.

"What would you do if it happened to you?"

"I don't know . . ."

"Would you take your wife back?"

"I think I would . . ."

"Ah, you see . . . you're not quite sure."

He put his head in his hands and after a few moments left the room.

From that day on, he gradually accepted to listen to political discussions while his migraines and anorexia lessened considerably.

After two weeks he rejoined his unit telling me: "On independence, I'll take my wife back. If it doesn't work out, I'll come and see you again in Algiers."

Case No. 2—Random homicidal impulses in a survivor of a massacre

S—, thirty-seven years old, a fellah. Lives in a *douar* in the region of Constantine. Has never been involved in politics. Since the beginning of the war his region has been the scene of violent battles between the Algerian forces and the French army. S— therefore has had occasion to see the dead and the wounded. But he continued to keep his distance. Like the general population, the peasants from his village had occasionally come to the aid of Algerian fighters as they passed through. But one day in early 1958 a deadly ambush occurred not far from the *douar*. The enemy forces went into action and surrounded the village where there was not a single soldier. All the inhabitants were rounded up and interrogated. Everyone kept silent. A few hours later a French officer arrived by helicopter and declared: "There's too much fuss over this *douar*; destroy it!" The soldiers began to set fire to the houses while the women who were trying to collect a few clothes or save some provisions were driven back with rifle butts. Some of the peasants took advantage of the confusion to escape. The officer gave orders to round up the remaining men and had them brought to a neighboring wadi where the massacre began. Twenty-nine men were killed at point-blank range. S— was wounded by two bullets that passed through his right thigh and left arm respectively, the latter wound causing a fractured humerus.

S— fainted and regained consciousness in the midst of a group of ALN (Armée de Libération Nationale) soldiers. He was treated by their medical personnel and evacuated once he was able to walk. En route his increasingly abnormal behavior was a constant source of concern for the escort. He demanded a gun, although he was a helpless civilian, and refused to walk in front of anybody. He refused to have anyone behind him. One night he grabbed one of the soldier's guns and clumsily fired on the sleeping soldiers. He was disarmed by force. From then on his hands were tied and that is how he arrived at the Center.

He began by telling us he was not dead and he had played a trick on the others. Gradually we managed to reconstruct the story of his failed assassination attempt. S— is not anxious, but overexcited with violent mood swings and shouting. He did not break anything, but wore everyone out by his constant chatter and the Service was on permanent alert because of his declared intention to 'kill everybody.' During his hospitalization he would attack roughly eight patients, with makeshift weapons. The nurses and doctors were not spared either. We even wondered whether we were not facing one of those latent forms of epilepsy characterized by a general aggressiveness that was almost constantly on edge.

We started narcotherapy. After the third day a daily cross-examination allowed us to better understand the dynamics of the pathological process. His intellectual confusion gradually cleared up. The following are extracts from the patient's statements:

"God is with me . . . but he can't have been with those who died. . . . I was damn lucky. . . . In life, it's kill or be killed. . . . When I think I knew nothing about all that business. . . . There are some French among us. . . . They're disguised as Arabs. . . . They've all got to be killed. . . . Give me a machine gun. All these so-called Algerians are French . . . and they won't leave me alone. As soon as I try to get some sleep, they come into my room. But now I know what they're up to. Everyone wants to kill me. But I'll fight back. I'll kill them all, every one of them. I'll slit their throats, one after the other, and yours as well. You all want to take me out, but you'll have to think of other ways. Killing you won't affect me in the slightest. The little ones, the grown-ups, the women, the children, the dogs, the birds, the donkeys . . . nobody will be spared. . . . Afterwards, I'll be able to sleep in peace . . ."

All that was said in fits and starts and he remained hostile, aloof and scornful.

After three weeks his agitated state disappeared, but there was a disinclination to communicate and a tendency to keep to himself, which made us fear the worst. However, after a month he

asked to leave so that he could learn a trade compatible with his disability. He was then entrusted to the care of the FLN's social services. Saw him again six months later. Doing well.

Case No. 3—Major depressive disorder with mood-congruent psychotic features following the murder of a woman while briefly psychotic

D—, former student, ALN fighter, nineteen years old. When he arrived at the Center he had already been ill for several months. His symptoms were characteristic: deeply depressed, dry lips, and constantly moist hands. Heaved constant sighs. Persistent insomnia. Two suicide attempts since the onset of the disorder. During the conversation showed signs of auditory hallucination. Sometimes his gaze fixed for a few moments at a point in space while his face lit up, giving the impression he was seeing something. Incoherent thoughts. Behavior known in psychiatry as blocking where the start of a gesture or phrase is suddenly interrupted for no apparent reason. But one feature in particular caught our attention: The patient talked of his blood being spilled, his arteries drained, and an abnormal heartbeat. He begged us to stop the hemorrhage and not let them come into the hospital to “suck the lifeblood” out of him. From time to time, could no longer speak and asked for a pencil. Wrote: “Have lost my voice, my whole life is fading away.” This display of depersonalization led us to believe he had reached a serious stage.

Several times in the course of our conversations the patient mentioned a woman who would come and persecute him when night fell. Having previously learned that his mother, whom he adored, had died and that he would never get over his loss (at that moment his voice became muffled and a few tears appeared) I turned the cross-examination to the mother image. When I asked him to describe this woman who was haunting, even persecuting, him he told me she was no stranger, that he knew her very well and he was the one who had killed her. The question was then of knowing whether we were in the presence of an

unconscious guilt complex after his mother's death, as Freud describes in his “Mourning and Melancholia.” We asked him to tell us more about this woman since he knew her so well and was supposed to have killed her. That is how we managed to reconstruct the following story:

“I left the town where I had been a student to join the underground resistance movement. After several months I received news of home. I learned that my mother had been killed at point-blank range by a French soldier, and two of my sisters taken to the barracks. To this day I don't know where they are. I was terribly shaken by my mother's death. My father had died some years back, I was the only man in the family, and my sole ambition had always been to do something to make life easier for my mother and sisters. One day we went to a large estate owned by white settlers where the manager, a notorious colonial, had already killed two Algerian civilians. It was night when we arrived at his house. But he wasn't at home. Only his wife was in the house. On seeing us, she begged us not to kill her: ‘I know you have come for my husband,’ she said, ‘but he isn't here . . . How many times have I told him not to get mixed up in politics.’ We decided to wait for the husband. But I kept looking at the woman and thinking of my mother. She was sitting in an armchair and her thoughts seemed to be elsewhere. I was asking myself why we didn't kill her. And then she noticed I was looking at her. She threw herself on me screaming: ‘Please . . . don't kill me . . . I've got children.’ The next minute she was dead. I'd killed her with my knife. My commander disarmed me and gave me orders to leave. I was interrogated by the district commander a few days later. I thought I was going to be shot, but I didn't give a damn.²⁴ And then I began to vomit after eating and I slept badly. After that this woman would come every night asking for my blood. And what about my mother's blood?”

²⁴ After the medical and legal reports had stressed the pathological nature of the act, the legal proceedings initiated by the ALN's staff headquarters were dropped.

As soon as the patient went to bed at night the room was "invaded by women," all the same. It was the same woman duplicated over and over again. They all had a gaping hole in their stomachs. They were bloodless, sickly pale, and terribly thin. The women tormented the young man and demanded their blood back. At that moment the sound of rushing water filled the room and grew so loud it seemed like a thundering waterfall, and the young patient saw the floor of his room soaked in blood, his blood, while the women slowly got their color back and their wounds began to close. Soaked in sweat and filled with anxiety, the patient would wake up and remain agitated until dawn.

The young patient has been treated now for several weeks and the oneiroid (nightmare) symptoms have virtually disappeared. His personality, however, remains seriously flawed. As soon as he thinks of his mother, this disemboweled woman looms up disconcertingly in her place. As unscientific as it may seem, we believe only time may heal the dislocated personality of this young man.

Case No. 4—A European police officer suffering from depression while at the hospital meets one of his victims, an Algerian patriot suffering from stupor

A— —, twenty-eight years old, married without children. We have learned that he and his wife have been undergoing treatment for several years to try and have children. He is referred to us by his superiors because of behavioral problems.

The immediate rapport proved to be fairly good. The patient spoke to us spontaneously about his problems. On good terms with his wife and parents-in-law. Good relations with his colleagues at work and well thought of by his superiors. What troubled him was having difficulty sleeping at night because he kept hearing screams. In fact, he told us that for the last few weeks before going to bed he closes all the shutters and stops up the windows (it is summer) to the utter despair of his wife who is

suffocating from the heat. He also stuffs cotton in his ears so as to muffle the screams. Sometimes in the middle of the night he switches on the radio or puts on some music so as not to hear the nightly din. He consequently explained to us his tribulations in great detail:

A few months ago he was transferred to an anti-FLN brigade. To begin with he was assigned to watching a few buildings and cafés. But after a few weeks he was working almost full time at the police headquarters. That was where he came to be involved in interrogations which always implied some form of "roughing up." "The thing is they never wanted to confess anything."

"Sometimes," he went on to explain, "you feel like telling them that if they had any consideration for us, they'd cough up and not force us to spend hours on end squeezing the information out of them word by word. But you might as well talk to the wall. Every question gets the answer: 'I don't know.' Even when we ask for their names. If we ask them where they live, they answer, 'I don't know.' So of course we had to give them the works. But they scream too much. At first it made me laugh. But then it began to unnerve me. Today I can tell just which stage the interrogation has reached by the sound of the screams. The guy who has been punched twice and given a blow behind the ear has a certain way of talking, screaming, and saying that he is innocent. After he has been hanging by his wrists for two hours, his voice changes. After the bathtub, a different voice. And so on. But it's after the electricity that it becomes unbearable. You'd think he was going to die at any moment. Of course there are those who don't scream: those are the hardliners. But they imagine we are going to kill them immediately. But we're not interested in killing them. What we want is information. We first try and get them to scream, and sooner or later they give in. That's already a victory. Then we continue. Mind you, we'd prefer not to. But they don't make things easy for us. Now I can hear those screams even at home. Especially the screams of the ones who died at the

police headquarters. Doctor, I'm sick of this job. If you can cure me, I'll request a transfer to France. If they refuse, I'll resign."

Under the circumstances I put him on sick leave. Since he refused to be admitted to hospital, I treated him as a private patient. One day just before our session was due to begin, I was called back to the ward for an emergency. When he arrived at my house, my wife told A— — he could wait, but he said he preferred to go for a walk in the hospital grounds, thinking he might find me there. A few minutes later, on my way back home, I found him leaning against a tree, covered in sweat and having a panic attack. I put him in the car and drove home. Once we had settled him on the sofa, he told me he had encountered one of my patients (an Algerian patriot) who had been tortured at police headquarters and who was being treated for post-traumatic stress. I then learned that this police officer had been actively involved in torturing this patient. I gave him some sedatives, which calmed his anxiety. After he had left, I visited the ward where the Algerian was being treated. The staff hadn't noticed anything. The patient, however, was nowhere to be found. We eventually discovered him hiding in a bathroom where he was trying to commit suicide. The patient had recognized the police officer and was convinced he had come looking for him to take him back to police headquarters.

A— — came back to see ~~me~~ several times, and after his condition improved rapidly he was eventually repatriated on medical grounds. As for the Algerian patriot, it took a long time for the staff to convince him he had been deluding himself, that policemen were not allowed inside the hospital, that he was tired, and he was here to be cared for, etc. . . .

Case No. 5—A European police inspector tortures his wife and children

R— —, thirty years old, referred himself to us of his own free will. He is a police inspector who for some weeks realized that

"something was wrong." Married with three children. Smokes a lot: three packs a day. He has lost his appetite and his sleep is disturbed by nightmares. These nightmares have no particular distinguishing features. What bothers him most is what he calls his "fits of madness." First of all he does not like to be contradicted: "Doctor, tell me why as soon as someone confronts me, I feel like hitting him. Even outside work I feel like punching the guy who gets in my way. For nothing at all. Take for example when I go to buy the paper. There's a line. So you have to wait. I hold out my hand to take the paper (the guy who runs the newsstand is an old friend of mine) and someone in the line calls out aggressively: 'Wait your turn.' Well, I feel like beating him up and I tell myself: 'If I could get you, pal, for a few hours, you wouldn't mess with me.'"

He can't put up with noise. At home he has a constant desire to give everyone a beating. And he violently assaults his children, even his twenty-month-old baby.

But what frightened him was one evening when his wife had bitterly protested he was being too hard on the children (she had even said to him: "For goodness sake, you're crazy. . .") he turned on her, beat her, and tied her to a chair shouting: "I'm going to teach you once and for all who's the boss around here."

Fortunately his children began to cry and scream. He then realized the full gravity of his behavior, untied his wife, and the next morning decided to consult a "nerve specialist." He had never been like that, he says; he seldom punished his children and never quarreled with his wife. The present problem had occurred since "the troubles." "The fact is," he said, "we're now being used as foot soldiers. Last week, for example, we operated as if we were in the army. Those guys in the government say there's no war in Algeria and the police force must restore law and order, but there is a war in Algeria, and when they realize it, it'll be too late. The thing that gets me the most is the torture. Does that mean anything to you? . . . Sometimes I torture for ten hours straight."

"How does torturing make you feel?"

"It wears you out, of course . . . It's true we take turns, but the question is knowing when to let your colleague have a go. Everyone thinks he's just about to get the information and is careful not to hand over the customer all nice and ready for the other guy to take all the glory. So sometimes we hand him over and sometimes we don't.

"We even offer the guy money, our own pocket money, to get him to squeal. Our problem is, are we able to get the guy to talk? It's a matter of personal success; we're sort of competing. We eventually messed up our fists. So we brought in the 'Senegalese.' But they either hit too hard and mess up the guy in thirty minutes, or not enough and nothing happens. In fact, you need to use your head in this kind of work. You need to know when to tighten your grip and when to loosen it. You have to have a feel for it. When the guy is ripe, there's no point continuing to hit him. That's why it's best to do your own work, you can judge better how you're doing. I'm against those who get others to work the guy over and then pop in every so often to see how he's doing. The golden rule is never give the guy the impression he won't get out alive. He'll then wonder what's the use of talking if it won't save his life. In that case you'll have no chance at all of getting anything out of him. He has to go on hoping: It's hope that makes them talk.

"But what bothers me most, is this business with my wife. I must have a screw loose somewhere. You've got to straighten me out, doctor."

Since his administration refused to give him a sick leave and the patient did not wish for certification from a psychiatrist, we treated him "while on duty." It is easy to imagine the disadvantages of such a procedure. This man knew perfectly well that all his problems stemmed directly from the type of work conducted in the interrogation rooms, though he tried to blame everything on "the troubles." As he had no intention of giving up his job as

a torturer (this would make no sense since he would then have to resign) he asked me in plain language to help him torture Algerian patriots without having a guilty conscience, without any behavioral problems, and with a total peace of mind.²⁵

SERIES B

Here we have collected cases or groups of cases where the triggering factor is first and foremost the atmosphere of outright war that reigns in Algeria.

Case No. 1—The murder by two thirteen- and fourteen-year-old Algerians of their European playmate

This involves a medical and legal examination. Two thirteen- and fourteen-year-olds, Algerian schoolboys, are accused of killing one of their European playmates. They have admitted to the act. The crime has been reconstructed and photos included in the file. They show one of the children holding their victim while the other stabs him with a knife. The accused did not go back on their statements. We have long conversations with them. The relevant extracts read as follows:

a. The thirteen-year-old:

"We were not angry with him. Every Thursday we used to go and hunt together with a slingshot up on the hill behind the village. He was our best friend. He had left school because he wanted to become a mason like his father. One day we decided to kill him because the Europeans want to kill all the Arabs. We can't kill the 'grown-ups,' but we can kill someone like him because he's our own age. We didn't know how to go about it. We

²⁵ This case revealed the existence of a coherent system that leaves nothing intact. The torturer who loves birds or quietly enjoys a symphony or a sonata is simply one stage. The next stage is nothing more than radical and absolute sadism.

wanted to throw him into a ditch, but this might only have injured him. So we took a 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."

"But he was a friend of yours?"

"So, why do they want to kill us? His father's in the militia and says we all ought to have our throats slit."

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

"Him? No."

"You know he's dead now."

"Yes."

"What does being dead mean?"

"It means it's all over, you go to Heaven."

"Did you kill him?"

"Yes."

"Are you sorry you killed someone?"

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

"Do you mind being in prison?"

"No."

b. The fourteen-year-old:

This boy is very different from his classmate. He is almost a man, an adult, judging from his muscular control, his physiognomy, and the tone and content of his answers. He does not deny killing either. Why did he do it? He does not answer the question, but asks me if I have ever seen a European in prison. Has there ever been a European arrested and imprisoned for the murder of an Algerian? I replied that in fact I had never seen any Europeans in prison.

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

"Yes."

"So why are there only Algerians in prison? How do you explain that?"

"I can't, but tell me why you killed this boy who was your friend?"

"I'll tell you. . . . Have you heard about the Rivet business?"²⁶

"Yes."

"Two of my family were killed that day. At home they say the French had sworn to kill us all, one after the other. Has any Frenchman been arrested for all those Algerians that were killed?"

"I don't know."

"Well, no one has been arrested. I wanted to take to the mountains, but I'm too young. So [the other boy] and I said . . . we would kill a European."

"Why?"

"In your opinion, what do you think we should have done?"

"I don't know. But you are a child and the things that are going on are for grown-ups."

"But they kill children too."

"But that's no reason for killing your friend."

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

"Did this friend do anything to you?"

"No. He didn't do anything."

"Well?"

"That's all there is to it."

Case No. 2—Paranoid delusions and suicidal behavior disguised as "terrorist act" in a young twenty-two-year-old Algerian

This patient was referred to the hospital by the French judiciary authorities following a medical and legal examination by French psychiatrists practicing in Algeria.

The patient was emaciated and in a state of confusion. His body was covered in ecchymoses and he was unable to absorb any food owing to two fractures of the jaw. For over two weeks the patient was fed intravenously.

²⁶ Rivet is a village in the region around Algiers which became headline news one day in 1956. One evening the village was raided by French militia who dragged forty men from their beds and murdered them.

After two weeks his thinking became less blank and we were able to establish contact. We managed to reconstruct the young man's dramatic story.

During adolescence he had been an ardent scout and became one of the leaders in the Muslim scout movement. But at age nineteen he completely abandoned the scouts to devote himself entirely to his profession. A passionate student of mechanical data processing he dreamed of becoming a leading specialist in the field. November 1, 1954, found him absorbed in strictly professional matters. At the time he showed no interest in the national liberation struggle. He had already forsaken his former friends. He said he was at the time "entirely devoted to improving his technical abilities."

In mid-1955, however, during a family reunion he suddenly got the impression his parents considered him a traitor. After a few days this fleeting impression lost its edge, but deep down he felt strangely anxious and uneasy.

He decided, therefore, to spend as little time as possible eating and talking with his family and locked himself up in his room. Avoided any contact. It was under these circumstances that the catastrophe occurred. One day, in the middle of the street, around half past twelve, he distinctly heard a voice call him a traitor. He turned around, but saw nobody. He hurried on and decided to stay away from work. He stayed in his room and did not have any dinner. It was during the night he suffered the attack. For three hours he heard all kinds of insults, voices crying in his head and in the darkness: "Traitor . . . coward . . . all your brothers are dying . . . traitor . . . traitor."

He was gripped by an indescribable anxiety: "For eighteen hours my heart beat at one hundred and thirty beats per minute. I thought I was going to die."

From that moment on ~~the patient could no longer~~ swallow a thing. He got thinner by the minute, kept himself in pitch darkness and refused to see his parents. Around the third day he iso-

lated himself in prayer. He told me he remained kneeling seventeen to eighteen hours a day. On the fourth day, acting on impulse, "like a madman" with "a beard which must have made him look even more like a madman," he went out without his usual jacket or tie. Once he stepped into the street he had no idea where to go, but he walked and after a while found himself in the European sector. His physical appearance (he could be taken for a European) seems to have protected him from being stopped and questioned by the French police, whereas, next to him, Algerian men and women were being arrested, roughed up, insulted, and searched. Paradoxically he had no identity papers on him. The fact that the enemy patrols instinctively showed him consideration confirmed his delusion that "everyone knows he's on the side of the French. The soldiers themselves have orders to leave him alone."

Moreover, the looks of the Algerians arrested with their hands behind their necks, waiting to be searched, seemed to him to be full of contempt. Stricken by an uncontrollable agitation he quickly strode away. It was then he found himself in front of the French staff headquarters. At the gate stood several soldiers armed with machine guns. He walked over toward the soldiers, hurled himself onto one of them and tried to grab his machine gun, shouting: "I am an Algerian!"

Quickly brought under control he was led into the police offices where they stubbornly tried to make him confess the names of the leaders and various members of the network for which he was supposedly working. After a few days the police and the soldiers realized they were dealing with a sick individual. An examination was ordered that concluded he was suffering from mental disorders and should be admitted to a hospital. "All I wanted to do," he told us, "was to die. Even at the police station I believed and hoped that after they had tortured me they would kill me. I was happy to be beaten because that proved they considered me to be one of the enemy as well. I couldn't go on

hearing those accusations and do nothing. I'm not a coward. I'm not a sissy. I'm not a traitor."²⁷

Case No. 3—Anxiety disorder in a young Frenchwoman whose father, a senior civil servant, was killed in an ambush

This twenty-one-year-old student came to consult me for minor anxiety symptoms that were interfering with her studies and social life. Hands constantly clammy and at times presented truly alarming symptoms when water "dripped from her hands." Chest constrictions accompanied by nocturnal migraine. Bit her nails. But what caught our attention especially was the clearly overdesirous way to make contact whereas there was a sense of considerable underlying anxiety. She brushed aside her father's death, which was recent judging by the date, in such an off-hand way that we quickly turned our investigation to her relationship with her father. We were given a clear, absolutely lucid description, so lucid as to be almost insensitive, which revealed by its very rationality the nature and origin of this young woman's disorder.

"My father was a senior civil servant. He was in charge of a vast rural area. As soon as the troubles broke out, he threw himself like a maniac into a frenzied manhunt for Algerians. Sometimes he could neither eat nor sleep, he was so worked up about quelling the rebellion. I watched helplessly as my father slowly changed. In the end I decided not to go and see him anymore and stay in town. In fact every time I went home the screams coming from downstairs kept me awake at night. They were torturing Algerians in the cellar and the disused rooms so as to get information out of them. You can't imagine how horrible it is to

²⁷ During the year 1955 cases of this sort were extremely numerous in Algeria. Unfortunately, not all of them had the good fortune to be admitted to a hospital.

hear screams like that all through the night. Sometimes I wonder how a human being can put up with it, I don't mean torturing but simply hearing someone scream in pain. And it went on and on. Eventually I never went back. The few times my father came to see me in town I couldn't look him in the face I was so horribly frightened and embarrassed. I found it increasingly difficult to kiss him.

"You see I'd lived for a long time in the village. I know almost all the families. I had played with the young Algerians of my age when we were little. Every time I went home my father would tell me a new batch of people had been arrested. In the end I no longer dared go out in the street, I was so sure I'd encounter hatred everywhere I looked. Deep down I knew the Algerians were right. If I were Algerian I'd join the resistance movement."

One day, however, she received a telegram announcing that her father had been seriously injured. She went to the hospital and found her father in a coma. He died shortly afterward. Her father had been wounded during a reconnaissance mission with a military detachment. The patrol had fallen into an ambush laid by the Algerian National Army.

"The funeral sickened me," she said. "All those officials mourning over the death of my father whose 'high moral qualities had won over the native population' made me feel nauseous. Everyone knew it wasn't true. Nobody could remain ignorant of the fact that my father had ruled all the interrogation centers in the area with an iron fist. They knew that ten people were killed every day under torture, and yet they came to recite their lies about his devotion, his self-sacrifice, his love for his country, etc. . . . I have to confess that words don't mean much to me now, well not very much. I went straight back to town and avoided the authorities. They offered me financial support but I refused. For me it was bought with the blood my father had spilled. I don't want any of it. I intend to work."

Case No. 4—Adjustment disorders with mixed behavioral and emotional features in young Algerians under ten

These cases are refugees, sons of freedom fighters or civilians killed by the French. They have been allocated to centers in Tunisia and Morocco. They are provided with schooling, and games and outings are organized. They are examined regularly by doctors. This is how we came to meet a certain number of them.

a. All the children presented a very marked love for parental images. Anything which resembles a father or a mother is doggedly sought after and jealously guarded.

b. Generally speaking they all show signs of a phobia to noise. They are deeply affected by the slightest reprimand. A great craving for calm and affection.

c. Many of them suffer from insomnia and sleepwalking.

d. Sporadic enuresis.

e. Sadistic tendencies. One of their favorite games is to angrily pierce holes in a stretched sheet of paper. All their pencils are chewed and they bite their nails with distressing regularity. Quarrels often break out despite their deep affection for each other.

Case No. 5—Puerperal psychoses in refugees

Puerperal psychosis refers to those mental disorders which occur in women during maternity. Such disorders can occur immediately before or several weeks after childbirth. Their psychological determinism is highly complex. The two major causes are thought to be a disruption to the endocrine glands and the occurrence of a "psychological shock"—a term that, although vague, corresponds roughly to what is commonly known as a "bad fright."

Ever since the French government's decision to apply their scorched earth policy and establish a buffer zone over hundreds of kilometers there are almost 300,000 refugees along the Tunisian and Moroccan borders. The state of dire poverty they live in is no secret. International Red Cross commissions have paid

them a number of visits and on ascertaining their extreme poverty and precarious living conditions, they recommended increased aid by international organizations. Given the malnutrition that is rampant in these camps it is therefore inevitable that the pregnant women are particularly prone to developing puerperal psychoses.

These refugees live in an atmosphere of permanent insecurity, the combined effects of frequent raids by French troops applying the "right to hunt and pursue," aerial bombardments—there is no end to the bombing of Moroccan and Tunisian territories by the French army, and Sakiet-Sidi-Youssef, the martyred village in Tunisia is the bloodiest example—machine gun raids as well as the breakup of the family unit as a result of flight. In truth, there are few Algerian women refugees who do not suffer from mental disorders following childbirth.

There are various symptoms: agitation sometimes accompanied by furor; deep asthenic depression coupled with multiple suicide attempts; symptoms of anxiety accompanied by tears, lamentations, and appeals for mercy, etc. Likewise, the delusional disorders present many different characteristics: a delusion of vague persecution, aimed at anyone; a delirious aggressivity aimed at the French, who want to kill the unborn or newborn child; an impression of imminent death in which the mothers beg the invisible killers to spare their children.

Once again we must point out that the underlying problem is not solved by sedation or a reversal of the symptoms. Even after the patient has been cured, her predicament maintains and nurtures these pathological complications.

SERIES C

AFFECTIVE AND MENTAL CHANGES AND EMOTIONAL
DISTURBANCES AFTER TORTURE

This series groups patients in a fairly serious condition whose disorders appeared immediately after or during torture. We have

classified them into sub-groups because we realized that their characteristic symptoms of morbidity corresponded to different methods of torture irrespective of the superficial or profound effects on the personality.

Group No. 1—After indiscriminate torture as a so-called precautionary measure

Here we refer to the brutal methods used to get the victim to speak rather than actual torture. The principle according to which above a certain limit the suffering becomes unbearable here takes on a particular significance. The aim therefore is to reach this limit as quickly as possible. There is no meticulous attention to details. It is brute force using a variety of methods: several policemen beat the victim simultaneously; four policemen stand around the prisoner in a circle juggling with him like a punchball while one burns his chest with a cigarette and another hits the soles of his feet with a stick. Some of the methods of torture used in Algeria seemed to us to be particularly horrifying as described to us by the victims:

a. Water is forced through the mouth accompanied by an enema of soapy water injected at high pressure.²⁸

b. A bottle is rammed into the anus.

Two types of so-called "forced immobility" torture:

c. The prisoner is forced to his knees, arms parallel to the ground, palms upward, keeping his torso and head straight. He is not allowed to move. A policeman sitting behind the prisoner forces him to remain motionless with blows from a billy club.

d. The prisoner stands facing a wall, arms raised, his hands placed against the wall. Here again at the slightest move or sign of weakening he is dealt a series of blows.

²⁸ This type of torture is the cause of a great many deaths. The high pressure of the enema causes multiple lesions and minute perforations to the mucous membrane of the intestine. Gaseous embolism and peritonitis commonly result.

We must now point out there are two categories of tortured victims:

a. Those who know something.

b. Those who know nothing.

a. Those who know something are seldom seen in the medical centers. We may know for a fact that a particular patriot has been tortured in the French prisons, but we never encounter him as a patient.²⁹

b. Those who know nothing, however, very often come to consult us. We do not mean those Algerians who have been beaten up during a police roundup or spot check. They never come to see us as patients either. We mean those Algerians belonging to no organization who are arrested and taken to police barracks or interrogation centers to be questioned.

Psychiatric Symptoms Encountered

a. Clinical depression: Four cases

These are melancholic patients, totally devoid of anxiety, depressed and most of the time bedridden, who avoid contact and then very suddenly become extremely violent for no apparent reason.

b. Anorexia nervosa: Five cases

These patients pose serious problems since their anorexia nervosa is accompanied by a phobia of any physical contact. The nurse who approaches the patient and tries to touch him or take his hand, for example, is vigorously pushed away. Impossible to practice intravenous feeding or administer medication.³⁰

²⁹ We are speaking of course of those Algerians who know something and have not confessed under torture for it is a fact that an Algerian who confesses is killed immediately afterward.

³⁰ The medical staff have to take turns attending the patient night and day and explaining things to him. The idea that "the patient needs a little bullying" is understandably of little use here.

c. Restlessness: Eleven cases

These are patients who cannot stay in one place. They insist on being alone and have difficulty accepting confinement with a doctor in his consulting room.

Two feelings frequently emerged in this first batch of tortured victims:

First of all, *that of injustice*. Having been tortured day in and day out for nothing seems to have broken something in these men. One of these martyred victims had a particularly painful experience: After several days of unsuccessful torturing, the policemen came to realize they were dealing with a peace-loving individual who had nothing to do with any of the FLN networks. In spite of this conviction a police inspector reportedly said: "Don't let him go like that. Work him over a bit more so that when he gets out he'll keep quiet."³¹

Secondly, *an indifference to any moral argument*. For these patients there is no just cause. A tortured cause is a weak cause. The first thing to do is to increase one's power and not pose the question of the merits of a cause. Power is the only thing that counts.

Group No. 2—After torture by electricity

In this batch we have grouped the Algerian patriots who have been mainly tortured by electricity. Whereas electricity was once just one method of torture in a series, from September 1956 onward certain interrogations were conducted exclusively with electricity.

³¹ This precautionary torture in certain regions becomes "precautionary repression." At Rivet, for example, although the place was totally calm, the colonists were determined not to be taken by surprise (the neighboring regions had begun to show signs of unrest) and decided to eliminate purely and simply any member of the FLN. Over forty Algerians were killed in a single day.

Psychiatric Symptoms Encountered

a. Local or systemic somatic delusions: Three cases

These patients feel pins and needles throughout the body and get the impression their hands are being torn off, their heads are bursting, and they are swallowing their tongue.

b. Apathy, lack of will, and loss of interest: Seven cases

These patients suffer from apathy, a lack of motivation and energy, and live from day to day.

c. Phobia of electricity

Fear of touching a light switch, fear of switching on the radio, fear of using the telephone. Absolutely impossible for the doctor to even mention the possibility of electroshock treatment.

Group No. 3—After administration of the truth serum

This drug is used in a patient who apparently suffers from an unconscious mental block such that no cross examination can induce him to talk freely. Methods of chemical exploration are used. Intravenous injection of Pentothal is the most common method with the aim of liberating the patient from an inner conflict he is unable to surmount. The doctor intervenes in order to liberate the patient from this "foreign body."³² Nevertheless there have been difficulties controlling the gradual disintegration of the psychological agencies, and it is not unusual to witness a spectacular deterioration or the emergence of new and quite inexplicable symptoms. Generally speaking this method, therefore, has been more or less abandoned.

In Algeria the military doctors and psychiatrists have discovered further possibilities for experimenting with this method in the police detention centers. If Pentothal can release repression in the case of neuroses, then, in the case of Algerian patriots, it

³² In fact it is not foreign at all. The conflict is nothing more than the result of the changing dynamics of his personality where there is no question of "foreign body." It would be better defined as being poorly assimilated.

must also be able to break the political barrier and get the prisoner to confess without recourse to electricity—for according to medical tradition any suffering must be avoided. This is the medical equivalent of “psychological warfare.”

The scene goes as follows: First of all, the psychiatrist states, “I am a doctor, not a policeman. I’m here to help you.” Thus the prisoner’s trust is won after a few days.³³ Then: “I’m going to give you a few shots to clear your head.” For several days all kinds of vitamins, heart stimulants and other placebos are administered. On the fourth or fifth day the Pentothal is injected intravenously. The interrogation begins.

Psychiatric Symptoms Encountered

a. Verbal stereotypy

The patient continually repeats phrases such as: “I didn’t tell them anything. You have to believe me, I didn’t talk.” This stereotypy is accompanied by a permanent anxiety. Very often in fact the patient is unaware of whether he has given any information away. Guilt toward the cause he stands for and the comrades whose names and addresses he might have given, here takes on dramatic proportions. ~~No reassurance can restore~~ peace of mind to these ruined consciences.

b. Blurred mental and sensory perception

The patient cannot ascertain the existence of an object. Reasoning is assimilated without making any distinctions. There is a basic indistinction between true and false. Everything is both true and false.

c. A phobia of any one-on-one conversation

³³ We can also mention the case of psychiatrists running the “*Présence française*” groups who, appointed to examine the prisoner, started off boasting they were great friends with the defense lawyer and claiming both of them (the lawyer and the psychiatrist) would get the prisoner out. All the prisoners examined by this method were guillotined. These psychiatrists boasted in front of us of this neat method of overcoming “resistance.”

This fear stems from the acute impression that he can be interrogated again at any time.

d. Inhibition

The patient is on his guard. He registers a question word by word and elaborates his answer word by word. Hence the impression of virtual inhibition together with psychological slowing down, interrupted sentences, and repetition, etc. . . .

It is obvious these patients stubbornly refuse any type of intravenous injection.

Group No. 4—After brainwashing

There has been much talk recently about “psychological warfare” in Algeria. We have no intention of conducting a critical study of these methods. We shall merely highlight here their psychiatric consequences. There are two categories of brainwashing centers in Algeria.

I. For Intellectuals

The principle here is to induce the intellectual into role-playing. It is clear to which psychotherapy school this refers.³⁴

a. Play the game of collaborator.

The intellectual is induced to collaborate by establishing a justification for his collaboration. He is therefore obliged to live a dual personality and play the part of a well-known patriot who has been taken out of circulation as a precautionary measure. The aim of the operation is to attack from the inside those

³⁴ In the U.S. there is a trend toward social therapy. Supporters of this school believe that the plight of contemporary man lies in the fact that he no longer has a role to play and that he is nothing but a cog in the social mechanism. Social therapy, therefore, allows man to play several roles as part of a genuine recreational activity. Anyone can play any role and even change roles during the course of the day, symbolically substituting for anybody. Occupational therapists in the U.S. apparently achieve miracles in group social therapy among factory workers. The workers are allowed to identify with role models and employer-employee relations are considerably less strained.

elements that constitute the national consciousness. Not only must he collaborate, but he is given orders to discuss "freely" with opponents and holdouts in order to win them over. This is an efficient way of getting him to give leads on patriots and using him, therefore, as an informer. If by chance he claims he didn't find any opponents, they are designated for him or else he is asked to behave as if they were.

b. Give talks on the value of French accomplishments and the merits of colonization.

In order to achieve his job effectively, the intellectual is counseled by a broad spectrum of "political advisors" such as officers for Native Affairs or better still psychologists, therapists and sociologists, etc.

c. Take the arguments for the Algerian Revolution and eliminate them one by one.

Algeria is not a nation, has never been a nation, and never will be.

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

Algerian patriotism is devoid of meaning.

The *fellagas* are schemers, criminals, and have had the wool pulled over their eyes.

The intellectuals have to take turns giving a presentation on these topics and each has to be convincing. Grades (the infamous "awards") are allocated and totalled at the end of the month. They are used to evaluate whether the intellectual will be released.

d. Lead an absolutely pathological communal life.

To remain alone is an act of rebellion. The individual must always be in the presence of somebody. Silence is also prohibited. The individual must think out loud.

Testimony

This is the case of an academic who was interned and subjected to months of brainwashing. One day the camp officials congratulated him on his progress and announced he would soon be set free.

Familiar with the enemy's tactics, he was wary of taking the news too seriously. The stratagem, in fact, was to announce to the prisoners they were going to be freed and a few days before the set date organize a group session of self-criticism. At the end of the session it was often decided to postpone release since the prisoner showed no signs of being definitely cured. The session, according to the psychologists present, highlighted a single-minded nationalist virus.

This time, however, there was no subterfuge. The prisoner was well and truly freed. Once outside, in town and with his family, the former prisoner congratulated himself on having played his role so well. He was overjoyed at the idea of taking part again in the national struggle and endeavored to get back in touch with the leaders. It was then that a terrible, nagging idea crossed his mind. Perhaps nobody had been duped—neither his captors, nor his co-inmates, nor even himself.

Where was the game supposed to end?

Once again we had to reassure the patient and free him from the burden of guilt.

Psychiatric Symptoms Encountered

a. Phobia of any collective discussion. As soon as three or four people got together, the inhibition reappeared, and mistrust and reticence reasserted themselves.

b. The subject finds it impossible to explain and defend a given viewpoint. An antithetical thought process. Anything which is affirmed can be simultaneously denied with the same force. This is certainly the most painful legacy we have encountered in this war. The obsessive personality is the fruit of the "psychological warfare" used in the service of colonialism in Algeria.

II.—For Nonintellectuals

In centers like Berrouaghia, subjectivity is no longer taken as the starting point for modifying the individual's attitude. On the contrary, emphasis is on the body, which is broken in the hope

that the national consciousness will disintegrate. The individual is "knocked" into shape. The individual's reward is being spared torture or being allowed to eat.

a. You must confess you are not a member of the FLN. It has to be shouted collectively and repeated for hours.

b. Then you have to confess to being in the FLN and now admit it was wrong. Down with the FLN.

Then comes the next stage: the future of Algeria is French, it can only be French. Without France, Algeria would return to the Dark Ages.

Finally, you are French. Long live France.

The disorders encountered here are not serious. It is the bruised, suffering body which cries out for peace and calm.

SERIES D PSYCHOSOMATIC DISORDERS

The increasing occurrence of mental illness and the rampant development of specific pathological conditions are not the only legacy of the colonial war in Algeria. Apart from the pathology of torture, the pathology of the tortured and that of the perpetrator, there is a pathology of the entire atmosphere in Algeria, a condition which leads the attending physician to say when confronted with a case they cannot understand: "This will all be cleared up once the damned war is over."

We propose grouping in this fourth series the illnesses encountered in Algerians some of whom were sent to internment camps. They can all be characterized as being psychosomatic.

The name psychosomatic pathology is given to the general body of organic disorders developed in response to a situation of conflict.³⁵ Psychosomatic, because its determinism is psychic in

³⁵ This term which expresses an idealist notion is being used less and less. The cortico-visceral terminology, in fact a legacy of Soviet research—especially Pavlov—has at least the advantage of putting the brain back in its place, i.e., of considering it the matrix where precisely the psyche is elaborated.

origin. This pathology is considered a way the organism can respond, in other words how it adapts to the conflict, the disorder being both a symptom and a cure. More exactly it is generally agreed that the organism (here again it is the former psychosomatic, cortico-visceral body) outwits the conflict using the wrong, but nevertheless economic, channels. The organism chooses the lesser evil in order to avoid a complete breakdown.

On the whole this pathology is widely accepted today, although the various therapeutic methods such as relaxation and suggestion are highly uncertain. During the Second World War air raids on England and the siege of Stalingrad, for example, in the Soviet Union, the number of disorders reported increased dramatically. We now know perfectly well that there is no need to be wounded by a bullet to suffer from the effects of war in body and soul. Like any war, the war in Algeria has created its contingent of cortico-visceral illnesses. Except for group *g* below all the disorders encountered in Algeria have been reported during "conventional" wars. We found group *g* specific to the colonial war in Algeria. This particular form of pathology (systemic muscular contraction) already caught our attention before the revolution began. But the doctors who described it turned it into a congenital stigma of the "native," an original feature of his nervous system, manifest proof of a predominant extrapyramidal system in the colonized.³⁶ This contraction, in fact, is quite simply a postural concurrence and evidence in the colonized's muscles of their rigidity, their reticence and refusal in the face of the colonial authorities.

Psychosomatic Symptoms Encountered

a. Stomach ulcers

Very numerous. The pain is mainly felt at night accompanied by severe vomiting, loss of weight, melancholia and depression;

³⁶ The higher one is on the neurological scale, the less one is extrapyramidal. Manifestly everything seems to tally.

irritability is rare. Most of the patients are very young, between eighteen and twenty-five years old. As a rule we never advise surgery. A gastrectomy was conducted twice and each time we had to reoperate within the year.

b. Renal colic

Here again the pain reaches its height during the night. Obviously there are never any kidney stones. These colics can occur in fourteen- to sixteen-year-olds, but this is rare.

c. Disturbed menstrual cycles

These symptoms are very common and we will be brief. Either the women go three to four months without their periods, or menstruation is so painful it affects the women's character and behavior.

d. Hypersomnia due to idiopathic tremors

These are cases of young adults who are denied any rest owing to tiny systemic tremors resembling Parkinson's disease. Here again, some "great scientific minds" might be tempted to suggest an extrapyramidal determinism.

e. Premature whitening of hair

The hair of survivors of the interrogation centers suddenly turns white in patches, in specific areas or all over. Very often this disorder is accompanied by deep asthenia plus loss of interest and impotence.

f. Paroxysmal tachycardia

The heart rate suddenly accelerates to 120, 130, and 140 beats per minute. This tachycardia is accompanied by panic attacks, an impression of imminent death, and the end of the attack is marked by heavy sweating.

g. Systemic contraction, muscular stiffness

These are male patients who slowly have difficulty making certain movements such as climbing stairs, walking quickly, or running (in two cases it was very sudden). The cause of this difficulty lies in a characteristic rigidity which inevitably suggests an attack on certain areas of the brain (central gray matter). Walking becomes contracted and turns into a shuffle. Passive bending of

the lower limbs is practically impossible. No relaxation can be achieved. Immediately rigid and incapable of relaxing of his own free will, the patient seems to be made in one piece. The face is set, but expresses a marked degree of bewilderment.

The patient does not seem to be able to "demobilize his nerves." He is constantly tense, on hold, between life and death. As one of them told us: "You see, I'm as stiff as a corpse."³⁷

FROM THE NORTH AFRICAN'S CRIMINAL IMPULSIVENESS
TO THE WAR OF NATIONAL LIBERATION

Fighting for the freedom of one's people is not the only necessity. As long as the fight goes on you must reenlighten not only the people but also, and above all, yourself on the full measure of man. You must retrace the paths of history, the history of man damned by other men, and initiate, bring about, the encounter between your own people and others.

In fact the aim of the militant engaged in armed combat, in a national struggle, is to assess the daily humiliations inflicted on man by colonial oppression. The militant sometimes has the grueling impression he has to drag his people back, up from the pit and out of the cave. The militant very often realizes that not only must he hunt down the enemy forces but also the core of despair crystallized in the body of the colonized. The period of oppression is harrowing, but the liberation struggle's rehabilitation of man fosters a process of reintegration that is extremely productive and decisive. The victorious combat of a people is not just the crowning triumph of their rights. It procures them substance, coherence, and homogeneity. For colonialism has not simply depersonalized the colonized. The very structure of society has been depersonalized on a collective level. A colonized

³⁷ It is irrelevant to add this is not a case of hysterical contraction.

people is thus reduced to a collection of individuals who owe their very existence to the presence of the colonizer.

The combat waged by a people for their liberation leads them, depending on the circumstances, either to reject or to explode the so-called truths sown in their consciousness by the colonial regime, military occupation, and economic exploitation. And only the armed struggle can effectively exorcize these lies about man that subordinate and literally mutilate the more conscious-minded among us.

How many times in Paris or Aix, in Algiers or Basse-Terre have we seen the colonized vehemently protest the so-called indolence of the black, the Algerian, and the Vietnamese. And yet in a colonial regime if a fellah were a zealous worker or a black were to refuse a break from work, they would be quite simply considered pathological cases. The colonized's indolence is a conscious way of sabotaging the colonial machine; on the biological level it is a remarkable system of self-preservation and, if nothing else, a positive curb on the occupier's stranglehold over the entire country.

The resistance of the forests and swamps to foreign penetration is the natural ally of the colonized. Put yourself in his shoes and stop reasoning and claiming that the "nigger" is a hard worker and the "towelhead" great at clearing land. In a colonial regime the reality of the "towelhead," the reality of the "nigger," is not to lift a finger, not to help the oppressor sink his claws into his prey. The duty of the colonized subject, who has not yet arrived at a political consciousness or a decision to reject the oppressor, is to have the slightest effort literally dragged out of him. This is where non-cooperation or at least minimal cooperation clearly materializes.

These observations regarding the colonized's disposition to work could also be applied to the colonized's attitude toward the colonizer's laws, his taxes, and the colonial system. Under a colonial regime, gratitude, sincerity, and honor are hollow words.

Over recent years I have had the opportunity to verify the fundamental fact that honor, dignity and integrity are only truly evident in the context of national and international unity. As soon as you and your fellow men are cut down like dogs there is no other solution but to use every means available to reestablish your weight as a human being. You must therefore weigh as heavily as possible on your torturer's body so that his wits, which have wandered off somewhere, can at last be restored to their human dimension. During the course of recent years I have had the opportunity to witness the extraordinary examples of honor, self-sacrifice, love of life, and disregard for death in an Algeria at war. No, I am not going to sing the praises of the freedom fighters. A common observation the most hard-lined colonialists have not failed to note is that the Algerian fighter has an unusual way of fighting and dying, and no reference to Islam or Paradise can explain this spirit of self-sacrifice when it comes to protecting his people or shielding his comrades. Then there is this deathly silence—the body of course cries out—the silence that suffocates the torturer. Here we find the old law stating that anything alive cannot afford to remain still while the nation is set in motion, while man both demands and claims his infinite humanity.

One of the characteristics of the Algerian people established by colonialism is their appalling criminality. Prior to 1954 magistrates, police, lawyers, journalists, and medical examiners were unanimous that the Algerian's criminality posed a problem. The Algerian, it was claimed, was a born criminal. A theory was elaborated and scientific proof was furnished. This theory was taught at universities for more than twenty years. Algerian medical students received this education, and slowly and imperceptibly the elite, after having consented to colonialism, consented to the natural defects of the Algerian people: born idlers, born liars, born thieves, and born criminals.

We propose here to expound this official theory, to recall its basis and scientific reasoning. In a second stage we shall review the facts and endeavor to reinterpret them.

The Algerian is an habitual killer: It's a fact, the magistrates will tell you, that four fifths of the cases heard involve assault and battery. The crime rate in Algeria is one of the highest in the world, they claim. There are no petty delinquents. When the Algerian, and this applies to all North Africans, puts himself on the wrong side of the law, he always goes to extremes.

The Algerian is a savage killer: And his weapon of choice is the knife. The magistrates "who know the country" have elaborated their own theory on the subject. The Kabyles, for example, prefer a revolver or shotgun. The Arabs from the plains have a preference for the knife. Some magistrates wonder whether the Algerian does not have a need to see blood. The Algerian, they will tell you, needs to feel the heat of blood and steep himself in his victim's blood. These magistrates and police officers very seriously hold forth on the connections between the Muslim psyche and blood.³⁸ A number of magistrates even go so far as to say that killing a man for an Algerian means first and foremost slitting his throat. The savagery of the Algerian manifests itself in particular by the number of wounds, many of them inflicted unnecessarily after the victim's death. Autopsies undeniably establish this fact: the killer gives the impression he wanted to kill an incalculable number of times given the equal deadliness of the wounds inflicted.

The Algerian is a senseless killer: Very often the magistrates and police officers are stunned by the motives for the murder: a gesture, an allusion, an ambiguous remark, a quarrel over the ownership of an olive tree or an animal that has strayed a few feet. The search for the cause, which is expected to justify and pin down the murder, in some cases a double or triple murder, turns up a hopelessly trivial motive. Hence the frequent impression that the community is hiding the real motives.

³⁸ We know for a fact that Islam forbids eating meat from an animal that has not been drained of its blood. This is why the animals have their throats cut.

Finally, *robbery by an Algerian is always breaking and entering*, in some cases involving murder, in every case involving assault of the owner.

All these elements focalizing on Algerian criminality appeared sufficiently evident to support an attempt at systematization.

Since similar, though less implicit, observations had been conducted in Tunisia and Morocco, reference was increasingly made to a North African criminality. For more than thirty years, under the constant direction of Professor Porot, professor of psychiatry at the Faculty of Algiers, several teams worked on defining this criminality's modes of expression and offering a sociological, functional, and anatomical interpretation.

The main research work on the question conducted by the psychiatric school of the Faculty of Algiers will be the basis for our conclusions. Research findings conducted over more than a twenty year period were the subject, we recall, of lectures given by the chair of psychiatry.

Consequently the Algerian doctors who graduated from the Faculty of Algiers were forced to hear and learn that the Algerian is a born criminal. Moreover I remember one of us in all seriousness expounding these theories he had learned and adding: "It's hard to swallow, but it's been scientifically proved."

The North African is a criminal, his predatory instinct a known fact and his unwieldy aggressiveness visible to the naked eye. The North African loves extremes so you can never entirely trust him. Today, your best friend, tomorrow your worst enemy. He is immune to nuances, Cartesianism is fundamentally foreign to him and moderation, a sense of proportion and level-headedness, are contrary to his inner nature. The North African is violent, hereditarily violent. He finds it impossible to discipline himself and channel his instincts. Yes, the Algerian is congenitally impulsive.

But, they tell us, this impulsiveness is highly aggressive and generally homicidal. This explains, they say, the unorthodox behavior of the melancholic Algerian. French psychiatrists in Algeria were faced with a difficult problem. They had been trained

to fear suicidal tendencies in a patient suffering from melancholia. The melancholic Algerian, however, kills. This disorder of the moral conscience, which is always accompanied by self-accusation and suicidal tendencies, in the Algerian takes the shape of homicidal instincts. The Algerian suffering from melancholia does not commit suicide. He kills. This is the homicidal melancholia elaborated by Professor Porot in the thesis of his pupil Monserrat.

How does the Algerian school account for this anomaly? Firstly, according to the school of Algiers, killing oneself is tantamount to examining one's own feelings, looking at oneself and practicing introspection. The Algerian, however, rebels against his inner feelings. There is no inner life in the North African. On the contrary, the North African rids himself of his troubles by attacking the people around him. He has no sense of analysis. Since by definition melancholia is a disorder of the moral conscience it is obvious the Algerian can only develop pseudo-melancholias given the unreliability of his conscience and the fickleness of his moral sense. This incapacity of the Algerian to analyze a situation, to organize a mental panorama, makes perfect sense if we refer to the two types of causality proposed by the French psychiatrists.

First of all, his mental capacity. The Algerian is mentally retarded. If we want to fully understand this basic point of departure, we must recall the semiology elaborated by the school of Algiers. The "native," it says, presents the following characteristics:

- complete or almost complete lack of emotivity
- highly credulous and suggestible
- doggedly stubborn
- childlike mentality minus the curiosity of the European child
- prone to accidents and pithiatic reactions³⁹

³⁹ Professor A. Porot, *Annales Médico-Psychologiques*, 1918.

The Algerian is unable to grasp an overall picture. The questions he asks himself are always concerned with details and rule out any synthesis. Pointillistic, attracted to objects, lost in details, insensitive to ideas, and closed to concepts. Verbal expression is reduced to a minimum. His movements are always impulsive and aggressive. Incapable of interpreting details on the basis of the overall picture, the Algerian absolutizes the component and takes one part for the whole. As a consequence his reactions are generalizing when confronted with minor provocations or trivialities such as a fig tree, a gesture, or a sheep on his land. The congenital aggressiveness looks for outlets and is content with the slightest pretext. It is aggressiveness in a pure state.⁴⁰

The school of Algiers abandoned the phase of description for the next stage of clarification. It was in 1935 at the Congress of French-Speaking Psychiatrists and Neurologists in Brussels that Professor Porot was to define the scientific bases for his theory. Discussing Baruk's report on hysteria he indicated that "the North African native whose cortex and reflexes are poorly developed, is a primitive being whose essentially vegetative and instinctive life is primarily governed by his diencephalon."

In order to gauge the importance of this discovery by Professor Porot we should recall that the characteristic which differentiates the human species from other vertebrates is the cortex. The diencephalon is one of the most primitive parts of the brain and man is above all the vertebrate governed by the cortex.

For Professor Porot the life of the North African is governed by the diencephalic agents. This is tantamount to saying that the North African in a certain way is deprived of a cortex. Professor

⁴⁰ In the words of a senior magistrate at a court in Algiers this aggressiveness of the Algerian is expressed in his love for "fantasia." "All this unrest," he said in 1955, "we'd be wrong to think it was political. From time to time this love they have for knocking themselves about has to come out!" For the anthropologist the elaboration of a series of projective tests and games capable of channeling the overall aggressive instincts of the colonized would have stopped the revolution in the Aurès in 1955-56.

Porot does not evade this contradiction and in the April 1939 issue of *Sud Médical et Chirurgical* he states, in collaboration with his pupil Sutter, currently professor of psychiatry in Algiers: "Primitivism is not a lack of maturity, an interrupted development of the mental psyche. It is a social condition which has reached the end of its evolution and is a logical adaptation to a life different from ours." Lastly, the professors address the very basis of the doctrine: "This primitivism is not only a condition resulting from a specific upbringing, its foundations go far deeper, and we believe its substratum must lie in a specific configuration of the architectonics, or at least of the dynamic hierarchical organization of the nervous system. We have observed that the impulsiveness of the Algerian, the frequency and nature of his murders, his permanent criminal tendencies and his primitivism are no coincidences. We are in the presence of a coherent pattern of behavior and a coherent lifestyle which can be explained scientifically. The Algerian has no cortex, or to be more exact, like the inferior vertebrates he is governed by his diencephalon. The cortical functions, if they exist, are extremely weak, virtually excluded from the brain's dynamics. There is therefore neither mystery nor paradox. The colonizer's reluctance to entrust the native with any kind of responsibility does not stem from racism or paternalism but quite simply from a scientific assessment of the colonized's limited biological possibilities."

Let us end this overview by requesting Dr. Carothers, an expert from the World Health Organization, to conclude with his findings throughout Africa. This international expert collected his primary observations in a book published in 1954.⁴¹

Dr. Carothers practiced in Central and East Africa but his findings match those of the North African school. For the international expert, "The African uses his frontal lobes very little. All

⁴¹ J. C. Carothers, *The African Mind in Health and Disease: A Study in Ethnopsychiatry* (World Health Organization).

the peculiarities of African psychiatry can be envisaged in terms of frontal idleness."⁴²

In order to make his point clear Dr. Carothers establishes a very vivid comparison. He puts forward the idea that the normal African is a *lobotomized European*. We know that the English-speaking school believed they had found a radical therapy for treating certain serious mental illnesses by practicing surgical incision in the front of the brain. This method has been abandoned since discovering the major damage it caused to the personality. According to Dr. Carothers the similarity between the normal African and the lobotomized European is striking.

After having studied the work of various researchers practicing throughout Africa, Dr. Carothers gives us a conclusion that establishes a uniform concept of the African. "These are," he writes, "the data of the cases that do not fit the European categories. They are culled from several parts of Africa—east, west, and south—and, on the whole, the writers had little or no knowledge of each other's work. Their essential similarity is therefore quite remarkable."⁴³

Before concluding it is worth pointing out that Dr. Carothers defined the Mau-Mau revolt as the expression of an unconscious frustration complex whose recurrence could be scientifically treated by radical psychologically appropriate methods.

So it was the unusual behavior such as the Algerian's recurring criminality, the triviality of the motives and the murderous and always highly bloody nature of the quarrels that posed a problem for observers. The proposed explanation, which is now taught as part of the curriculum, seems in the last analysis to be as follows: The configuration of the North African's brain structure accounts for the indolence of "the native," his mental and social inaptitude as well as his virtual animal impulsiveness. The criminal impulsiveness of the North African is the transcription

⁴² *Ibid.*, p. 157.

⁴³ *Ibid.*, p. 158.

of a certain configuration of the nervous system into his pattern of behavior. It is a neurologically comprehensible reaction, written into the nature of things, of *the thing* which is biologically organized. The idleness of the frontal lobes explains his indolence, his crimes, his thefts, his rapes, and his lies. And the conclusion was given to me by a *sous-préfet* now *préfet*: "These instinctive beings," he told me, "who blindly obey the laws of their nature must be strictly and pitilessly regimented. Nature must be tamed, not talked into reason." Discipline, tame, subdue, and now pacify are the common terms used by the colonialists in the territories occupied.

The reason why we have dealt at length with the theories by the colonialist scholars is not so much to demonstrate their paucity and absurdity as to address an extremely important theoretical and practical question. Algerian criminality, in fact, was given relatively little attention among the questions which the revolution was confronted with and the issues which were raised during discussions on political enlightenment and demystification. But the few debates on the subject were so constructive that they enabled us to examine further and better identify the notion of individual and social freedom. When the question of Algerian criminality is broached with leaders and militants in the heat of revolution, when the average number of crimes, misdemeanors and thefts in the period prior to the revolution are brought to light, when it is explained that the physiognomy of a crime and the occurrence of misdemeanors are based on the relationships between men and women, between man and the State, and everyone gets the message; when we see the notion of the Algerian or North African as born criminal dislodged before our very eyes, a notion which was also planted in the Algerian's consciousness because after all "we are a bad, quick-tempered, aggressive people . . . and that's the way we are . . ." then yes, we can say the revolution is making progress.

The major theoretical problem is that the insult to man which is in ourselves must be identified, demystified and hunted down at all times and in all places. We must not expect the nation to produce new men. We must not expect men to change imperceptibly as the revolution constantly innovates. It is true both processes are important, but it is the consciousness that needs help. If the revolution in practice is meant to be totally liberating and exceptionally productive, everything must be accounted for. The revolutionary feels a particularly strong need to totalize events, to handle everything, to settle everything, to assume responsibility for everything. The consciousness then does not balk at thinking back or marking time, if need be. This is the reason why as a combat unit progresses in the field the end of an ambush does not mean cause for respite but the very moment for the consciousness to go one step further since everything must work in unison.

Yes, the Algerian spontaneously acknowledged the magistrates and police officers were right.⁴⁴ This narcissistic aspect of Algerian criminality as a manifestation of genuine virility had to be tackled again and reconsidered in the light of colonial history. By showing, for example, how the criminality of the Algerians in France fundamentally differed from the criminality of the Algerians directly subjected to colonial exploitation.

A second aspect caught our attention: in Algeria, criminality among Algerians occurred practically in a closed circle. The Algerians robbed each other, tore each other to pieces, and killed each other. In Algeria, the Algerian seldom attacked the

⁴⁴ It is evident, moreover, that this identification with the image invented by the European was highly ambivalent. The European in fact seemed to be paying an equally ambivalent tribute to the violent, excitable, brutal, jealous, proud, and arrogant Algerian who stakes his life on a detail or a word, etc. Let us mention in passing that in their confrontations with the French from metropolitan France, the Europeans in Algeria increasingly tend to identify with this image of the Algerian in their opposition to the French.

French and avoided quarreling with them. In France, however, the immigrant's criminality crossed boundaries between communities and social categories.

In France Algerian criminality is diminishing. It is mainly directed at the French and the motives are entirely new. One paradox, however, helped us considerably to get the militants to understand that since 1954 common law crimes have virtually disappeared. Gone are the quarrels, the disputes over minor details ending in homicide. Gone the explosive fits of rage because the neighbor caught sight of my wife's forehead or left shoulder. The national struggle appears to have channeled all this anger and nationalized every affective and emotional reaction. The French magistrates and lawyers had already noted this, but the militant had to be made aware of it and understand the reasons.

We now had to find an explanation.

Could it be said that the war, the privileged terrain for expressing finally a collective aggressiveness, directs congenitally murderous acts at the occupier? It is common knowledge that significant social upheavals lessen the occurrence of misdemeanors and mental disorders. The existence of a war which was breaking Algeria in two and rejecting the judicial and administrative machine onto the side of the enemy was therefore a perfectly good explanation for this decline in Algerian criminality.

In the countries of the Maghreb already liberated, however, this was true during the liberation struggles and remains so to an even greater degree during independence. It is therefore apparent that the colonial context is sufficiently original to afford a reinterpretation of criminality. This is what we have done for the militants. Today everyone on our side knows that criminality is not the result of the Algerian's congenital nature nor the configuration of his nervous system. The war in Algeria and wars of national liberation bring out the true protagonists. We have demonstrated that in the colonial situation the colonized are confronted with themselves. They tend to use each other as a

screen. Each prevents his neighbor from seeing the national enemy. And when exhausted after a sixteen-hour day of hard work the colonized subject collapses on his mat and a child on the other side of the canvas partition cries and prevents him from sleeping, it just so happens it's a little Algerian. When he goes to beg for a little semolina or a little oil from the shopkeeper to whom he already owes several hundred francs and his request is turned down, he is overwhelmed by an immense hatred and desire to kill—and the shopkeeper happens to be an Algerian. When, after weeks of keeping a low profile, he finds himself cornered one day by the *kaid* demanding "his taxes," he is not even allowed the opportunity to direct his hatred against the European administrator; before him stands the *kaid* who excites his hatred—and he happens to be an Algerian.

Exposed to daily incitement to murder resulting from famine, eviction from his room for unpaid rent, a mother's withered breast, children who are nothing but skin and bone, the closure of a worksite and the jobless who hang around the foreman like crows, the colonized subject comes to see his fellow man as a relentless enemy. If he stubs his bare feet on a large stone in his path it is a fellow countryman who has put it there, and the meager olives he was about to pick, here are X's children who have eaten them during the night. Yes, during the colonial period in Algeria and elsewhere a lot of things can be committed for a few pounds of semolina. One can kill. You need to use your imagination to understand these things. Or your memory. In the concentration camps men killed each other for a morsel of bread. I can recall one horrible scene. It was in Oran in 1944. From the military camp where we were waiting to embark, the soldiers threw bits of bread to some Algerian children who fought for them in a frenzy of rage and hatred. A veterinarian could no doubt explain these events in terms of the famous "pecking order"* noted in farmyards where the corn

*Translator's Note: Fanon uses the phrase "peck order" in English in the original text.

is bitterly fought over. The strongest birds gobble up all the grain while the less aggressive grow visibly thinner. Any colony tends to become one vast farmyard, ~~one vast concentration camp~~ where the only law is that of the knife.

In Algeria, everything has changed since the war of national liberation. The entire reserves of a family or *metcha* can be offered to a passing company of soldiers in a single evening. A family can lend its only donkey to carry a wounded fighter. And when several days later the owner learns the animal was gunned down by a plane he will not sling curses or threats. Instead of questioning the death of his donkey he will anxiously ask whether the wounded man is safe and sound.

Under a colonial regime, no crime is too petty for a loaf of bread or a wretched sheep. Under a colonial regime, man's relationship with the physical world and history is connected to food. In a context of oppression like that of Algeria, for the colonized, living does not mean embodying a set of values, does not mean integrating oneself into the coherent, constructive development of a world. To live simply means not to die. To exist means staying alive. Every date grown is a victory. Not the result of hard work, but a victory celebrating a triumph over life. Stealing dates, therefore, or allowing one's sheep to eat the neighbor's grass is not a disregard for property rights or breaking the law or disrespect. They are attempts at murder. Once you have seen men and women in Kabylia struggling down into the valley for weeks on end to bring up soil in little baskets you can understand that theft is attempted murder and not a peccadillo. The sole obsession is the need to fill that ever shrinking stomach, however little it demands. Who do you take it out on? The French are down on the plain with the police, the army and their tanks. In the mountains there are only Algerians. Up above, Heaven with its promises of an afterlife, down below the French with their firm promises of jail, beatings and executions. Inevitably, you stumble up against yourself. Here lies this core of self-hatred that characterizes racial conflict in segregated societies.

The criminality of the Algerian, his impulsiveness, the savagery of his murders are not, therefore, the consequence of how his nervous system is organized or specific character traits, but the direct result of the colonial situation. The fact that the Algerian patriots discussed this issue, that they were not afraid to challenge the beliefs inculcated in them by colonialism, that they understood each was a screen for the other and in reality they were committing suicide by pitting themselves against their neighbor, was to have an immense impact on the revolutionary consciousness. Once again, the colonized subject fights in order to put an end to domination. But he must also ensure that all the untruths planted within him by the oppressor are eliminated. In a colonial regime such as the one in Algeria the ideas taught by colonialism impacted not only the European minority but also the Algerian. Total liberation involves every facet of the personality. The ambush or the skirmish, the torture or the massacre of one's comrades entrenches the determination to win, revives the unconscious and nurtures the imagination. When the nation in its totality is set in motion, the new man is not an a posteriori creation of this nation, but coexists with it, matures with it, and triumphs with it. This dialectical prerequisite explains the resistance to accommodating forms of colonization or window dressing. Independence is not a magic ritual but an indispensable condition for men and women to exist in true liberation, in other words to master all the material resources necessary for a radical transformation of society.