

Colonial  
**MADNESS**

Psychiatry in French North Africa

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for the French, they were manifestations. Yet although patients were often materially powerless at the hands of their physicians, their utterances demonstrate that they refused to recognize the authority of their captors. Even as they submitted to confinement and to treatment, they did not concede the power to heal.

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### Between Clinical and Useful Knowledge

#### Race, Ethnicity, and the Conquest of the "Primitive"

Mohamed S. had a particularly trying year in 1937. A nineteen-year-old Moroccan student at a French colonial lycée, Mohamed faced the daunting prospect of the *baccalauréat*, an examination he had failed twice before. He also began showing new signs of psychological disorders that had plagued him four years earlier, and on the evening of 16 May he attempted suicide with a friend. In the moment, his friend found he could not take his own life, and implored Mohamed to kill him. After murdering his friend, Mohamed survived his suicide attempt and was admitted by Dr. André Donnadiéu to the French psychiatric hospital at Berrechid for observation. But perhaps the lowest point for Mohamed was the factor that may have precipitated his suicide attempt. His immersion in French culture in preparation for the *bac* led him to realize that as a "poor Moroccan," life held nothing for him: he could never be truly French. As a result, his life became "nothing but an eternal torture." Mohamed argued, "We are pulled in two directions. France has made us see the light, she has illuminated our souls, we young Moroccans. But when our souls want to fly toward this horizon, we find ourselves rooted by our bodies, our customs, our traditions." This obstacle in the path of civilization proved insuperable for Mohamed, who concluded that Moroccans' cultural predicament was incompatible with modern progress.<sup>1</sup>

Over months of observation at Berrechid, Mohamed S. fascinated Donnadiéu. The psychiatrist dwelt on the novelties of the case: his patients were rarely anxious, as the Muslim "lives day to day, without concern for tomorrows." Suicidal

manifestations were also exceptional among North African Muslims, and Donnadiou noted that this double suicide was most likely the first of its kind in Morocco. And finally, the “polymorphism of ideas enunciated by the patient was equally remarkable”: the patient’s philosophical bent was incongruous with the psychiatrist’s conception of a Muslim mentality.<sup>2</sup> The case thus pointed to potential similarities in the psychical makeup of Europeans and North Africans. Although atypical for a Muslim patient, tendencies toward anxiety, depression, suicidal ideation, and philosophizing were common among well-educated European patients, suggesting the possibility of an underlying universality to the human psyche that transcended racial, ethnic, and cultural boundaries.

Yet Donnadiou concluded that Mohamed’s problems resulted from an ineradicable psychological difference that prevented his adaptation to French culture. Mohamed spent every day living as a French student, enjoying the freedoms that accompanied civilization, and returned home every evening to “plunge back into Muslim life.” Mohamed left Donnadiou with “the impression of . . . an insufficient assimilation,” a double entendre that captured both the patient’s ineffective use of knowledge and the persistence of his cultural background. Rather than elevating the patient out of misery, “civilization” produced the patient’s psychopathic anxiety and depression. The case presented Donnadiou with an important lesson. A population rooted in primitivism at the level of its “bodies, customs, and traditions” could not be “civilized” overnight. The best means of avoiding future cases like these, Donnadiou concluded, lay in significantly limiting France’s efforts to bring its colonies into a European modernity, chiefly by restricting education to only a tiny fraction of the colonized.

Mohamed’s case history highlights salient aspects of psychiatric theory and colonial practice in the French empire for much of the twentieth century. Like many European intellectuals, psychiatrists in the colonies became fascinated by the relationship between psychology and culture. Many thinkers found in the so-called primitive mentalities of colonized populations elements of a primordial, universal human subjectivity with prevalent instantiations in the modern European psyche and used these observations to demonstrate an essential human psychic continuity. Yet by the outbreak of the Second World War, the practitioners of the Algiers School of French psychiatry insisted that an overdetermined difference—based in bodies, customs, and traditions—separated “civilized” Europeans from “primitive” North Africans. This difference, they argued, exacerbated the inherently conflictual nature of the colonial encounter, a scenario in which the Muslim’s lot in a modernizing environment was one of displacement,

alienation, and incongruity, each of which entailed potentially dangerous outcomes for the subject and his surroundings. In some ways, their work drew on the legacy of the psychological anthropologists, physicians, and racial biologists who, as historians beginning with William Cohen in 1980 have argued, guided France’s approach to sub-Saharan Africans from the eighteenth century to the early Third Republic.<sup>3</sup> Yet the psychiatrists of the Algiers School also introduced a range of novel elements to the study of the relationship between race and difference. Just as the implementation of new institutional designs in colonial hospitals pointed toward a pathway for metropolitan reform, locally produced knowledge promised to make the colonies and their institutions critical sites for the development of the new science of colonial psychiatry. Its architects positioned this new subfield as pragmatic in its applications and advocated changes to judicial, social, and military policies in France and its colonies based on their findings.

This chapter explores colonial psychiatric discourse in French North Africa by considering the practical implications of medical ideas. Historians have argued that since the nineteenth century, French psychiatrists have marked the North African Muslim as inferior to the civilized European by documenting the Maghrebian’s temperamental violence, fatalism, superstitions, and mental debilitation.<sup>4</sup> But although these authors offer accurate readings of the psychiatric literature on North Africans, they fail to situate this literature in a larger medical and political context. From its origins colonial psychiatry was a military organism. Beginning during the First World War, its practitioners articulated their mission in the language of battle, detailing a daily struggle against the North African’s recalcitrant alterity. Psychiatrists such as Antoine Porot construed this project as a matter of domination over not only indigenous madness, but also the personality and character of the North African Muslim. The deployment of psychiatric knowledge in the service of colonial power is most explicit in the French army’s psychological warfare programs, developed during the Algerian struggle for liberation. Yet it also appears in psychiatrists’ efforts to shape debates over law enforcement and immigration and indicates the ways in which settlers could speak of “civilizing” a colony while engaging its population in overt conflict. From its origins in the early twentieth century to the end of the Algerian independence struggle, the historical development of the Algiers School presents a crucial example of colonialism’s discordant logic in practice, where a nuanced, detailed, responsive, and even progressive scientific circle with utopian ambitions was simultaneously an uncomprehending, violent entity driven by militant racism.

### Of Climate and Character: Mentality and Environment in the Nineteenth Century

The concept of the North African's psychological difference is most familiar from Frantz Fanon's *The Wretched of the Earth*. Fanon argues that under Antoine Porot's direction, the Algiers School of French psychiatry educated its students to understand that North Africans were irremediably primitive, mentally deficient, and criminal by nature.<sup>5</sup> Yet medical and scientific discourse about race and ethnicity long precedes the foundation of the Algiers School in 1925. Psychiatrists had speculated about the relationship between race, climate, and madness since the origins of the profession. Early modern theories about the effects of climate on bodily equilibrium extended to mental balance as well and remained influential for much of the nineteenth century. Excessive heat and light were deemed to pose significant dangers for European minds, best suited for temperate climes. In addition to these environmental approaches, French psychiatrists tended to privilege the place of "culture" and "civilization" in their assessments of the epidemiology of insanity. Following the Rousseauist notion that insanity marched in step with modern progress, they proposed that madness was the price Europeans paid for living in civilization; psychological well-being, by contrast, appeared to be the privilege of so-called primitive populations.<sup>6</sup>

Although such ideas were based more on philosophical precepts than on actual fieldwork, early medical expeditions refined rather than corrected this logic. The work of Jacques-Joseph Moreau (de Tours) offers a key example. Having toured North Africa and the eastern Mediterranean, Moreau published a major study on insanity among Muslim populations in the first number of France's most prestigious psychiatric journal, the *Annales médico-psychologiques*, in 1843.<sup>7</sup> Within his psychiatric paradigm, an absence of enlightened civilization meant that North Africans should suffer from a lower degree of mental alienation than Europeans. Yet he proposed several caveats to this theory. He considered "Islamic fatalism" to engender a lack of will, and the intense heat and sun of the North African climate to render the population utterly torpid. He also stressed that madness meant not merely alienation from one's self, but also from one's social environment, Moreau argued that insanity was therefore technically infrequent in North Africa. Few Muslims were "abnormal"—that is, psychologically distinct from other Muslims—yet Muslim North Africans as a people were essentially abnormal in their normal psychological state.

The relationship between climate, culture, and madness articulated by Moreau and others meant that the naturally degraded nervous systems of colonial subjects could easily collapse under certain circumstances. But

such a process could affect Europeans just as it affected natives: the stifling heat, combined with a general state of poor health, led quickly to mental breakdown. A permissive and exotic space, the colonial realm served as a site for the exploration of forbidden human passions; those Europeans whose temperament could not withstand the intense pressures of heavy drinking, drug use, colonial violence, boredom, and intense heat served as symbols of the psychological menace of colonial space. By the turn of the twentieth century, however, the idea that psychological difference was a function of climate and culture had fallen out of favor among practitioners in the colonies.<sup>8</sup> Increasing European settlement in tropical climes was not the least of the reasons for this change in perspective: the notion of climatic pathogenicity was certain to fall out of favor in a moment when European nations encouraged dramatic expansion into the colonies. This was especially the case for French Algeria, where a significant increase in the settler population after 1870 constituted a demographic backdrop for the development of new ideas about native psychopathology.

An 1884 thesis by the Lyonnais physician Adolphe Kocher on crime among Algeria's Arab population marks this shift. For Kocher, climate played a significant role in shaping behavior: "It seems that as one approaches the equator bloody crimes become more frequent." Yet violence among Arabs was chiefly "a matter of race" and of culture rather than a function of climate. Presenting statistics that suggested that Arabs committed the vast majority of violent crimes in Algeria, he argued that this was "nothing surprising, knowing the mores of these people": "Vengeance is necessary for them: to leave an injury unpunished would be to pass for a coward."<sup>9</sup> Moreover, Arab violence was a sexual and inhuman violence. "Like all Oriental peoples, the Arab is a *sodomite*," and "bestiality is observed at times among Arabs. They have relations with goats, sheep, even mares": as the "native has the animal's instincts, he also takes on its habits."<sup>10</sup>

Kocher's argument rested on a cursory reading of crime statistics gleaned from the Algiers Cour d'Assises, in which Algerian Arabs constituted nearly 90 percent of those convicted for violent crimes.<sup>11</sup> The conclusions are problematic: among the study's flaws is Kocher's failure to consider qualitative factors that might have influenced both a higher conviction rate for Arabs than for European settlers in a colonial court and the discriminatory policing of colonial urban space. Instead, these figures suggested to Kocher a clear propensity for violent sexual assault that constituted strong evidence of a constitutional difference between Arabs and Europeans. Subsequent commentators agreed with Kocher's claims as biological descriptions of race and psychology became more elaborate.

Abel-Joseph Meilhon, the director of the Aix asylum in 1896 charged with the care of the institution's Arab wards, insisted that "the issue of race dominates all psychopathology for the Algerian native." Meilhon asserted that "an asylum composed exclusively of [Algerians] would show us how madmen were in the age of barbarism."<sup>12</sup> The key "sign of a state of native cerebral inferiority," Meilhon noted, was the Arab's "instinctive" nature (which in Europeans was "only found . . . among the most inferior degenerates"). The Arab's "depravation of instinct, already frequent in the healthy man, will be found in the madman with the exactitude that madness imprints on all exaggerations of the human passions"—a problem so acute that "a young Arab child . . . should be observed in an entirely special manner to shield him from the lubricious appetites of his coreligionaries."<sup>13</sup>

Changing social patterns in the colonies and new scientific ideas contributed to psychiatrists' increasing conviction that biology, rather than culture, shaped mentality. Extensive French settlement in the late nineteenth century provided the financial resources essential for building a modern medical infrastructure in Algeria.<sup>14</sup> But a concomitant turn away from assimilationism opened a logical space for settlers to consider colonized populations inherently different while maintaining their defense of colonialism as a civilizing influence. New ideas that marked a larger trend in European human sciences at the *fin de siècle* lent intellectual weight to psychiatry's increasingly biological associationism. Ideas and anxieties about evolution, development, degeneration, and modernity shaped aesthetic, political, social, and psychological discourses in a range of contexts, but also contributed to a simultaneously emerging intellectual concern with comparative psychology. Commentators drew on the existing ethnographic literature and at times engaged in fieldwork as a means of developing new theories about race and mind. Although practitioners in this new discipline focused primarily on distinguishing diverse ethnicities according to mentality, as good social Darwinists and physicalists they concentrated especially on demarcating boundaries between civilized and primitive groups.

Figures such as Bénédict-Augustin Morel, Valentin Magnan, Cesare Lombroso, and Gustave Le Bon had long signaled the merits of evolutionary approaches to psychology. But the psychiatrist Auguste Marie's work offers perhaps the clearest indication of how evolutionary biology informed comparative psychology at the turn of the twentieth century. In a seminar series at the École d'Anthropologie in Paris, an institution founded by Paul Broca in the mid-nineteenth century dedicated to physical anthropology, Marie drew on Lamarck, Haeckel, and Darwin to argue that physiological

and evolutionary factors accounted for psychological differences among populations.<sup>15</sup> Cerebral topography and emotional complexity separated higher from lower orders in the animal kingdom, but even human beings passed through stages from absolute simplicity to the greatest complexity.<sup>16</sup> This evolutionary pattern provided humans with the intellectual capacity for reflection and marked a distinction between sensory and reflective capabilities. For Marie, psychiatry's greatest accomplishment was the realization that physical ailments accounted for the impairment of these capacities, revealing lesions at the origin of all pathology. "If," he argued, "having operated on a brain where you have sought lesions in the cortical centers in vain, you make a [deeper] cut, you find that lesions are sometimes here, sometimes there."<sup>17</sup>

Marie established a scale of mental sophistication that ranged from unicellular to complex organisms. "Contemporary man" occupied the highest rank, followed by children and then "savage" or "primitive man."<sup>18</sup> But all humans passed through the entire scale, "because all of us are issued from a single cell, linked later with another, and so on, through proliferation." Intellectual capacity for rational thought increased in the process. Marie thus locked "primitive man" biologically in an evolutionarily prior moment, arguing that his mentality represented an intermediate stage between the "monocellular" and the "pluricellular psyche." For Marie, "the mentality of the savage, the primitive" was also "a transitional mentality that is therefore normal for a certain period," which explained the European child's similarly "simplistic manner of considering things." In the child's physical development, which operated through a process of "cellular colonialism," an original "animistic, unrefined mentality passes to a purer conception." Marie also saw the phylogenetic development of entire races as a mirror of the individual process, which culminated in the modern scientific mindset: "Thus, the individual grows more and more, as Humanity has grown to superior ideas: it passes from fetishism to polytheism, from polytheism to monotheism, then to a metaphysical state and to the positivist period." Yet the "savage's mentality" remained "fetishistic" and "unrefined." Marie therefore characterized psychological development as "evolutions of mentality graphed onto organic evolutions." The individual followed a developmental evolution that corresponded to "the cycle that humanity has followed," and therefore "little by little he arrives at a mentality that is more adequate for the realities which surround him."<sup>19</sup>

This psychological model had two important consequences. First, organic factors accounted for mental pathology: lesions or regression to an earlier stage of development represented the principal origins of madness. Second, the brain's developmental level accounted for the social environ-

ment, and not the reverse. European children evolved from unicellular to civilized stages of mental development in a process that rendered their psyches well suited for the modern world's social environment. Marie's conclusions contrasted with early-nineteenth-century Rousseauist ideas about mental development. For Marie, civilization did not cause madness; in the new model, it merely did not tolerate madness. Instead, biology held the key. As Marie argued to a psychiatric congress in Vienna in 1909, "The question of races is the order of the day." His studies in the Middle East and North Africa revealed that "accentuated anatomical characteristics are accompanied by psychological characteristics [that are] no less typical." The apparent explosion in mental illness in nineteenth-century Europe had little to do with modernity's overstimulation of the senses. Instead, the environment had changed. Lunatics who could have merged seamlessly with village life in a peasant society now stood out, deracinated and displaced in a less tolerant urban world, much like the colonial student who could not navigate the divide between European "civilization" and the Muslim life in which he was rooted.<sup>20</sup> In the colonial world, then, "ethnic and comparative psychopathology could clarify the problem of normal psychology as powerfully as general pathology clarifies normal physiology."<sup>21</sup>

Not all doctors agreed with Marie. Victor Trenga, a French doctor in Algeria, argued in 1913 that culture—especially Islam—defined race in what he called the "Arabo-Berber" context.<sup>22</sup> Yet his argument is as scathing as those of his organicist colleagues. Muslims thought and acted differently from Europeans, but because the "brain of Arabo-Berbers is well made, constituted from a cerebral substance of good quality," cultural factors must account for fatalism, indifference about the future, and "contempt and haughty indifference" in this "deceitful" population.<sup>23</sup> These observations led Trenga to specific conclusions regarding the French role in ushering the Muslim world into modernity. The French, he argued, must teach Muslims to drop their "blissful torpor" and embrace the French qualities of "clarity of thought and conception, frankness and decisiveness in the smallest actions."<sup>24</sup>

Despite its emphasis on culture, Trenga's work also points to a critical shift in perspective that emerged alongside the increasingly biological model of ethnic psychological difference. Although he was careful to distinguish European settlers from Jews and Muslims, he never distinguished among Muslims themselves. This indicates psychiatry's significant departure from its contemporary scientific counterparts. For much of the late nineteenth and early twentieth centuries, divide-and-conquer policies encouraged fine distinctions among North African populations—divided

into Arabs, Berbers, M'zabites, and Jews in addition to national divisions between Algerians, Moroccans, and Tunisians. As Patricia Lorcin has ably demonstrated, the distinction between Arabs and Berbers in nineteenth-century Algeria was particularly pronounced in selective policies that promoted French cooperation with the "good Kabyle" and not with the "bad Arab." A similar logic undergirded distinctions that colonial officials often made between so-called aggressive Algerians and their more docile Tunisian neighbors.<sup>25</sup> Such important distinctions persisted but retained less significance at the turn of the century, when increasing settlement favored a hardening of racial boundaries between Europeans and North Africans as a group.<sup>26</sup> With a few significant exceptions, early psychiatric commentators dedicated little attention to distinctions among populations, arguing instead that the critical difference was that between Europeans and Muslims.<sup>27</sup> This collapsing of difference—one psychiatrist used the terms "Arabs," "Algerians," "Muslims," and "North Africans" interchangeably—set an important precedent for the Algiers School, whose members across the Maghreb employed an ambiguous shorthand that deepened the rift between *l'homme civilisé* and *l'homme primitif*.

#### Overdetermining Difference: The Algiers School and the Remaking of the Primitive

The outbreak of war in 1914 marked an important transition in psychiatry's approach to race. Although wartime budgets eviscerated social spending in the colonies, the war itself created unprecedented opportunities for studying colonized populations under stress. Psychiatrists were conscripted en masse alongside other practitioners as the intense psychological pressure of the trench experience initiated a great demand for mental health expertise. The presence of significant numbers of colonial subjects in the French infantry provided a critical data set for the study of racial and cultural influences on psychopathology. For Antoine Porot, service at the Maillot military hospital in Algiers presented the opportunity both to study comparative psychology in a controlled setting and to redirect the relationship of psychiatry to the colonial state.

North Africa presented an ideal setting for launching a major study in psychiatry and ethnicity. To Porot and his colleague Angelo Hesnard, a naval psychiatrist and later a founding member of the Parisian Psychoanalytic Society, the Maghreb was "a crossroads where very different racial elements and conditions meet." For the duration of the war, the two psychiatrists' caseload included many Algerian Muslims, whom they described as "the most thwarted beings, the closest to nature," alongside "the most defective products of civilization"—poor whites drawn from settler

populations. The two volumes they produced after four years of study, *L'expertise mentale militaire* (Military Mental Expertise) and *Psychiatrie de guerre* (Wartime Psychiatry), present a range of ideas about how informed psychiatric opinions might determine recruits' psychological aptitude for military service and how psychiatry could facilitate the understanding of psychological trauma suffered in the course of service. Yet ideas about race are also central to the texts, and along with Porot's subsequent works, the volumes mark an important turning point in the history of colonial psychiatry and the development of the Algiers School.

The texts are adamant in their effort to establish a racial hierarchy of suitability for military service. Owing to "anomalies in intelligence or character," the authors argued, "each *race* has its own *mental level* and its own particular complexion." Echoing the growing literature on *mise en valeur* and the suitability of different colonial populations for labor, Porot and Hesnard claimed that these phenomena informed a soldier's capacity to serve effectively. In some cases, cultural phenomena shaped capability. For example, colonial soldiers often exhibited pathologies that also plagued Europeans, but with greater prevalence. This was especially the case with breakdowns that stemmed from nostalgia: "*syndromes of stupor and inhibition*" that appeared as a result of the homesickness experienced by all soldiers on the front were more common among the Algerian "'fellahs' [peasants] uprooted from the archaic life of their 'douars' [villages]." Other characteristics of North African soldiers, however, presented what Porot and Hesnard saw as racially specific pathologies: "It has so happened that on several occasions we have received . . . natives labeled 'mentally debilitated' who were not, however, inferior to the mean of their race." Instead, their "passivity, inertia, nonchalance, [and] a certain degree of superfluous pithiatism had been misrecognized in their exact and ethnic significance."<sup>28</sup>

North Africans exhibited other traits that had serious implications for military service. Muslim recruits showed "violent episodes of angry mania": their worst attribute was "the violence and brutality of their hysterical episodes." Although this same characteristic supposedly rendered West African soldiers such as the infamous Senegalese riflemen highly suitable for some military duties—French commanders praised the *tirailleurs*' allegedly "innate" capacity for brutality—in North Africans "these episodes often signify an impulsive disposition . . . and necessitate a definitive discharge from the army." Language and cultural barriers rendered psychiatric intervention "very difficult"—these "hysterics" possessed a "tenacity and a force of perseverance" that obstructed "all efforts" to heal.<sup>29</sup> For Porot and Hesnard, the psychological character of North African Muslims

rendered them more impulsive and less controllable than other colonial soldiers. Just as Muslims proved recalcitrant when shown the purported benefits of French civilization, the authors intimated, so they also resisted military service by virtue of their inherent psychology rather than through force of will.

Psychological character at the front resulted from biological difference rather than a geography of race. Of all soldiers from the North African colonies, only Muslims posed significant psychological problems. Colonial soldiers of "French stock" proved "remarkable in their moral robustness and tonicity." Members of "this energetic race" flouted the "shocks and privations" of war, and "their 'drive' . . . inspired the admiration of all those who saw them in action." European settlers with Italian and Spanish roots were more prone to breakdown, as were Algerian Jews. Officially members of the "French family" since 1870, Jews were hypersensitive and showed depressive and nervous tendencies when pressed into service. Still, they proved capable of "springing back" to mental health after psychotherapy and presented few unmanageable chronic problems.<sup>30</sup>

The situation was different for Muslims. In both *Psychiatrie de guerre* and his 1918 "Notes on Muslim Psychiatry," Porot argued that before the war the few North African men who joined the French army tended to be like the "legendary" Turkish warrior: "engaged, fond of the uniform and adventure," "brave" and "fierce."<sup>31</sup> The Great War's unprecedented conscription confronted military officials with an "indigenous mass, a formless bloc of primitives, profoundly ignorant and gullible for the most part, greatly distanced from our mentality and our reactions." The war thus revealed the *nature* of that "ignorance" and "gullibility" as increasing numbers of Algerians, Moroccans, and Tunisians passed through psychiatric clinics. Conscription drew North African men away from their "free, peaceful, and archaic lives" and "threw them into a life where the most scientific and infernal inventions loomed before their eyes, which had only known the calm serenity of infinite horizons."<sup>32</sup>

This "indigenous mass," this "formless bloc of primitives": the language is familiar, although it belongs as much to *fin-de-siècle* psychological discourse as it does to colonialism. Like Le Bon and the crowd, Porot describes Muslim recruits as a suggestible throng that defied civilizing progress.<sup>33</sup> The psychiatrists linked Muslims' failure to perform at the front to a general resistance to civilized modernity. In contrast to the vigorous settler who struggled in an arduous climate and rendered an unforgiving land fertile, the hapless native merely clung to his "miserable earth." Likewise, the colonial conscript rejected the purportedly civilizing influences of the front, with its emphasis on a technological order and military discipline.

These soldiers broke down as a function of their material incongruity with the new environment of war: they were “thrown” from the “hypnosis of brilliant sunlight” into an “infernal” but also “scientific” cataclysm. As Porot argued, “Suddenly, we were able to measure the entire moral resistance of simple souls, the powerful force of certain primitive instincts as well as the misery of certain mental deprivations and the deviations imprinted through credulity and suggestibility.” The war therefore put indigenous mentality to a test that it failed miserably. The plucky settler proved resistant to the horror of the trenches; the North African merely revealed his homesickness, fatalism, suggestibility, and mental childishness.<sup>34</sup> Whereas exemplary military service proved Jews’ capacity for assimilation into French culture, French psychiatrists argued that North Africans’ psychological composition prevented them from serving France as effective soldiers, despite their dying in droves in the trenches.<sup>35</sup>

Historians have noted that Porot described North Africans as “psychically entirely other,” “fixed . . . in an irremediable alterity.”<sup>36</sup> Yet scholars have overlooked the political and practical consequences of the Great War studies. Racial stereotyping proceeded beyond the establishment of insurmountable mental boundaries between Europeans and North Africans and marked colonial psychiatrists’ transition from professional to political advocacy. More than an effort to expand psychiatric knowledge of the Other, Porot and Hesnard’s works are user’s manuals for the clarification of indigenous mentalities. These guides—which base conclusions about “normal” mentalities on the observation of psychiatric patients—are rooted in medical and colonial prejudices but at the same time are mired in the historical context of the war as well as the interwar reconceptualization of civilization and primitivism.

As Michael Adas has shown, the savage brutality of the trench experience prompted reassessments of the basis of European superiority. Measuring human worth according to standards of industrial progress had proven morally bankrupt in the wake of technologically driven destruction.<sup>37</sup> In a climate that interrogated the very basis of civilization, an ethnologically driven psychology offered a useful outlet for a new intellectual fascination with primitivism.<sup>38</sup> The philosopher Lucien Lévy-Bruhl had explored this problem in his 1910 *Fonctions mentales dans les sociétés inférieures* (Mental Functions in Primitive Societies), but it was only with the explosion of interest in primitivism in postwar France that he achieved widespread recognition.<sup>39</sup> Based on the author’s interpretations of others’ observations—Lévy-Bruhl never undertook fieldwork—*Primitive Mentality* (1923) pointed to an essential difference between “primitive” and “modern” thought patterns: whereas Europeans enjoyed a logical,

scientific consciousness, “the primitive’s mentality is essentially mystic,” displaying a “decided distaste for . . . the ‘discursive operations’ of thought.”<sup>40</sup> Scholars have rightly castigated Lévy-Bruhl for his essentialist assumptions about “primitives”—a term he used to describe alternately sub-Saharan Africans, Native Americans, and Australians—but he was careful to note that the primitive’s “indifference” to “reasoning and reflection” reflected “neither incapacity nor inaptitude.” Lévy-Bruhl insisted that those who explained the behavioral, psychological, and intellectual differences of “primitives” by referring to “the feebleness and torpidity of their minds” failed to “take the facts sufficiently into account.” Rather than any evolutionary or biological defect, Lévy-Bruhl asserted, “group-ideas” and “collective representations” of primitive societies—cultural and environmental factors—accounted for the “prelogical and mystical” nature of primitive mentality.<sup>41</sup>

Reactions to Lévy-Bruhl’s work reflected a profound divide between the metropolitan and the colonial. Military and colonial physicians seized on his claims that “modern” and “primitive” mentalities displayed fundamental differences, while others followed Lévy-Bruhl’s argument that cultural rather than biological factors accounted for this difference. Military and colonial physicians also were quick to accept Lévy-Bruhl’s ideas of the practical difficulties that arose from “the primitive mentality.” For example, two military doctors, René Jude and Victor Augagneur, argued at the 1925 Congress of French Alienists that the French military’s increasing dependence on colonial troops mandated officers’ understanding of “prelogical and mystical” mentalities. They found that

the native, in general, has an innate, profound sense of elementary, simple justice, and . . . an unjustified action or reprimand, for a minimal infraction, that appears to us to have no importance, will appear to his mind to be an injustice of the greatest seriousness. In the brain of the primitive or the most evolved native, the reaction will be swift and violent and will manifest itself immediately through actions that appear to us to be disproportionate to their initial cause. By contrast, such actions, gestures, spoken orders that appear to us to be of capital importance will scarcely hold his attention.<sup>42</sup>

A “thorough knowledge of the mentality of natives” was a prerequisite for the fulfillment of France’s civilizing mission. Institutions such as the École d’Application du Service de Santé des Troupes Coloniales in Marseille thus organized programs of “psychological and psychiatric instruction” for colonial officials.<sup>43</sup> According to one instructor at the

École, understanding native mentalities was critical for civilians as well as military personnel: "No European succeeds with natives" without being "quite familiar with their mentality, their character, their modes of reaction." Effective administration relied on sound knowledge: "To act usefully on populations, to obtain what one desires from them, to make them accept the advantages of what we are bringing them, it is indispensable to understand them and to know how to make them understand you. Your influence can only be civilizing under this express condition."<sup>44</sup> E.-L. Peyre, head physician of the French colonial forces in the early 1930s, agreed that as overseas settlement rose, increased contact between European and colonial populations rendered ethnological knowledge about mind and behavior essential for the continuation of the civilizing mission. For colonized populations, increasing settlement entailed the "upheaval of all their old ancestral notions," a rapid "evolution" that strained intellectual development with profound consequences for mental hygiene; for settlers, cross-cultural contact heightened the suspicion that mental illness was more frequent in natives.<sup>45</sup> Psychiatric understandings of "native" mentalities, Peyre argued, could bridge these gaps.

In contrast with these practical exhortations, Lévy-Bruhl's work encouraged the romanticization of primitivism in some circles. In the context of a postwar assault on reason among European intellectuals, surrealists such as the former psychiatrist André Breton were receptive to alternatives to "Western civilization," many of which they found on the margins of European society. Children not yet corrupted by education's moral straitjacket, hysterical women, and madmen reflected the kernel of unconscious brutality hidden within all subjects. But "the primitive" offered an antithesis to European modernity. Unlike the cubists, who explored only the formal possibilities of a primitive aesthetic, in the postwar era the surrealists interrogated what they believed to be the meaning of primitive art and ritual.<sup>46</sup> At the same time, the foundation of the Institut d'Ethnologie, which functioned largely for the training of colonial officers, by Lévy-Bruhl, Marcel Mauss, and Paul Rivet signified the emergence of a new scientific fascination concomitant with the primitivist revolution in aesthetics.<sup>47</sup> Some medical practitioners also denied the existence of such hard-and-fast distinctions between mentalities. The psychoanalyst Pierre Rubenovitch, for example, wrote in 1934 that "in every society" there existed "two categories of individuals": in contrast with "a small minority" who could drive evolutionary progress forward, "the vast majority of men" were incapable of acting with historical consequence. "In this sense," Rubenovitch declared, "the majority of men possess a mentality that is no different from primitive mentality." The "civilized" masses existed in an

evolved milieu "with the same absence of critical spirit . . . as the primitive."<sup>48</sup>

These arguments signaled a redemption of the primitive that paralleled developments in other psychological communities but that remained absent from most colonial circles. As early as 1913, Freud argued in *Totem and Taboo* that the psychological processes of Europeans represented a vestigial primitivism in the modern psyche with powerful links to the "mental lives of savages." Drawing on the work of Frazer, Mauss, and Robertson Smith, Freud argued that far from a psychical other, the modern primitive was functionally equivalent to a European without a repressive mechanism.<sup>49</sup> By the 1930s the Hungarian psychoanalyst Géza Roheim had begun to test Freud's claims through fieldwork among Australian aboriginal populations near Alice Springs. Although Roheim noted that such populations demonstrated markedly different behaviors from Europeans—especially concerning sexuality, violence, and family organization—he concluded that these phenomena resulted chiefly from the absence of a superego in aboriginal society rather than from an essential racial or biological difference between "primitive" and "modern" man.<sup>50</sup>

Psychoanalysis served as a critical organizing tool for those who considered "primitivism" to constitute the heart of the modern ego. So-called primitives proved useful to psychoanalysis by demonstrating the existence of an unconscious as a fundamental human condition. If the incest taboo, ambivalence toward the father, and the tension between the indulgence and repression of violent instincts or drives operated at the level of the contemporary "primitive" in Australia, Melanesia, New Guinea, or sub-Saharan Africa, psychoanalysis could point to the universality of its central tenets. The field's concern with revealing the underlying irrationality of the modern, autonomous ego encouraged a fascination with primitivism among its practitioners as well as psychoanalytically oriented ethnographers and critics, who saw in the violence of everyday civilization an atavistic return of a savage mindset that lay in the unconscious. This concern with the psychological continuities that linked the family of man undergirded the works of a range of scholars and analysts in the interwar period, from the renegade surrealists Georges Bataille and Michel Leiris, to the ethnographer and curator of the Musée de l'Homme Paul Rivet, to the analyst Rubenovitch.

A similar dynamic operated within Parisian psychiatric circles. Although noted for their early hostility to psychoanalysis, psychiatrists in metropolitan France reveal a powerful Freudian influence in their writings on primitivism in the interwar period.<sup>51</sup> By the 1930s they had begun to consider parallels between "primitives" and mentally disordered Euro-

peans, noting especially the connections between paranoia and primitive mentality. Some considered “paranoid” aspects of primitive mentality—such as the belief in sorcery—to be evidence of psychological underdevelopment: one medical student compared such beliefs to medieval European psychoses.<sup>52</sup> Another psychiatrist described a “striking” congruity between “the paranoid mentality and the primitive mentality,” but also noted a crucial difference: primitivism was a social phenomenon, where paranoia was an individual affliction. A change of environment could thus initiate a transformation of a primitive mentality as the subject adapted to a new social milieu by transforming thought and behavior, while the European paranoiac could only follow the “psychobiological laws of his thoughts.”<sup>53</sup> The psychiatrist Jean Lévy-Valensi echoed this idea. Like the paranoiac, the primitive suffered from deliria of persecution and ambition; and just as paranoiacs were “hallucinatory,” Lévy-Valensi argued that “the savage is so in his normal state.”<sup>54</sup> But for Lévy-Valensi, the primitive—as opposed to the paranoiac or the schizophrenic—retained the possibility of adaptation. Lévy-Valensi’s student Pinkus-Jacques Bursztyn pushed the analogy further. In almost Lacanian terms, Bursztyn argued in his 1935 thesis, “Schizophrenia and Primitive Mentality,” that for these subjects the symbolic order is not fixed. “The patient and the primitive lack consciousness of the unity of the self,” which is “fragmented into elements . . . that are often projected outward and personified.”<sup>55</sup> In this magical conception of the world, the self was easily dissipated into forces or qualities that inhabited various objects. But whereas “the primitive’s representations” concerned “the ambient world”—and were therefore subject to “the action of the real”—“the schizophrenic’s representations were drawn from outside the real.” For Bursztyn, as for many of his colleagues, while “the mentality of the primitive is normal, that of the schizophrenic is pathological.”<sup>56</sup>

As formerly impermeable boundaries between reason and madness dissolved after the First World War, paranoia and schizophrenia fascinated the French mental health community precisely because they destabilized these categories. For psychologists and psychoanalysts, these diagnoses signaled the “psychopathology of everyday life,” while psychiatrists insisted that paranoia resulted from constitutional defects in the personality.<sup>57</sup> For all disciplines, however, the study of primitive mentality’s analogies to paranoia and schizophrenia promised insight into the nature of these pathologies—especially because practitioners such as Jacques Lacan noted a strong correlation between paranoid symptoms and violent criminal behavior.<sup>58</sup>

The explosion of interest in primitive mentality in the interwar period indicated that an ethnological sub-specialty was gaining steam within the

French psychiatric profession. Yet like Lévy-Bruhl, psychiatrists such as Dumas, Lévy-Valensi, and Bursztyn had no direct experience working with colonial populations, and they based their comparisons of primitivism, paranoia, and schizophrenia on a reconciliation of psychiatric theories and ethnographic data collected by others. And for all their emphasis on practical experience in the colonies, many military and colonial physicians tended to treat colonized populations interchangeably. Gustave Martin of the *École d’Application* in Marseille, for example, considered Indochinese, Maghrebian, and West African populations to be basically identical when he argued that these “primitive societies immutably conserve the same traditions.”<sup>59</sup> Such pronouncements, critics argued, only encouraged widespread romanticism of a vaguely defined “primitivism” by eliding differences among colonial populations.

Targeted studies of specific populations—defined by ethnicity or region of origin—offered a pathway out of such generalization. In contrast with their metropolitan colleagues, who considered primitive mentality more of an intellectual curiosity than a practical exigency,<sup>60</sup> psychiatrists practicing in North Africa insisted that close contact with colonial patients revealed the practical and political importance of specific ethnopsychiatric knowledge. As the psychiatric luminary Henri Claude noted in 1933, colonial research could bring to light “many curious details concerning a pathological psychology that is unfamiliar to us.”<sup>61</sup> By documenting patients who had remained unexamined by Western medicine, colonial psychiatry brought to the profession “an incomparable education in psychology, the psychology of peoples, [and] a great lesson in human culture.” Colonial practice presented new opportunities for the advancement of the profession. “The colonial contribution to pathology in general has been considerable,” Porot argued in 1935, and it promised to add “several new chapters to neuropsychiatry.”<sup>62</sup> In the same way that the study of tropical diseases had transformed understandings of the mechanism of infection and contagion, so the diagnosis and treatment of thousands of patients drawn into a new network of care offered a new pool of subjects for the development of psychiatric knowledge.

As early as 1909 Auguste Marie contended that meaningful ethnopsychological research necessitated a proper colonial institutional setting. “Such study,” he insisted, “is only possible with a scientific field of observation in the entirely special milieu of the lunatic asylum.”<sup>63</sup> By the 1930s, the Maghreb presented ideal conditions for this research to unfold. Porot had assumed a chair in psychiatry at the *Faculté* in 1925 and had begun training students immediately, for which the patient populations of psychiatric institutions in Algeria, Tunisia, and Morocco offered a vast

research subject pool. As Porot's colleague Henri Aubin noted, psychiatry had found increasing practical applications since the First World War: it had become "a precious instrument of research in the hands of psychologists" as well as "an indispensable guide for the judge and the criminologist" and "the inseparable companion of the pedagogue." The sub-field of "ethno-psycho-pathology" offered new opportunities for psychiatrists to enhance their profession's applicability, and Aubin concluded that in the ethnopsychiatric field, the "University of Algiers, a natural link between the Metropole and its global Empire, appear[ed] especially qualified" to seek the practical uses of knowledge.<sup>64</sup>

Algeria's importance as a site of contestation over settlement and assimilation made the colony a logical site for the development of this knowledge. As Algerian settlers increasingly distanced themselves from French metropolitan attitudes and policies, so colonial psychiatric doctrines departed significantly from the works of metropolitan theorists. Their work reflected the hardening of racial lines that characterized Algeria in the interwar years as a distinct mentality emerged among the so-called *pieds-noirs*, or French Algerian settlers.<sup>65</sup> An insistence on the biological nature of psychological constitution that had shaped approaches to difference in the colonies since the turn of the century lent itself easily to explicit political advocacy, while the establishment of the Algiers School as a new scientific research center invested such statements with institutional clout.

The school's first formal product—a 1925 thesis by Porot's student Don Côme Arrii—reflects a clear effort to use science as a tool for shaping policy. Arrii's study, "The Criminal Impulsivity of the Indigenous Algerian," presented the Algerian mind as a threat to public safety. The origins of "impulsivity," a constitutional pathology in which the subject responded to stimuli with unmitigated, explosive reactions, lay in a "deficiency" or "imbalance in the superior functions of the ego" that weakened the functions of "judgment and voluntary control."<sup>66</sup> Although pathological impulsiveness was found occasionally in European patients, Arrii argued that psychiatrists found such manifestations as a matter of course in indigenous North Africans. Like earlier theorists, Arrii collapsed categories such as Kabyles, Arabs, and Moors into the figure of "the *indigène*." Yet Arrii focused his argument on Arabs, whose constitutions, temperaments, and traditions, he noted, invariably blazed a path toward criminally impulsive behavior. The "childish" Arab was a "monster of amorality" who remained "arrested in the progressive march toward knowledge, fixed by his indolence and his fatalism, to no good." Islam encouraged such mental characteristics in Arabs, who depended on the will of Allah rather than their own initiative.

Islam also exacerbated innate tendencies toward closed-mindedness and stubbornness, which in turn enhanced "brutality and savagery."<sup>67</sup>

This appalling characterization of "the" indigenous Algerian contains a number of conflation that mark most of the Algiers School's psychiatric discourse. First, although based on observations of Algerian psychopaths, these manifestations are described by Arrii as the Arab's normal mental state.<sup>68</sup> Second, Arrii slips from a description of all North Africans to a description of Arabs, using terms such as *indigène*, *Arabe*, *musulman*, and *Algérien* interchangeably. Third, Arrii readily vacillates between ascribing pathology to religious and "racial" factors by linking Muslim cultural tendencies to heredity in a Lamarckian fashion. The Algerian's "mental debilitation" was tied to "his numerous hereditary defects," which in turn pertained to all Muslims, and especially to Muslim men. Islamic customs favored impulsive behavior from their origins, and Muslims naturally inherited their ancestors' character attributes. For example, Muslim men "too frequently" murdered their wives "like one does with a useless animal, an unproductive beast."

But we cannot really attribute complete responsibility for these brutal repercussions to debilitated subjects of a violent nature. Indeed, holy principles govern marriage. The husband purchases his wife, who becomes his property. The law forces him, moreover, to marry a virgin, and the *indigène* sees in this prescription an invitation to take exclusively young girls. Didn't Mohammed set the example himself by taking Aïcha as his fiancée at the age of six, and consummating the marriage with her as soon as she reached her ninth birthday?

Where Muslims understood Muhammad as their foundational prophet, Arrii saw him as a foundational criminal. North African men naturally followed the prophet's lead. A society that considered statutory rape to be a sexual norm inured its population to violent crime. The "legal conception of rape in marriage" led "naturally to . . . indecent assaults or plain rape." More important, "murder impulsively follows rape, to overcome resistance or to conceal the screams of the victim." North African men therefore murdered "in full sexual excitation," for "erotic intoxication is an extra contribution to impulsion and to aggravation, to the unleashing of this homicidal furor."<sup>69</sup>

As David Macey has noted, Arrii based his work on an extremely small and limited sample.<sup>70</sup> By studying twenty cases heard in French-Algerian courts, he concluded that a flawed mindset predisposed Algerians to vio-

lent conflict. Despite its methodological weaknesses, Arrii's thesis offered a persuasive logic for the interpretation of an apparent incompatibility between settler and Muslim populations in the Maghreb. If Muslim culture and its pathological heritage were as immutable as biological heredity, leading by a chain of events from legally sanctioned rape to "homicidal furor," the Arab remained impossible to assimilate. A revised version of the thesis published by Porot and Arrii in the *Annales* in 1932 advocated a stronger police presence in colonial cities. Whether motivated by "social protection" or "the educational value of punishment," the authors concluded, "justice should follow its course" in cases of constitutional impulsivity. French North Africa required intense policing, as "it is above all through . . . sanctions that we teach these thwarted and overly instinctive beings that human life must be respected . . . a thankless, but necessary task in the general work of civilization."<sup>71</sup>

It is difficult to determine whether real rates of violent crime were in fact rising during this period. Yet it is clear that crime was on the rise in the interwar imagination. In both metropolitan France and the colonies, steadily expanding literacy promoted the development of a sensationalist press that popularized random violence through the mechanism of the *faits divers*. The *faits divers* were and remain unique to the French press. Brief, usually anonymous stories located alongside serialized novels, theater listings, and puzzles, they provided capsule narratives of violent crimes for a consuming readership eager for distraction.<sup>72</sup> Yet like stories of Jack the Ripper and the "Maiden Tribute of Modern Babylon" in turn-of-the-century London, the *faits divers* created an atmosphere of mediated chaos in which violent crime could strike anywhere and at any time in the urban environment.<sup>73</sup> The sensationalist press was equally pervasive in Algeria, where the *faits divers* highlighted crimes committed by Muslims in the colony's major cities. In the interwar period, the consolidation of land holdings by large agricultural concerns exacerbated patterns of land expropriation initiated in the nineteenth century and forced destitute and unemployed Algerian peasants into the cities in a pattern of push migration.<sup>74</sup> The rapid expansion of poor and poorly assimilated Muslims in the *bidonvilles* of periurban Algeria, Morocco, and Tunisia intensified colonial anxieties about crime and conflict, while psychiatric theories provided a useful explanatory logic for the defense of settler interests.

By the 1920s anxieties over migration had touched metropolitan France as well. Although most commentators in interwar France focused on the economic and cultural threats posed by immigration from Eastern Europe, large numbers of Muslims began arriving in France in the same period as North African men sought employment. Arrii argued that Mus-

lim impulsivity thus "no longer remained only an Algerian medicolegal problem." According to metropolitan police, "the crimes of these 'Sidis'" demonstrated that "the Muslim native, who mingles more and more with our national life, brings the psychopathological heritage of his race to our civilization."<sup>75</sup> More than resisting France's civilizing entreaties, the Muslim's predisposition to violent criminal madness threatened to undermine civilization's very foundations. Immigration compounded the problem in a number of ways: beyond bringing unpredictable madness to the metropole, in France the absence of Islamic social pressures to abstain from alcohol meant that immigrants were even more likely to indulge their criminal impulses than those who remained in North Africa.

The criminal stigma that psychiatrists in Algiers attached to North Africans' normal psychology provided a strong counterbalance to those who attempted to romanticize primitive mentality after the First World War. Because of the so-called endemic criminality of North African Muslim culture, civilization could be accomplished only through punishment and confinement—by building institutions that could constrain native impulses. Further theses and papers by psychiatrists in Algiers, Blida, Manouba, and Berrechid built on Arrii's claims by elaborating his theories about the origins of Muslim criminality. In Tunisia, Pierre Maréchal linked crime and deviant tendencies to heroin addiction, while in Algeria, Porot's student Jean Sutter argued that epileptic seizures opened a pathway to the Algerian's natural "extraordinary violence and savage furor."<sup>76</sup> But the paper most relevant to questions about primitive mentality and ethnopsychiatry was Jean Sutter and Antoine Porot's 1939 article on "the primitivism of North African natives" and its "manifestations in mental pathology."<sup>77</sup> Elaborating on Arrii's work, the paper reflects the efforts of colonial psychiatrists to position themselves as France's foremost experts in the practical applications of ethnopsychiatric research by virtue of their empirical study of the problem.

Porot and Sutter began by lamenting psychiatrists' and psychologists' widespread misunderstanding of the concept of "primitive mentality." Whereas most theorists considered primitive mentality to be "an ensemble of dispositions of the mind found constantly among the least evolved groups and peoples," Porot and Sutter found that their clinical practice made possible a "much more specific idea of primitive mentality." Strictly speaking, they acknowledged that North Africans were not primitives. This "would be a manifest exaggeration," because North African Muslims were "collectively much more evolved than the Negroes of Central Africa or Polynesian tribes who have served as models" of the primitive. Yet at levels of psychological structure, psychiatric symptomatology, and patients' "practical

activity and comportment,” “a fragmentary and partial” primitive mentality “imprint[ed] a specific character on [the North African’s] mental pathology.” Patients were “fatalistic” and “monotonous,” never showing the great variations in symptomatology found in more sophisticated mentally ill Europeans. Their intelligence was “not only poorly developed, but even generally fragile,” marked by an absence of the logic, “critical spirit,” and “powers of reflection” that marked European character.

The authors placed their strongest emphasis on their patients’ behavior. Primitive tendencies shaped patients’ “external action phases,” violent outbursts that frequently led to “assault, laceration, degradation, and often murder” in male subjects—women, held in “quasi-servitude,” experienced too little freedom to engage in such actions.<sup>78</sup> Explosive criminality constituted the strongest evidence of a basic difference between civilized and primitive mentalities: “While the evolved individual always remains . . . under the domination of superior faculties of control, the primitive reacts . . . through a complete liberation of his automatist instincts, and here we find the law of all or nothing: in his madness the native knows no restraint.” This phenomenon meant that “in our modern psychiatric hospitals, we have had to multiply the isolation chambers, which have proved still insufficient for containing the astonishing number of ‘violent natives’ that we have to confine.” Such tendencies resulted not from a “lack of maturity” or “arrested development,” but instead stemmed from a dangerous intersection of biology and culture. Fatalism, superstition, and other psychological characteristics of the North African “primitive” originated in Islamic traditions, but primitivism also had “much deeper roots” in the “‘dynamic’ hierarchization of the nervous centers” of the North African’s brain. “A certain weakness of cortical integration” gave “free reign to the predominance of diencephalic functions.” Specific descriptions of physical pathology went beyond the article’s clinical purview. Instead, Porot and Sutter merely demonstrated that the primitive nature of “the North African mind” was overdetermined: while cultural factors shaped character, a deviant brain structure meant that civilizing endeavors were doomed to failure.<sup>79</sup>

Critics and historians since Fanon have dwelt on this inflammatory article, but none has situated this crucial piece effectively in the context of interwar debates over primitive mentality and colonial politics.<sup>80</sup> The paper appears almost as a response to the Blum-Viollette law of 1936. A cornerstone of the Popular Front’s colonial policy, the law, proposed by Léon Blum and the former Algerian governor-general Maurice Viollette, promised the gradual and progressive enfranchisement of Algeria’s male Muslims, who could attain French citizenship while retaining Muslim civil

status in Algeria. The project’s authors intended the law as a wedge that would eventually promote social, political, and economic equality for the Muslim population while tabling the issue of independence. It was vehemently opposed by settlers, as well as by a substantial minority of Popular Front deputies.<sup>81</sup> Porot and Sutter’s paper on primitivism marshaled a trove of evidence that demonstrated the impossibility of such a program’s success. The North African as a clinical subject presented difficulties to psychiatrists that were unclear to colonial administrators, who considered the North African only as a theoretical citizen. The authors moved debates about primitive mentality out of the ivory tower by noting the real consequences of primitive mental structures. For the Algiers School, a rigorous, ethnologically specific clinical psychiatry was a critical tool of colonial administration. As ethnographers and aesthetes romanticized the difference between Europeans and Africans and as critics of colonial policy proposed greater efforts toward assimilation, colonial psychiatrists underscored the recalcitrant difference between colonizer and colonized and emphasized their discipline’s indispensability to effective governance.

Yet there is a crucial irony in the notion that the danger of North African Muslims lay not in their difference from Europeans, but in their similarity to them. Even Porot and Sutter acknowledged that North Africans were among the least “primitive” of France’s colonial subjects and were at least superficially far more assimilable and far more intelligent than other colonial populations. But North Africans who succeeded in the lycée and demonstrated a capacity for assimilation threatened the colonial project in myriad ways. They undermined the notion of difference that validated French rule. And yet, colonial subjects who effectively mimicked the trappings of French culture remained inherently different. As postcolonial literary critics have argued about other contexts, North Africans’ inherent differences made any successful assimilation a mockery of French civilization, rather than a success of the civilizing mission.<sup>82</sup> The assertion of physical difference in brain structure therefore represented a strategy of dominance on two levels: on the one hand, the dominance of Europeans in the colonial environment; on the other hand, the dominance of the Algiers School’s authority over discussions of primitive mentality.

André Donnadiou’s case history of Mohamed S., the Moroccan student who attempted suicide in 1937, appeared as the Algiers School’s discourse about native difference had crystallized. With the First World War, observations of North African mental patients en masse led to discussions about their incapability of living in French culture. By the Second World War, clinical observations undertaken in new institutions raised this discourse to more sophisticated levels. The Algiers School introduced few

new themes: psychiatrists had discussed North Africans' fatalism, deviant sexuality, and excessive violence since the mid-nineteenth century. But Porot and his students established the overdetermined origins of these tendencies. Whereas earlier writers had argued that climate, culture, or biology accounted for the native's violence, sexuality, and "lack of a critical spirit," the Algiers School maintained that multiple factors determined Arab mentality: they were "rooted by their bodies, their customs, their traditions." As Bardenat, at the Mustapha hospital in Algiers, argued, even the educated colonial subject only "borrows the exterior forms of Western civilization," which were undermined by the constant "flow" of the "crude substance of his deep instincts."<sup>83</sup> Initiatives that sought to assimilate North Africans only encouraged an ill-advised hybridization. As with Mohamed S., efforts at assimilation produced "civilization psychosis," not intelligence, because they ignored the multiple barriers between civilized and primitive mentalities. For the Algiers School, the essential structures for civilizing North Africans were therefore penal rather than educational, medical rather than cultural.

...

That these arguments emerged from the colonial setting is unsurprising. Similar theories about sub-Saharan Africans, Indians, and Southeast Asians emerged from British and Dutch colonial contexts, and French travelers since the early nineteenth century had considered the Muslim world a repository of lurid sexuality, savage violence, and uncontrollable madness. But such ideas were also generally limited in their reach. With a few notable exceptions, historians of colonial psychiatry have often depicted its practitioners—usually those with no formal psychiatric training—as physicians who operated at the margins of their profession in the peripheral space of empire.<sup>84</sup> Besides providing a strong counterbalance to novelists, artists, and armchair ethnologists who romanticized "the Orient," the works of Porot and of his colleagues also noticeably informed psychiatric and lay thought about the practical realities of civilizations in conflict. Just as the experimental services and treatments of the Maghreb had driven psychiatric innovation in the Francophone world, so the Algiers School's research shaped ideas about the relationship between race, madness, and crime.

Porot and his students were able to promote their authority effectively because they disseminated their views widely in both medical and popular circles. Journals such as *Algérie médicale* and *Tunisie médicale* (which Porot had founded in 1911) provided a venue for communicating colonial research to other practitioners in the empire. Such media also enhanced the

growing authority of the University of Algiers as a new center for inquiry into ethnicity and insanity. The school's members published in major metropolitan journals such as the *Annales*, *Information psychiatrique*, and *La presse médicale* as well. But even though important pieces such as Porot and Sutter's article on primitivism sometimes appeared in obscure journals, reviews of these articles in major journals assured a wider audience and reinforced the importance of local knowledge about race and psychiatry. The *Annales'* prominent review of the "primitivism" article, for example, summarized Porot and Sutter's central arguments. The review indicated that the key elements of North Africans' primitivism were "their fatalism, indolence, the conception of a nature that is entirely charged with affective potential," their "inaptitude for precision, abstraction, generalization," and their "belief in spirits, omens, witchcraft." The *Annales* noted that "such a milieu fetters the psychological development of the individual" and identified the "frequency of fear, jealousy, anger, that is, instinctive reactions" among North Africans. Highlighting "external action phases of extreme violence" as one of the "most common psychopathic forms" in these patients, the *Annales* also included Porot and Sutter's slip from psychopathology to the North African Muslim's normal psychology:

This penetrating analysis of the mentality of the indigenous African [*sic*], observed in his mother country, should be familiar to those who observe him transplanted into the Metropole, where he becomes one of the most picturesque forms of mental dislocation [*anatopisme mental*]: that of the "sidi" of the large cities.<sup>85</sup>

Even readers with no access to *Le sud médical* could thus extract the key principles of North African primitivism from the review. Observation "in his mother country" revealed knowledge that merited the attention of French practitioners as "sidis" increasingly traveled to work in French cities. Between 1932 and 1950, reviews such as these appeared in every issue of the *Annales* and other prestigious journals, exposing the pioneering work of psychiatrists in Algeria to the French psychiatric community and legitimating their ideas as cutting-edge research. Written by prominent French psychiatrists, these reviews constantly reiterated familiar notions. North Africans—especially men—were uncivilized and superstitious alcoholics, and when educated they became neurotic.<sup>86</sup> They were dangerous drug addicts: "chronic hashish intoxication [*is*] very widespread in North Africa."<sup>87</sup> They were frequently epileptic, and when epileptic they were killers.<sup>88</sup> They were vengeful, pathological liars.<sup>89</sup> Publications and reviews after the Second World War affirmed the conclusions of 1918: Al-

gerians were incapable of military service.<sup>90</sup> Even Algerian children were not exempt from psychiatric vitriol. A review of a 1950 article by Antoine Porot's son Maurice ascribed the greater frequency of delinquency among Muslim children than Europeans to congenital cultural attributes of the Muslim family, especially the sexual segregation of the family, alcoholism, and amorality.<sup>91</sup>

A critical component of the group's increasing influence was its cultivation of a general psychiatric expertise alongside its ethnological specialization. In contrast with colonial psychiatrists such as J. C. Carothers of the Mathari Hospital in British East Africa, practitioners in the Maghreb published extensively on a wide range of psychiatric topics that had ostensibly nothing to do with practice in the colonial field. Between the 1940s and the early 1960s members of the Algiers School produced substantial research on the somatic treatment of mental illness and the uses of early social intervention for treating acute cases (see chapter 3), but also generated volumes on medicolegal psychiatry and a psychiatric textbook for use in the general medical curriculum. These works also provided an outlet for reiterating the central claims of the group's ethnopsychiatric research. By seamlessly integrating claims about race and mentality into these general works, the school found a much wider distribution for its specific expertise than would otherwise have been the case.

In 1952 the Presses Universitaires de France published the *Manuel alphabétique de psychiatrie clinique, thérapeutique et médico-légale*, written by Porot and nine colleagues, eight of whom practiced in Algeria. The authors aimed this practical guide at the widest possible audience. In "forty years of practice and twenty of teaching," Porot had been aware of students' constant misunderstanding of psychiatry's confusing and often "hermetic" language. He and his colleagues therefore intended that the manual rectify this problem for psychiatrists, students, and general practitioners by stabilizing the language, illustrating the origin of terminology, and offering specific clarification of the psychiatric lexicon. The volume was a précis of contemporary psychiatric knowledge designed to bring the essence of the discipline to anyone's fingertips.

Alongside articles on electroconvulsive therapy, psychosurgery, and open services were other pieces that reinforced the place of ethnological knowledge in modern psychiatry. Specific entries included Henri Aubin's article "North African Natives (Psychopathology of)," in which he argued for the importance of understanding "primitive mentality." In these patients, one could expect "an explosion of furor, analogous to the one we see in Blacks, and also nearly murderous, especially if intoxicants (alcohol or hashish) have impregnated the nervous centers (even in small doses),

or if basic instincts (of conservation or sexual: frequency of jealousy, homicide) enter the game."<sup>92</sup> But more casual references to North Africans throughout the volume are more scathing. An entry describes bestiality as "rather rare," except "among North Africa's *indigènes*" (52–53). The entry on homicide notes that hashish, a widely used intoxicant among North African populations, could incite "murderous reactions" and that "decapitation is rather in favor among certain peoples (Africans, among others), as is the use of the dagger" (189–90). Antoine Porot wrote that murderous "impulsivity" was more prevalent among "certain racial categories" than among others, citing the "external action phases and criminal impulsivity of North African natives" as evidence (211–12). Other, more subtle references abound: the entry on jealousy dwells on the case of Othello, the Western canon's most famous Moor, as a specific example of that affliction's murderous consequences. And the authors were careful to situate North Africans in the school's racial hierarchy as well, as in Porot's classification of drug abuse:

on the racial scale, each people tends toward the intoxicant that corresponds to its temperament: opium, favorable to the contemplative isolation of the Chinese; hashish, proper to the reverie of the Oriental; alcohol corresponding to the dynamic temperament of Westerners. (425)

The French medical establishment responded enthusiastically to the manual's publication. "This original presentation of psychiatry in the form of an alphabetical manual," wrote *La presse médicale's* critic, "will be particularly appreciated by the student and the physician." The book would become "the indispensable instrument of labor for more or less all who are interested in psychiatry" and "the daily workbook for the student or the young physician."<sup>93</sup> The *Annales* praised the volume even more effusively, claiming that "we cannot laud Professor Porot enough for having conceived the idea of producing a psychiatric lexicon." More than a dictionary, this project was psychiatry itself in six hundred entries. The volume promised to "render the greatest services to any student," who could merely "open to the term sought in order to find immediately all the desired information." Porot's "long and far-reaching clinical experience" and the contributions of collaborators "educated by him" meant that this text would "complete and advance" the work of "the great treatises of psychiatry."<sup>94</sup>

Soon after publishing the volume Porot entered into a new collaboration with one of the project's co-authors, Charles Bardenat, an expert in forensic psychiatry, to produce two volumes on medicolegal psychiatry. Addressed primarily to psychiatric specialists, the volumes outlined the major

issues surrounding psychiatric expertise in the courts, the fine points of civil law, and the protocols court psychiatrists should follow in determining criminal responsibility or irresponsibility, illustrating basic concepts with case studies.<sup>95</sup> As with the manual, the supporting details teem with references to North African criminality, fatalism, and impulsivity. The discussion of sexual deviancy is salient. Porot and Bardenat argued that impotent North African men often murdered their wives, suspecting that they had stolen the men's virility. In a deft analysis Porot and Bardenat thus linked murderous impulses to sexual violence while simultaneously raising questions about North Africans' masculinity.<sup>96</sup>

Although the psychiatric press endorsed Porot and Bardenat's ideas, some practitioners contested them. Many psychiatrists who worked with immigrant patients, for example, attributed their high prevalence of mental disorders to nostalgia and the trauma of dislocation rather than to a constitutional defect.<sup>97</sup> The Marseille psychiatrists Joseph Alliez and Henri Descombes acknowledged in 1952 that many patterns they saw in their immigrant patients "corroborate the observations already made in North Africa."<sup>98</sup> Yet to Alliez and Descombes the political economy of metropolitan racism and the stresses of immigration and isolation, rather than some inherent primitivism, appeared to be the principal causes. These patients "were uprooted, their way of life was abruptly modified, and they find a more materially evolved society around them, whose complexity disconcerts them and forces them to face their status of inferiority and inadaptability[;] . . . as far as real psychoses are concerned, we do not believe that an ethnic factor is involved." A team of researchers at the Sainte-Anne hospital in Paris led by Georges Daumezon largely agreed. Immigration had dramatically increased the proportion of North Africans in the Sainte-Anne hospital's population, which the authors attributed only partly to "antisocial character" of the North African's "pathological mental reactions." More significant were the stresses of poor job security and poverty.<sup>99</sup>

Yet the outbreak of the Algerian war in 1954 helped the Algiers School's ideas to achieve a higher degree of medical currency. Daumezon and his team, for example, shifted their views radically between their initial studies of Sainte-Anne's population and a revised publication of 1957. In a monograph commissioned by the Institut National d'Hygiène, Daumezon and his colleagues addressed "one of the foremost demographic problems" in France and its impact on the mental health system. Admission of North African psychopaths to Sainte-Anne alone had increased more than tenfold, from twenty-seven in 1945 to over three hundred in 1955. Now citing Porot's and his students' works extensively, the authors asserted that

"above all else" this constituted a problem of "mental hygiene," because "an intense movement of North African Muslim immigration into the metropole has entailed the formation of a Muslim new wave of population in metropolitan psychiatric hospitals." The root of this "Muslim new wave" was the "liberalism" of immigration regulations between France and North Africa, which precluded "the application of health protection measures (especially concerning mental health)" and resulted in "a series of problems" for mental health practitioners faced with the "marked originality of this population."<sup>100</sup>

The idea of an unstable immigrant population also drew the attention of police authorities. Charles-A. Hirsch, a commissioner at the Paris Préfecture de Police, found in the Algiers School's works the keys to understanding an apparent immigrant crime wave that unfolded in the late 1950s. Like "Puerto Ricans in New York" and "*wet backs* in Texas," North African immigrants presented Parisian authorities with an endless "source of conflicts."<sup>101</sup> North Africans were "masses of poorly adapted and displaced humans" whose "mental evolution has remained quite retarded" despite the fact that life in France immersed them "in the beginnings of the Atomic Age" ("CNA," 129). North Africans had "to learn in several weeks what the European man has learned in several generations": the evolution from "tribal life" in "the Islamic pre-Middle Ages" to life as citizens in a democracy. Crime rates had risen sharply as a result of the tension between civilization's demands and primitive culture: North African men constituted only 7 percent of total convictions in Paris in 1946, but by 1954 this figure had more than doubled, exceeding the immigration rate. Worse, "violence" marked North African crimes: typical offenses included "murder, possession of arms, attacks, sexual violations." Worse still, with the outbreak of the decolonization struggle, Hirsch argued that "a climate of civil and racial war" supplanted the petty crime of "small and medium delinquencies" ("CNA," 131-32).

For Hirsch, the Muslim immigrant was destined to a partial and dangerous assimilation. Religion played a powerful role in limiting the immigrant's acculturation: "the bewitching that the Islamic religion exercises" is something from which "Mohamed is never completely liberated." But a fundamental difference in personality constituted assimilation's major stumbling block. An innately criminal nature limited the possibility of education, for example. Although Muslims were able to "acquire sufficient understanding for operating complex machines," they tended to be drawn to technology's dark side: thus the North African "prefers the firearm to knives when he settles his accounts [and] for bombarding Blida with mortar attacks, alas! the rebels of the FLN have acquired the means"

("CNA," 137). Even the so-called evolved North African—the partially assimilated student—was psychologically predisposed to violence. "Like psychiatrists," Hirsch argued, "detectives are familiar with this great phase of emotional discharge that brings a wise and reserved boy before the Cour d'Assises" ("CNA," 135). A "characteristic aggression and violence" was imprinted on the North African "brutalities" and "rebellion against authority": close correlates of Algerian anticolonialism's desperate acts of terrorism. For this criminologist, a fundamental rift between French and North African psychology explained why "the comportment of the delinquent Arab or Berber had not changed in more than a century" ("CNA," 133).

Gabriel Alapetite, the resident general of Tunisia, had remarked in 1919 that the North African "brain does not reason like ours."<sup>102</sup> By the mid-1950s, the Algiers School's constant reiteration of North Africans' primitive difference brought scientific corroboration to this prejudice. Far from neutral, this knowledge encouraged discrimination on a number of levels. According to judicial observers, the idea of criminal impulsivity in North Africans brought severe condemnation from the bench in cases where Europeans would have found leniency.<sup>103</sup> It provided a justification for the disparities of the Code de l'Indigénat, for the limiting of educational opportunities, and for the banning of Muslims from medical practice. But although the Algiers School's ethnopsychiatric knowledge had often found a ready audience in the French medical and criminological establishment, with the outbreak of the decolonization struggle in the 1950s it caught the attention of a new group: the French army's newly founded Fifth Bureau—the architects of psychological operations during the Algerian war.

#### **Psychiatry at War: Action psychologique and the Conquest of Alterity**

It is early 1957 in Algiers. The Front de Libération Nationale (FLN) has called a general strike to demonstrate the Algerian people's solidarity with the revolution. Paratroopers have stormed the Casbah, abducting men from their homes and forcing them into work details. A loudspeaker transmits a series of messages in French: "The FLN wants to keep you mired in misery. Revolt against the orders of the FLN. People of the Casbah, France is your country." Days later, the strike continues. A helicopter circles overhead. The voice over the loudspeaker announces the names of prominent revolutionaries killed or in custody. "People of the Casbah, the FLN has already lost the battle. Join us in rising up against those who would oppress you." Armed paratroopers patrol the rooftops, searching for concealed terrorists. They force their way into homes, examining all possible hiding

places. At the police station, at the El Biar prison, in hospitals, they brutally interrogate those suspected of harboring any information about the FLN's cells in Algiers. They drown their charges, bind them, beat them, burn them with blowtorches, electrocute them. Meanwhile an ambulance speeds through the city, dropping a body from its rear doors. Pedestrians rush to the body, shocked to discover that the victim is a doctor. The ambulance's passenger begins firing randomly into crowds on the street; moments later, the ambulance careens into a group waiting at a bus stop in a suicide attack.

These scenes from Gillo Pontecorvo's 1965 film *The Battle of Algiers* capture the paradoxes of the Algerian war. It is perhaps these incongruities that account for the conflict's ongoing emotional charge. The war brought to a head the central contradictions that marked the French colonial enterprise in the Maghreb. It witnessed torture in the name of republican civilization and terror in the name of liberation. It enfranchised a population that colonialism had dehumanized for over a century. It was bitterly fought to defend an integral part of France, yet it also forced the "repatriation" of a European population that had never called France its home. The French army insistently proclaimed its advocacy for the incorporation of France's Muslim brothers into the republican project, yet its actions betrayed its contempt for the colonized as irremediably other. The army's psychological warfare programs—like the obtuse loudspeaker messages of Pontecorvo's film—demonstrate a crystallization of the conflict's double edge. Embracing tenderness and brutality at once, the announcement offered promises of assimilation (France is your country!) while the violence of the paratroopers signaled that France would carry out its civilizing mission at the point of a gun.

The war also brought colonial medicine's most incongruous elements to light, revealing its helping hand to be a crushing fist. Colonial medicine and psychiatry were strong instruments of persuasion that balanced the stick of the legionnaire's rifle with the carrot of medical relief. By exploiting the vulnerabilities of a miserable population, the doctor was at the vanguard of colonial expansion. Yet the war laid bare the coercive elements of medicine and psychiatry. As Frantz Fanon argued compellingly in his famous essay on medicine and colonialism, written at the height of the war, the French weaponized medicine during the struggle. By prohibiting the sale of medicines, bandages, alcohol, and surgical instruments to Algerians, by requiring physicians to report all wounded Algerians to the police, by employing physicians and psychiatrists as agents of torture, the colonial government gave the lie to the notion that medicine and science were objective and neutral fields. The physician had become fair game, violating

claims to neutrality by participating in acts of war and defending colonial interests over Hippocratic commitments.<sup>104</sup>

The outbreak of hostilities provided a critical opportunity for psychiatrists to enhance their commitment to the colonial state. Psychiatry not only promised to account for the nature of the Algerian's revolutionary consciousness, but also offered its expertise as a new weapon in the struggle against an enemy mindset. Members of the Algiers School offered ready explanations for the appalling violence that marked terrorist attacks on European communities in Algeria. In 1960 Porot and Bardenat claimed that a pathological form of Arab "xenophobia" was the origin of attacks "against subjects belonging to an occupying race." Although these attacks appeared to be politically motivated, "in reality, it is always a matter of solitary [lunatics], engaged at base in the mystique of their religion, which orders them to behave hostilely to the foreigner."<sup>105</sup> Religious fanaticism and mental instability rather than oppression and a revolutionary program directed the Algerian's criminal impulses against European settlers. The FLN's methods also signaled a pathological mindset, especially "the emasculations and eviscerations and profanations of cadavers by terrorists and insurgents."<sup>106</sup> For psychiatrists, the FLN was a collective of deviant fanatics rather than a coherent political organization. Psychiatric thought explained the origins and the course of the revolution in Algeria, finding its clearest evidence in the slaughter of women and children and the bombing of settler enclaves in Algiers.

The deployment of psychiatry in the service of the state represents a key example of what one settler called "information à sens unique"—the one-way information so pervasive during the war as a "collective madness blinded all classes in society."<sup>107</sup> An insistence on the enemy's weakness, a constant reiteration of "chimerical hopes" of retaining *Algérie française*, a mediated emphasis on French protection of Algerians balanced against the savage brutality of pathological *fellagha*: these elements characterized the obtuse campaigns of the French-Algerian press and the army. Fanon argued that this voice "avowed its own uneasiness"—that a hysterical insistence on the permanence of *pied-noir* society marked its death throes.<sup>108</sup> The vehemence of French Algeria's voice may reflect colonial society's own pathology, but it also points to an operation in which psychiatric knowledge played an important supporting role: the tools of *action psychologique* (psychological warfare) deployed by the Cinquième Bureau, the French army's psychological operations unit, in an attempt to weaken the enemy and stiffen the settlers' resolve.

The army's use of psychological warfare techniques predated the 1957 creation of the Cinquième Bureau. As early as 1945 French military offi-

cials recognized that they were embroiled in a "conflict of opposing ideologies" in their struggles against the Viet Minh in Indochina. Finding it "essential to examine the psychological aspect" of the revolution in Southeast Asia, and especially the place of Marxist anticolonialism in revolutionary indoctrination, army officials initiated a small-scale intelligence operation devoted to psychological warfare on Indochinese populations that remained limited to propaganda distribution, interrogation, and the provision of support to anticommunist forces.<sup>109</sup> Inspired by American propaganda campaigns in the Pacific theater during the Second World War, the French also dispatched intelligence officers to the United States for advanced psychological warfare training.<sup>110</sup> In a 1953 report on his experiences at Fort Bragg and the Pentagon, Captain Jacques Giraud wrote that "conventional warfare will no longer exist without Psychological Warfare, this being the obligatory support of the former, in all phases of battle." As "the fruit of acquired experiences," the American system promised to help the French to "avoid the inevitable period of trial and error at the start."<sup>111</sup>

The program's efficacy elicited contrasting opinions from its practitioners. The battalion commander Albert Fossey-François, the program's director, considered it "a solid and coherent instrument whose efficacy was never placed in doubt": the Viet Minh's "virulent" opposition to the propaganda program reflected "the degree to which the Psychological War that we have conducted has been able to hinder our adversaries."<sup>112</sup> But another officer recorded a more skeptical view when he admitted that "this arm is not yet ready": although "our Psychological Warfare services have not committed significant errors," they suffered from "serious gaps in the domain of cultural anthropology, and singularly on the subject of mores, customs, social values, superstitions." French forces also possessed a "considerable handicap": their propaganda emanated "from Frenchmen" and therefore "provoke[d] skepticism despite its truth," while Viet Minh propaganda "could permit itself all excesses, because, being indigenous, it benefited from a favorable predisposition from the outset."<sup>113</sup>

As a mimicry of the American program in the Pacific, the Bureau de Guerre Psychologique failed utterly to compete with Ho Chi Minh's message of Marxism for the peasantry. French prisoners released from Viet Minh camps after the defeat at Dien Bien Phu testified to the unshakeable conviction of their captors, suggesting the enhanced fighting capacity of ideologically motivated revolutionaries and the essential need for counter-insurgent psychological weaponry.<sup>114</sup> The French program's greatest value was its "most useful" lessons for the future. It was unsuccessfully adapted to the intellectual and demographic climate of the nascent Vietnam but inspired a redoubled effort to develop an effective program for use in other

settings: "In an era when our Indochinese position is shrinking away, it is suitable to direct our gaze to other horizons, drawing from this experience the 'constants' that appear likely to remain valuable, whatever the field of ulterior action."<sup>115</sup>

Algeria represented the clearest "field of ulterior action" for French colonial forces. In contrast with the situation in Indochina, the French possessed extensive ethnographic information on Algerian "mores, customs, social values, superstitions." Military authorities also quickly recognized the psychological implications of a struggle for the retention of French Algeria. Building on their experience in Indochina, the general staff launched a response to the FLN's propaganda campaigns. The new program distinguished carefully between what the army and the government-general considered "friendly" or "uncommitted" groups (the targets of "psychological operations") and "hostile" populations (targets of "psychological warfare"). The Bureau Psychologique, which became the Cinquième Bureau in 1957, avowed that its central mission was "to struggle against [the] diabolically clever propaganda" of the FLN—which deployed "technical procedures for organization and action borrowed from the Soviets, but corrected for the Arab temperament." Such propaganda motivated Algerians to undertake "the systematic recourse to violence" that correlated so closely to the "Arab's specific character."<sup>116</sup>

The French response consisted of a three-pronged assault through the diffusion of information, propaganda, and deception. The goal of the bureau's program, according to one report, was to "take from the adversary the desire to resist."<sup>117</sup> Psychological engagement with the FLN entailed the "systematic implementation of diverse measures and means destined to influence opinion, sentiments, attitude, and the behavior of adverse elements (authorities, armies, populations) in such a manner as to impose our will on the adversary."<sup>118</sup> Tactics to facilitate this goal included press censorship, loudspeaker announcements, graffiti, and the use of photographic images to convince indigenous Algerians of the benefits of the French presence and the destructiveness of the FLN. Executing these programs entailed applying *fin-de-siècle* lessons about mass psychology. According to one officer, for the proper conduct of psychological operations "it is necessary to massify the crowds, to give to men the behavior of mass men."<sup>119</sup> "Mass man" was excitable, suggestible, and imitative—psychological characteristics that also marked the normal North African in psychiatric discourse.

It is difficult to discern the extent to which the work of colonial psychiatrists informed psychological warfare programs. Yet from the outset, *action psychologique* shared the Algiers School's basic assumptions. Mili-

tary officials not only referred to the Algerian's specifically violent temperament, but also described explicit policies that sought to enact what the Algiers School had already accomplished in the discursive field. Whereas the Cinquième Bureau hoped to create "mass man," Porot had produced this suggestible "indigenous mass," this "formless bloc of primitives," in his 1918 descriptions of conscripts. Army officials understood that the psychological "field of action" in Algeria posed important challenges. Effective *action psy* had to account for the fact that "Muslim Frenchmen"—a wartime euphemism for Algerians—"present extremely different psychological complexes from those of Metropolitans."<sup>120</sup> The interrogation of suspects thus sought two sorts of information: clues about the operations of the FLN, but also ethnographic data about the lives of soldiers in the resistance. A document titled "How to Obtain Information from a Prisoner of War," for example, pointed to the importance of intelligence about the psychological state of the enemy: "To know the state of the adversary's soul and the disagreements experienced inside the enemies' organization is to know the rifts that divide them." Most important, "to know their mentality and the circumstances that oblige them to become engaged in the enemy ranks is to know the enemy's conduct and politics." The efficacy of these tactics required a sound a priori understanding of the "enemy mentality," prompting the Cinquième Bureau to go to great lengths to accumulate knowledge about Muslim culture.<sup>121</sup>

A top-secret memorandum of 1959 indicates that the Cinquième Bureau actively sought information about North African mentalities from key members of the Algiers School. An army official argued that "researching quality information" for an "objective study of the mentality of Muslims" necessitated the input of "Drs. Porot and Sutter."<sup>122</sup> The study's chief goal was to "provide evidence for stereotypes" about "the most profound elements of Muslim culture." Questions about Muslim self-perception, the effects of education and personal experience on cognitive development, and the role of religion in the shaping of Muslim psychology reflect the army's deep concern with enemy psychology. Officials hoped that by answering these questions, Porot and Sutter might adapt information extracted from their patients in order to design a psychological operations program to be implemented in internment camps for Algerian prisoners of war, and then more broadly throughout the population.

More than coincidences, there were thus direct connections between the Cinquième Bureau's programs and the oeuvre of the Algiers School. Close reading of psychiatric publications informed the army's understanding of Muslim mentality and prompted solicitations for Porot's and Sutter's involvement in shaping military programs. Sources say little about the ex-

tent of their engagement in the project, but close correlations between military and medical pronouncements about Algerian mentalities indicated the significant attention the bureau paid to their works. The central goal of *action psychologique* was to “modify unfavorable attitudes” among Algerian Muslims, which included “the tendency toward religious fanaticism based on xenophobia.” Ethnopsychiatric research into Muslim “character traits” helped bureau operatives to target populations with effective information, as did programs that reached beyond mere propaganda.

The Sections Administratives Spécialisées, the military organizations that one critic called “a velvet slogan and an iron fist,” represent a key example.<sup>123</sup> Created in 1955, the SAS were small-scale outposts dispersed throughout rural Algeria with the goal of demonstrating the benefits that French civilization brought to the Maghreb. Through tried and tested means such as vaccination campaigns and rural education, the SAS worked to foster French interests in hundreds of villages. But the SAS combined these tactics with psychiatric revelations about Muslims to deploy these propaganda measures to greater effect. An SAS chart indicates how knowledge about Algerians’ character traits shaped psychological operations tactics and reveals startling parallels with the terminology used by Porot and his students:

Character Traits	Consequences
—Extreme emotional sensitivity: the Muslim “thinks with his heart.”	To convince him, employ arguments of a sentimental rather than a logical order.
—Being passionate, he has highs and lows.	Be patient, try to keep him calm whatever the current situation
— <i>He does not tolerate irony.</i>	Avoid mockery absolutely, and be aware of the “joke” that will not be understood and will wound deeply.
—He is extremely attached to <i>Muslim religion</i> , even if he does not follow all its practices.	Avoid all religious controversy: <i>this does not concern us.</i>
—His intelligence is oriented differently from ours. We are scientific, he is a dreamer and a mystic.	Do not be astonished if he fixes his attention on other things than those that we fixate on, if his mores are different from ours. Exploit what interests <i>him</i> , not what interests <i>us</i> .
—He lacks a critical spirit.	A great lie proffered by the enemy can be perfectly believed. <sup>124</sup>

This précis also outlined contrasting ideas about Europeans in Algeria. Unlike Muslims, *pieds-noirs* respected “logic”: “*Explain and prove* if you wish to convince him.” They were skeptical: “Avoid brainwashing.” And they were profoundly attached to the soil: “Translate problems into hectares of cultivated land as often as possible.”<sup>125</sup> But the emphasis of the SAS campaign—as well as psychological warfare more broadly—was to “influence opinions, passions, attitudes, and behavior” in the Muslim population “so as to assist the realization of national goals.” According to this officer, although settlers were easily convinced of the benefits of a continuous French presence in Algeria, Muslims inevitably resisted such ideas. Because they were “still affected by a primitive mentality, psychological work based solely on intellectual constructions and logical demonstrations is ineffective.” Instead, the “Muslim masses only understand our arguments if their heart is touched before their mind.” To this end, “we need to present ourselves not with a straight face or a condescending air, but with the warmth of a friend who is engaged in a persevering struggle and who will bring the guarantee of Peace and Justice.”<sup>126</sup>

Authorities worked on two sets of assumptions. First, they asserted that a primitive mentality governed the Muslim’s psychological processes. Second, they assumed that not all Algerians were committed to the FLN’s “xenophobic” and “fanatical” mission. Exploiting this tension through propaganda campaigns was the key to effective psychological warfare. The army’s chief task through these campaigns was an insistence upon the civilizing presence of the French in Algeria: “If he does not see that the European brings considerable development to the country from which he indirectly profits, the Muslim may think that he is exploited by a colonial regime.”<sup>127</sup> Whereas psychiatric assumptions about the Algerian mind governed the language of *action psychologique*, the civilizing mission guided its methods. Army officials stressed the importance of hospitals as tools for pacification: propaganda documents emphasized that “free medical assistance” had more than doubled in 1957.<sup>128</sup> Schools also played crucial roles in serving these interests. In 1958, after French paratroopers’ savage use of torture brought the battle of Algiers to a close, the minister of national education ordered that all schools offer “a special lesson on France’s work in North Africa” that would emphasize “economic, social, and human” accomplishments—including the production of a modern medical infrastructure in Algeria.<sup>129</sup>

Military control of information technology was crucial for maintaining psychological control of the population. As an editorial in *France outremer* argued in 1956, France could not leave the psychological initiative to the *fellagha*: because “the man and woman of the countryside . . . form

their judgments based on the small facts of daily life," every soldier must act as a representative of French civilization.<sup>130</sup> Censorship of the press and the disruption of enemy radio broadcasts were essential components of the program.<sup>131</sup> But the military also sought psychiatrists' assistance in developing new strategies for convincing the Algerian population that their interests could be best served by a continued French presence in the Maghreb. In one test conducted in an internment camp for FLN suspects, the army's *médecin général* organized photographic displays that contrasted French contributions with the destruction wrought by the *fellagha*.<sup>132</sup> Banners implored viewers to choose between the *fellagha* and France, while photographs directed them toward an ineluctable decision. Images of teachers instructing Algerian children, doctors caring for the elderly, and children receiving X-rays emphasized that France "builds," "instructs," "revitalizes," and "cares"; photographs of demolished schools, of despondent, limbless children in hospitals stressed that the *fellagha* "destroys," "terrorizes," and "kills."<sup>133</sup> The goal was "to dis-integrate the individual" from the FLN platform by revealing that the architects of the Algerian revolution were "defective and incapable" subjects who "steal and kill" in violation of Qur'anic principles. A captive population allowed intelligence officers to determine the required length of time for "recuperating" subjects who had been "intoxicated" by revolutionary propaganda, and to calculate the primary methods for redesigning "the foundations of individual and crowd psychology . . . for Muslims."<sup>134</sup>

Designers of the photographic program used the technique as a sort of Rorschach test to elicit certain reactions from imprisoned revolutionaries. Critics of the program questioned the legitimacy of employing such devious techniques for attracting sympathetic populations. The insidious methods of *action psychologique* could only produce "a pseudo-conversion obtained by the most vulgar and dumbfounding forms of propaganda" rather than "a sincere and thoughtful adhesion in the Franco-Muslim community."<sup>135</sup> Others protested what they considered a brutal form of modern warfare. In January 1958 the Groupe d'Études de Psychologie in Paris issued a press release that took a "public stand on the use of psychology" in the military: the "use of 'Atomic weapons' is certainly dangerous," these students argued, "but that of 'Psychological weapons' is just as [dangerous], because its consequences also result in the destruction of Man."<sup>136</sup>

Albert Fossey-François, the director of *action psychologique* in Indochina, had argued that resistance against the program demonstrated its success: despite the campaign's losses, the vehement response to propaganda suggested the potential applications of this relatively new military technology. If resistance constitutes a reliable measure of a program's im-

pact, *action psychologique* appears to have had a profound effect in Algeria. Journalists and students in France measured the possible successes of the program against its significant psychological costs. Prominent Algerian intellectuals also spoke out against *action psychologique*. Jean el-Mouhoub Amrouche and Ferhat Abbas, both of whom subscribed to the republican ideal in their youth, attacked the campaign as fundamentally dehumanizing for Algerians. Although they were firmly committed to Algerian independence, Amrouche and Abbas had believed in the civilizing mission until the devious techniques of psychological warfare revealed the bankruptcy of French humanism.<sup>137</sup>

Although *action psychologique* produced no physical casualties, these tactics sought to reshape the Algerian mind by destroying its capacity for resistance. In the same way, French colonial psychiatry—especially its incarnation in Algiers—deployed an intellectual violence that was in every sense the equal of colonialism's dehumanizing legal and social structure, a savagery concomitant with the brutality required to police Algeria's Manichaean world. The degree to which ethnopsychiatric knowledge informed settlers' opinions about native North African populations cannot be measured with any certainty; nor can the extent to which preconceived notions informed psychiatric ideas. But as the next chapter makes clear, the resistance that colonial psychiatric ideas and practices elicited attests to the degree to which contemporaries experienced the practical ramifications of these ideas. Psychiatric racism is of course the origin of Frantz Fanon's reactions against the colonial system. In addition to Fanon's diatribes against ethnopsychiatric manifestations of scientific racism, other doctors railed against medical theories that linked race and madness. Maghrebian authors detailed their experiences with sophisticated racism in their novels and memoirs as a means of contesting stereotypes. And perhaps most crucially, patients at Blida, Berrechid, and Manouba tested the limits of psychiatric knowledge about North African Muslims in myriad ways. Patients contested psychiatric authority inside asylum walls, and students such as Mohamed S. revealed the hollowness of assertions about North African primitivism through their clear intelligence.

And what about Mohamed S., this "poor Moroccan" who tried to take his own life when he realized he could never be truly French? Donnadiou's case history is so emblematic of psychiatrists' concerns about the proper means of civilizing North Africans that it becomes difficult to believe this patient ever existed—at least as Donnadiou presented him. But Donnadiou informs us that after leaving two French institutions—the lycée and the hospital—Mohamed spent most of 1938 and 1939 in blissful ignorance. Living as a gentleman farmer in the North African *bled*, Mohamed S.

never again tested his limits, having accepted his lot in life. Rooted in his body, his customs, and his traditions, Mohamed was best served, according to Donnadieu, by avoiding self-improvement. French instruction and French revitalization—the central messages of *action psychologique*—had their limitations, and for psychiatrists, the specific institutions that best accomplished the civilizing mission in the Maghreb were the hospital and the prison. *Action psychologique* sought to convince North Africans of the investment the French brought to the Maghreb. At the same time, *action psychologique* sought to preserve the division between populations by underscoring a fundamental difference between Europeans and North Africans, a difference based in bodies, customs, and traditions.

## 5

## Violence, Resistance, and the Poetics of Suffering

### Colonial Madness between Frantz Fanon and Kateb Yacine

We most often imagine medicine as a healing art, a means of alleviating pain. And yet what of a scenario in which medicine is a primary source of—or is at least coextensive with—suffering and trauma? Since Michel Foucault's critical framings of clinical knowledge and medical power, social scientists and humanists have exhaustively explored the production of biopolitical knowledge and its implications for modernity.<sup>1</sup> Yet concern for exposing the operation of medical power has produced fewer examinations of medicine as an explicit source of suffering. The complicity of medicine in the structural violence of the colonial situation reveals a range of iatrogenic forms of suffering and a setting in which medicine cannot be construed without also accounting for its operation as a force of oppression.

Such a perspective illuminates the overlapping of layers of violence and trauma under colonialism, a scenario in which the clinic is often a literal theater for colonial conflict. It also points to medicine as an important location for anticolonial resistance. For many, the work of the psychiatrist and anticolonial theorist Frantz Fanon best encapsulates the links between colonial medicine, violence, and resistance. His best-known works, *A Dying Colonialism* and *The Wretched of the Earth*, both published during the Algerian struggle for independence, illustrated the moral bankruptcy of the French civilizing mission and the savagery of the colonial encounter. More important, they drew on Fanon's clinical experience in Algeria to lay bare the racism of colonial psychiatrists and their complicity in co-