

OTHER WORKS BY FRANTZ FANON
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Black Skin, White Masks

A Dying Colonialism

Toward the African Revolution

THE WRETCHED OF THE EARTH

Frantz Fanon

*Translated from the French
by Richard Philcox*

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



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

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

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

Colonial War and Mental Disorders

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SERIES A

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Answer: "It's quite likely."

He then sat up in bed.

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

"I don't know . . ."

"Would you take your wife back?"

"I think I would . . ."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"How does torturing make you feel?"

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

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

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

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

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

SERIES B

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

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

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

a. The thirteen-year-old:

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

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