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Richard C. Keller, *Colonial Madness: Psychiatry in French North Africa*. Chicago, Ill.: University of Chicago Press, 2007. xi + 294 pp. Notes, figures, and bibliography. \$70.00 U.S. (cl). ISBN 0-226-42972-5.

Review by Vernon Rosario, University of California, Los Angeles.

Rioting erupted all over France in October and November 2005 as poor, disenfranchised youth from the housing projects (HLM) in the urban periphery reacted to the death of two teens in Clichy-sous-Bois. Nicholas Sarkozy, then Interior Minister, declared a "zero tolerance" policy towards the violence and cast further oil on the flames by vowing to "éliminer la racaille" (wipe out the rabble) and clean the poor quarters "au Karcher" (a high-pressure industrial hose). On 3 November President Jacques Chirac declared a state of emergency. After twenty days of rioting, almost nine thousand vehicles had been torched and twenty-nine hundred people arrested. The riots dramatically brought to worldwide public attention the long festering problem of unemployment, poverty, and social alienation of African and North African immigrants in France. Some conservative, National Front politicians latched on to the events to justify their longstanding xenophobic, "France for the French" cultural politics as they warned that radical North African Islamists were overrunning the country. The earlier 2004 ban on the wearing of the Muslim scarf in public schools had been another long-running debate on the limits of cultural pluralism and the nature of French identity. Sarkozy's tough stance during the riots garnered him support on the right and helped propel him to the presidency in 2007. His election was as much a referendum on French cultural identity as on economic policy. These events brought to the surface a core dilemma of France's colonial past: the goals of "la mission civilisatrice" (the civilizing mission) particularly the capacity of the colonized to be assimilated into (French) civilization.

Richard C. Keller's *Colonial Madness: Psychiatry in French North Africa* provides a valuable perspective on these contemporary issues through the angle of North African psychiatry. His scrupulously documented work is equal parts professional and institutional history of psychiatry and cultural history of madness. Some of his broad analytic strokes will be familiar to most readers. Post-colonial theory is in evidence. The politics of anti-psychiatry, particularly Foucault's analysis of psychiatry and biopolitics, is also a dominant hue. Franz Fanon's critique of race and racist psychiatry are also carefully represented. However, Keller's nuanced work does more than simply excoriate North African psychiatry for being the medical arm of French colonial subjugation of the Maghrebian other (although it was indeed this).

Keller highlights two recurring concepts of French colonial ideology: one, the civilizing mission and, two, the pursuit of *mise en valeur*. The latter referred to the rational economic development (or exploitation) of the colonies, including building infrastructure and management of material and human resources. Colonial psychiatrists increasingly claimed professional expertise and value in the historically evolving concerns around these two matters. Since the eighteenth century, French

psychiatry had built up its professional standing on the mainland by developing the notion of mental hygiene and its centrality to an orderly and productive populace. Engaging in a campaign of mental hygiene in North Africa, however, required adaptation to the sociocultural specifics of the Maghrebians. In this process, psychiatrists constructed typologies of North Africans that in many ways endure into the twenty-first century. While a few researchers made distinctions concerning the character and physiognomy of different ethnic groups, such as Berbers and Arabs, Keller tends to lump rather than split the psychiatric approaches in French North Africa since most writers viewed the North African people as having a similar temperament that was particularly vulnerable to mental illness. In keeping with a long tradition of orientalizing and exoticizing, North Africans were represented as hot, violent, primitive, oversexed, superstitious, and irrational. Colonial psychiatrists, therefore, felt their first challenge was to bring the diagnosis and treatment of insanity from the Islamic Middle Ages into European modernity.

The powerful mythology of Philippe Pinel modernizing French alienism by unshackling the lunatics of the Hôpital de la Salpêtrière was a recurring trope and one that harmonized perfectly with the civilizing mission. In all fairness, Keller details how the confinement and treatment of the insane prior to colonization was indeed a horror. Medieval Islamic medical theories presented mental illness in Galenic terms, that is, as a manifestation of humoral imbalance. Since the ninth century, the mentally ill were treated at public expense in *maristans*. Dating back to ninth century Baghdad, these publicly funded Islamic hospices had provided humoral treatment for the insane. However, by the nineteenth century, the *maristans* — much like their European counterparts in the eighteenth century — had degenerated into filthy, overcrowded places of detention and death. A parallel tradition among the urban poor and rural societies was to understand disturbed behavior as the result of possession which could be exorcised by spiritual men or *marabouts*. As was the case in Europe, the mentally ill were commonly managed at home until they became too unruly or had no family to care for them. The *maristans* shocked the sensibilities of colonial psychiatrists who saw their modernization as a humane necessity as well as a shining example of the civilizing mission. Another reason for constructing new, civilized asylums was the treatment of European colonists. An ongoing debate in the nineteenth century was whether the harsh conditions of North Africa were tolerable by Europeans or were particularly conducive to insanity.

The construction of modern psychiatric hospitals proved to be a financial challenge, particularly after the outbreak of World War II. After the war, however, their medical and ideological value clearly favored their construction. Keller details how these new institutions were testing grounds for novel psychiatric treatments, both biological and psychosocial. Laboratory tests, particularly screening for syphilis, became standard practice at the Berrechid hospital in Morocco in 1939, allowing for diagnosis and treatment of one of the most common causes of neuropsychiatric illness. Radical somatic therapies, such as insulin coma therapy and electroconvulsive therapy that were used with much caution in France, were embraced more enthusiastically in North Africa. Sensitivity to the cultural and social peculiarities of the Maghreb — both to the indigenous people as well as colonists — also stimulated innovations in psychosocial treatment. Social workers — always women — were utilized as the first line of evaluation and intervention in the home setting. Thus mental hygiene extended outside the hospital setting and could focus on the social mechanisms of mental illness, such as marital and familial conflict, economic strife, and drug addiction. This social outreach of statist mental hygiene was predictably gendered, as

male psychiatrists credited the social workers' innate maternal temperament with their ability to handle problems in the domestic sphere of patients.

In addition to innovations in treatment, colonial psychiatry made claims for its professional value through numerous publications in areas of ethnopsychiatry. Aside from being useful to the treatment of individuals, such knowledge was important for the enlightened management of colonial human resources, in other words, biopower. Keller notes a shift in perspective from the nineteenth century into the twentieth. Enlightenment and nineteenth-century thinkers had emphasized the role of society and the environment on mental wellbeing. Rousseau, most famously, had argued that civilization and its mores were a noxious influence on the physical and mental state of the primitive man in the state of nature. French observers, however, were inclined to view North Africans as primitive yet, nevertheless, suffering from high levels of insanity, drug addiction, and violent passions. Jacques-Joseph Moreau (de Tours) resolved this contradiction in an 1843 article in which he explained that the harsh climate of North Africa and "Islamic fatalism" generated a high level of pathology that, nevertheless, passed as normality in the region. Doctors repeatedly worried that the harsh climate could also take a toll on European bodies and minds. However, this warning tended to be lost by the fin-de-siècle as France encouraged increased colonization. Instead, doctors shifted their focus to the pathogenicity of the primitives. This literature is in step with much of the ethnographic literature on "primitives" in other colonial African colonies. The "primitive" was not the Edenic man in the "state of nature," but a violent, lascivious, and ignorant creature closer in nature to beasts than civilized (European) humans. This line of analysis drew on the dominant degenerationist theories of the late nineteenth century. Therefore, the lessons of the Arab primitives could be applied to less developed European minds: children, women, and lunatics.

The most notorious source of literature on Arab primitivism were psychiatrists of the so-called "Algiers School" — perhaps best known because of Franz Fanon's excoriating critique of them in *Les damnés de la terre* (1961). Antoine Porot had completed his medical training in Lyon before moving to Tunisia in 1907. He tirelessly lobbied for the construction of a modern psychiatric hospital there. He became chief of the new neuropsychiatric ward (exclusively for Europeans) at the Tunis Civil Hospital in 1911. During World War I, he served as a military psychiatrist at the Algiers Maillot military hospital. To his psychiatric contemporaries, Porot was a progressive, liberal innovator. He created an "open ward" in Tunis that encouraged family visits and, by his report, had an exceptionally high cure rate compared to French asylums. Porot and his students in the Faculty of Medicine generated a consistent body of literature on the mental inferiority of North Africans. They traced this Arab primitive mentality to the supposed stunted evolution of the cerebral cortex. Thus Porot claimed that the indigenous North African's impulsive criminality was a result of the dominance of the more "primitive" midbrain over the cortex — as in "inferior" vertebrates. If North African Arabs were neurologically inferior, this did not bode well for attempts to "civilize" the natives. Even more concerning was the immigration of Arabs into France by the 1920s. The literature of the Algiers School helped bolster claims of the innate violent, insane, and criminal tendencies of Arab immigrants particularly in the more permissive context of the *métropole*.

Psychiatrists of the Algiers School also became useful to the French colonial powers after the Front de Liberation Nationale (FLN) launched its guerilla war of independence in 1954. Members of the Algiers School offered their insights into the mentality of the FLN insurgents. They also contributed to an active program of

propaganda and psychological warfare to counter the revolutionaries' propaganda as well as to win the hearts and minds of the "Muslim Frenchmen," i.e., the native Algerians, to the French colonial cause. The program came up with stereotypical pearls of ethnopsychiatric wisdom on the personality traits of the Algerian, such as: "His intelligence is oriented differently from ours. We are scientific, he is a dreamer and a mystic" (p. 156).

Keller provides a thoughtful summary of Frantz Fanon's life and writing, particularly the influence of his years as a ward director at the Hôpital Psychiatrique de Blida-Joinville (renamed the Hôpital Frantz Fanon after Algerian independence) and his political support of the FLN. In his best known work, *Peau noire, masques blancs* (1952), Fanon analyzed the psychological colonization of the black subject. *Les damnés de la terre* exposed the psychiatric racism he encountered in Algeria. Fanon actively supported the FLN and endorsed violent means to achieving liberation both politically and as revolutionary subjects. Keller's chapter on Fanon segues into novelistic representations of psychiatry's colonization of the mind and the forms of native resistance. Algerian novelist Kateb Yacine was at the center of the Algerian revolution as a teenager. As an upper class Algerian with both Qur'anic and French colonial education he embodied the cultural quandary of the *évolué*: native Arabs afforded the best of the *mission civilisatrice* and caught between two cultures. His mother also suffered from serious mental illness and was repeatedly hospitalized for years, including an extended stay at Blida psychiatric hospital. In various fictional guises, she becomes a recurring trope in Yacine's work of the pathogenic effects of colonial and psychiatric violence.

Keller's concluding chapter traces psychiatry in the post-colonial period: the lingering effects of the Algiers School on North African immigrants to the *métropole* and developments in decolonized North African psychiatry. The Algerian war saw an exodus to France of both *pied-noir* (Europeans born in Algeria) and of Arabs who had sided with France. This wave of immigration has had an ongoing social and cultural impact on France. Conservative political groups have never ceased bemoaning the influx and using it as a centerpiece of political xenophobia and cultural chauvinism. Ethnopsychiatrists, both French and North African, have been called upon to analyze the situation of the Arab population in France. Instead of following the pathologizing approach of the Algiers School, this new generation of psychiatrists have focused more on the ill effects of poverty, racism, and marginalization. Movies and novels by North African artists have also highlighted the socio-cultural deracination of Maghrebians in France.

Psychiatry in post-colonial North Africa quickly embraced deinstitutionalization, not to be replaced by traditional or psychologizing approaches, but in favor of medicalization. Like much of Europe and America since the 1950s, psychopharmacology promised to revolutionize the treatment of mental illness by shifting care from inpatient institutions to outpatient care. Chlorpromazine, first marketed in France in 1952 as Largactil, was the first of the "major tranquilizers." Keller points out that this revolution might well have started in Tunisia in the 1940s since a naval surgeon in Bizerte had begun experimenting on another phenothiazine, promethazine, to sedate patients and reduce surgical shock. However, a psychiatric colleague never seemed to have published his observations on the tranquilizing effects of the drug. Nevertheless, after the introduction of Largactil and subsequent tranquilizers, North African psychiatry also embraced psychiatric pharmacotherapy to clear out asylums in an effort to counter the cultural stigma of institutionalization and its colonial legacy.

Colonial Madness is a dense and carefully documented monograph, thoughtfully informed by a variety of analytic approaches. It will be as informative to historians of psychiatry as it will be useful to literary critics of Maghrebian *francophonie*. Gender and sexuality are two theoretical lenses that do not get much attention here, perhaps out of space considerations. However, there is a great deal of other material for scholars to mine, and a rich historical perspective on colonial psychiatry and its lingering legacy to the politics of ethnic diversity in the Francophone world.

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