1

The "North African Syndrome"

It is a common saying that man is constantly a challenge to himself, and that were he to claim that he is so no longer he would be denying himself. It must be possible, however, to describe an initial, a basic dimension of all human problems. More precisely, it would seem that all the problems which man faces on the subject of man can be reduced to this one question:

"Have I not, because of what I have done or failed to do, contributed to an impoverishment of human reality?"

The question could also be formulated in this way:

"Have I at all times demanded and brought out the man that is in me?"

I want to show in what is to follow that, in the specific case of the North African who has emigrated to France, a theory of inhumanity is in a fair way to finding its laws and its corollaries.

All those men who are hungry, all those men who are cold, all those men who are afraid . . .

All those men of whom *we* are afraid, who crush the jealous emerald of our dreams, who twist the fragile curve of our smiles, all those men we face, who ask us no questions, but to whom we put strange ones.

Who are they?

I ask you, I ask myself. Who are they, those creatures starving for humanity who stand buttressed against the impalpable frontiers (though I know them from experience to be terribly distinct) of complete recognition?

Who are they, in truth, those creatures, who hide, who are

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hidden by social truth beneath the attributes of *bicot, bounioule, arabe, raton, sidi, mon z'ami?*[1]

FIRST THESIS.—*That the behavior of the North African often causes a medical staff to have misgivings as to the reality of his illness.*

Except in urgent cases—an intestinal occlusion, wounds, accidents—the North African arrives enveloped in vagueness.

He has an ache in his belly, in his back, he has an ache everywhere. He suffers miserably, his face is eloquent, he is obviously suffering.

"What's wrong, my friend?"

"I'm dying, *monsieur le docteur.*"

His voice breaks imperceptibly.

"Where do you have pain?"

"Everywhere, *monsieur le docteur.*"

You must not ask for specific symptoms: you would not be given any. For example, in pains of an ulcerous character, it is important to know their periodicity. This conformity to the categories of time is something to which the North African seems to be hostile. It is not lack of comprehension, for he often comes accompanied by an interpreter. It is as though it is an effort for him to go back to where he no longer is. The past for him is a burning past. What he hopes is that he will never suffer again, never again be face to face with that past. This present pain, which visibly mobilizes the muscles of his face, suffices him. He does not understand that anyone should wish to impose on him, even by way of memory, the pain that is already gone. He does not understand why the doctor asks him so many questions.

"Where does it hurt?"

"In my belly." (He then points to his thorax and abdomen.)

"When does it hurt?"

"All the time."

"Even at night?"

[1] Terms of contempt applied in France to Arabs in general and to Algerians in particular.—*Tr.*

"Especially at night."

"It hurts more at night than in the daytime, does it?"

"No, all the time."

"But more at night than in the daytime?"

"No, all the time."

"And where does it hurt most?"

"Here." (He then points to his thorax and abdomen.)

And there you are. Meanwhile patients are waiting outside, and the worst of it is that you have the impression that time would not improve matters. You therefore fall back on a diagnosis of probability and in correlation propose an approximate therapy.

"Take this treatment for a month. If you don't get better, come back and see me."

There are then two possibilities:

1. The patient is not immediately relieved, and he comes back after three or four days. This sets us against him, because we know that it takes time for the prescribed medicine to have an effect on the lesion. He is made to understand this, or more precisely, he is told. But our patient has not heard what we said. He *is* his pain and he refuses to understand any language, and it is not far from this to the conclusion: It is because I am Arab that they don't treat me like others.

2. The patient is not immediately relieved, but he does not go back to the same doctor, nor to the same dispensary. He goes elsewhere. He proceeds on the assumption that in order to get satisfaction he has to knock at every door, and he knocks. He knocks persistently. Gently. Naïvely. Furiously.

He knocks. The door is opened. The door is always opened. And he tells about *his pain.* Which becomes increasingly his own. He now talks about it volubly. He takes hold of it in space and puts it before the doctor's nose. He takes it, touches it with his ten fingers, develops it, exposes it. It grows as one watches it. He gathers it over the whole surface of his body and after fifteen minutes of gestured explanations the interpreter (appropriately baffling) translates for us: he says he has a belly-ache.

All those forays into space, all those facial spasms, all those wild stares were only meant to express a vague discomfort. We experience a kind of frustration in the field of explanation. The comedy, or the drama, begins all over again: approximate diagnosis and therapy.

There is no reason for the wheel to stop going round. Some day an X-ray will be taken of him which will show an ulcer or a gastritis. Or which in most cases will show nothing at all. His ailment will be described as "functional."

This concept is of some importance and is worth looking into. A thing is said to be vague when it is lacking in consistency, in objective reality. The North African's pain, for which we can find no lesional basis, is judged to have no consistency, no reality. Now the North African *is* a-man-who-doesn't-like-work. So that whatever he does will be interpreted *a priori* on the basis of this.

A North African is hospitalized because he suffers from lassitude, asthenia, weakness. He is given active treatment on the basis of restoratives. After twenty days it is decided to discharge him. He then discovers that he has another disease.

"My heart seems to flutter inside here."

"My head is bursting."

In the face of this fear of leaving the hospital one begins to wonder if the debility for which he was treated was not due to some giddiness. One begins to wonder if one has not been the plaything of this patient whom one has never too well understood. Suspicion rears its head. Henceforth one will mistrust the alleged symptoms.

The thing is perfectly clear in the winter; so much so that certain wards are literally submerged by North Africans during the severe cold spells. It's so comfortable within hospital walls.

In one ward, a doctor was scolding a European suffering from sciatica who spent the day visiting in the different rooms. The doctor explained to him that with his particular ailment, rest constituted one half of the therapy. With the North Africans, he added, for our benefit, the problem is different: there is no need to prescribe rest; they're always in bed.

In the face of this pain without lesion, this illness distributed in and over the whole body, this continuous suffering, the easiest attitude, to which one comes more or less rapidly, is the negation of any morbidity. When you come down to it, the North African is a simulator, a liar, a malingerer, a sluggard, a thief.[2]

SECOND THESIS.—*That the attitude of medical personnel is very often an* a priori *attitude. The North African does not come with a substratum common to his race, but on a foundation built by the European. In other words, the North African, spontaneously, by the very fact of appearing on the scene, enters into a pre-existing framework.*

For several years medicine has shown a trend which, in a very summary way, we can call neo-Hippocratism. In accordance with this trend doctors, when faced with a patient, are concerned less with making a diagnosis of an organ than with a diagnosis of a function. But this orientation has not yet found favor in the medical schools where pathology is taught. There is a flaw in the practitioner's thinking. An extremely dangerous flaw.

We shall see how it manifests itself in practice.

I am called in to visit a patient on an emergency. It is two o'clock in the morning. The room is dirty, the patient is dirty. His parents are dirty. Everybody weeps. Everybody screams. One has the strange impression that death is hovering nearby. The young doctor does not let himself be perturbed. He "objectively" examines the belly that has every appearance of requiring surgery.

He touches, he feels, he taps, he questions, but he gets only groans by way of response. He feels again, taps a second time, and the belly contracts, resists. . . . He "sees nothing." But what if an operation is really called for? What if he is overlooking something? His examination is negative, but he doesn't dare to leave. After considerable hesitation, he will send his patient to a center with the diagnosis of an abdomen requiring surgery. Three days later he sees the patient with the "abdomen requiring surgery" turn up smilingly in his office, completely

[2] *Social Security? It's we who pay for it!*

cured. And what the patient is unaware of is that there is an exacting medical philosophy, and that he has flouted this philosophy.

Medical thinking proceeds from the symptom to the lesion. In the illustrious assemblies, in the international medical congresses, agreement has been reached as to the importance of the neurovegetative systems, the diencephalon, the endocrine glands, the psychosomatic links, the sympathalgias, but doctors continue to be taught that every symptom requires its lesion. The patient who complains of headaches, ringing in his ears, and dizziness, will also have high blood-pressure. But should it happen that along with these symptoms there is no sign of high blood-pressure, nor of brain tumor, in any case nothing positive, the doctor would have to conclude that medical thinking was at fault; and as any thinking is necessarily thinking about something, he will find the *patient* at fault—an indocile, undisciplined patient, who doesn't know the rules of the game. Especially the rule, known to be inflexible, which says: any symptom presupposes a lesion.

What am I to do with this patient? From the specialist to whom I had sent him for a probable operation, he comes back to me with a diagnosis of "North African syndrome." And it is true that the newly arrived medico will run into situations reminiscent of Molière through the North Africans he is called upon to treat. A man who fancies himself to be ill! If Molière (what I am about to say is utterly stupid, but all these lines only explicate, only make more flagrant, something vastly more stupid), if Molière had had the privilege of living in the twentieth century, he would certainly not have written *Le Malade Imaginaire*, for there can be no doubt that Argan is ill, is actively ill:

"Comment, coquine! Si je suis malade! Si je suis malade, impudente!"[3]

The North African syndrome. The North African today who goes to see a doctor bears the dead weight of all his compatriots.

[3] "What, you hussy! you doubt if I'm sick! You doubt if I'm sick, you impudent wench!"

Of all those who had only symptoms, of all those about whom the doctors said, "Nothing you can put your teeth into." (Meaning: no lesion.) But the patient who is here, in front of me, this body which I am forced to assume to be swept by a consciousness, this body which is no longer altogether a body or rather which is doubly a body since it is beside itself with terror —this body which asks me to listen to it without, however, paying too much heed to it—fills me with exasperation.

"Where do you hurt?"

"In my stomach." (He points to his liver.)

I lose my patience. I tell him that the stomach is to the left, that what he is pointing to is the location of the liver. He is not put out, he passes the palm of his hand over that mysterious belly.

"It all hurts."

I happen to know that this "it all" contains three organs; more exactly five or six. That each organ has *its* pathology. The pathology invented by the Arab does not interest us. It is a pseudo-pathology. The Arab is a pseudo-invalid.

Every Arab is a man who suffers from an imaginary ailment. The young doctor or the young student who has never seen a sick Arab *knows* (the old medical tradition testifies to it) that "those fellows are humbugs." There is one thing that might give food for thought. Speaking to an Arab, the student or the doctor is inclined to use the second person singular. It's a nice thing to do, we are told . . . to put them at ease . . . they're used to it . . . I am sorry, but I find myself incapable of analyzing this phenomenon without departing from the objective attitude to which I have constrained myself.

"I can't help it," an intern once told me, "I can't talk to them in the same way that I talk to other patients."

Yes, to be sure: "I can't help it." If you only knew the things in my life that I can't help. If you only knew the things in my life that plague me during the hours when others are benumbing their brains. If you only knew . . . but you will never know.

The medical staff discovers the existence of a North African

syndrome. Not experimentally, but on the basis of an oral tradition. The North African takes his place in this asymptomatic syndrome and is automatically put down as undisciplined (cf. medical discipline), inconsequential (with reference to the law according to which every symptom implies a lesion), and insincere (he says he is suffering when we know there are no *reasons* for suffering). There is a floating idea which is present, just beyond the limit of my lack of good faith, which emerges when the Arab unveils himself through his language:

"Doctor, I'm going to die."

This idea, after having passed through a number of contortions, will impose itself, will impose itself on me.

No, you certainly can't take these fellows seriously.

THIRD THESIS.—*That the greatest willingness, the purest of intentions require enlightenment. Concerning the necessity of making a situational diagnosis.*

Dr. Stern, in an article on psychosomatic medicine, based on the work of Heinrich Meng, writes: "One must not only find out which organ is attacked, what is the nature of the organic lesions, if they exist, and what microbe has invaded the organism; it is not enough to know the 'somatic constitution' of the patient. One must try to find out what Meng calls his 'situation,' *that is to say, his relations with his associates, his occupations and his preoccupations, his sexuality, his sense of security or of insecurity, the dangers that threaten him; and we may add also his evolution, the story of his life. One must make a 'situational diagnosis.'* "[4]

Dr. Stern offers us a magnificent plan, and we shall follow it.

1. *Relations with his associates.* Must we really speak of this? Is there not something a little comical about speaking of the North African's relations with his associates, in France? Does he *have* relations? Does he *have* associates? Is he not alone? Are they not alone? Don't they seem absurd to us, that is to say

[4] Dr. E. Stern. "Médecine psychosomatique," *Psyché*, Jan.-Feb. 1949, p. 128. Emphasis added.

without substance, in the trams and the trolleybuses? Where do they come from? Where are they going? From time to time one sees them working at some building, but one does not *see* them, one perceives them, one gets a glimpse of them. Associates? Relations? There are no contracts. There are only bumps. Do people realize how much that is gentle and polite is contained in this word, "contact"? Are there contacts? Are there relations?

2. *Occupations and preoccupations.* He works, he is busy, he busies himself, he is kept busy. His preoccupations? I think the word does not exist in his language. What would he concern himself with? In France we say: *Il se préoccupe de trouver du travail* (he concerns himself with looking for work); in North Africa: he busies himself looking for work.

"Excuse me, Madame, but in your opinion, what are the preoccupations of a North African?"

3. *Sexuality.* Yes, I know what you mean; it consists of rape. In order to show to what extent a scotomizing study can be prejudicial to the authentic unveiling of a phenomenon, I should like to reproduce a few lines from a doctoral thesis in medicine presented in Lyon in 1951 by Dr. Léon Mugniery:

"In the region of Saint Etienne, eight out of ten have married prostitutes. Most of the others have accidental and short-time mistresses, sometimes on a marital basis. Often they put up one or several prostitutes for a few days and bring their friends in to them.

"*For prostitution seems to play an important role in the North African colony*[5] . . . It is due to the powerful sexual appetite that is characteristic of those hot-blooded southerners."

Further on:

"It can be shown by many examples that attempts made to house North Africans decently have repeatedly failed.

"These are mostly young men (25 to 35) with great sexual needs, whom the bonds of a mixed marriage can only temporarily stabilize, and for whom homosexuality is a disastrous inclination . . .

[5] Emphasis added.

"There are few solutions to this problem: either, in spite of the *risks*[6] involved in a certain invasion by the Arab family, the regrouping of this family in France should be encouraged and Arab girls and women should be brought here; or else houses of prostitution for them should be tolerated . . .

"If these factors are not taken into account, we may well be exposed to increasing attempts at rape, of the kind that the newspapers are constantly reporting. Public morals surely have more to fear from the existence of these facts than from the existence of brothels."

And to conclude, Dr. Mugniery deplores the mistake made by the French government in the following sentence which appears in capitals in his thesis: "THE GRANTING OF FRENCH CITIZENSHIP, CONFERRING EQUALITY OF RIGHTS, SEEMS TO HAVE BEEN TOO HASTY AND BASED ON SENTIMENTAL AND POLITICAL REASONS, RATHER THAN ON THE FACT OF THE SOCIAL AND INTELLECTUAL EVOLUTION OF A RACE HAVING A CIVILIZATION THAT IS AT TIMES REFINED BUT STILL PRIMITIVE IN ITS SOCIAL, FAMILY AND SANITARY BEHAVIOR." (p. 45).

Need anything be added? Should we take up these absurd sentences one after the other? Should we remind Dr. Mugniery that if the North Africans in France content themselves with prostitutes, it is because they find prostitutes here in the first place, and also because they do not find any Arab women (who might invade the nation)?

4. *His inner tension.* Utterly unrealistic! You might as well speak of the inner tension of a stone. Inner tension indeed! What a joke!

5. *His sense of security or of insecurity.* The first term has to be struck out. The North African is in a perpetual state of insecurity. A multisegmented insecurity.

I sometimes wonder if it would not be well to reveal to the average Frenchman that it is a misfortune to be a North African. The North African is never sure. He has rights, you will tell me, but he doesn't know what they are. Ah! Ah! It's up to

[6] Emphasis added.

him to know them. Yes, sure, we're back on our feet! Rights, Duties, Citizenship, Equality, what fine things! The North African on the threshold of the French Nation—which is, we are told, his as well—experiences in the political realm, on the plane of citizenship, an imbroglio which no one is willing to face. What connection does this have with the North African in a hospital setting? It so happens that there *is* a connection.

6. *The dangers that threaten him.* Threatened in his affectivity, threatened in his social activity, threatened in his membership in the community—the North African combines all the conditions that make a sick man.

Without a family, without love, without human relations, without communion with the group, the first encounter with himself will occur in a neurotic mode, in a pathological mode; he will feel himself emptied, without life, in a bodily struggle with death, a death on this side of death, a death in life—and what is more pathetic than this man with robust muscles who tells us in his truly broken voice, "Doctor, I'm going to die"?

7. *His evolution and the story of his life.* It would be better to say the history of his death. A daily death.

A death in the tram,
a death in the doctor's office,
a death with the prostitutes,
a death on the job site,
a death at the movies,
a multiple death in the newspapers,
a death in the fear of all decent folk of going out after midnight.
A death,
yes a DEATH.

All this is very fine, we shall be told, but what solutions do you propose?

As you know, they are vague, amorphous . . .
"You constantly have to be on their backs."
"You've got to push them out of the hospital."

"If you were to listen to them you would prolong their convalescence indefinitely."

"They can't express themselves."

And they are liars
and also they are thieves
and also and also and also
the Arab is a thief
all Arabs are thieves
It's a do-nothing race
dirty
disgusting
Nothing you can do about them
nothing you can get out of them
sure, it's hard for them being the way they are
being that way
but anyway, you can't say it's our fault.

—But that's just it, it *is* our fault.

It so happens that the fault is YOUR fault.

Men come and go along a corridor you have built for them, where you have provided no bench on which they can rest, where you have crystallized a lot of scarecrows that viciously smack them in the face, and hurt their cheeks, their chests, their hearts.

Where they find no room
where you leave them no room
where there is absolutely no room for them
and you dare tell me it doesn't concern you!
that it's no fault of yours!

This man whom you thingify by calling him systematically Mohammed, whom you reconstruct, or rather whom you dissolve, on the basis of an idea, an idea you know to be repulsive (you know perfectly well you rob him of something, that something for which not so long ago you were ready to give up everything, even your life) well, don't you have the impression that you are emptying him of his substance?

Why don't they stay where they belong?

Sure! That's easy enough to say: why don't they stay where they belong? The trouble is, they have been told they were French. They learned it in school. In the street. In the barracks. (Where they were given shoes to wear on their feet.) On the battlefields. They have had France squeezed into them wherever, in their bodies and in their souls, there was room for something apparently great.

Now they are told in no uncertain terms that they are in "our" country. That if they don't like it, all they have to do is go back to their Casbah. For here too there is a problem.

Whatever vicissitudes he may come up against in France, so some people claim, the North African will be happier at home . . .

It has been found in England that children who were magnificently fed, each having two nurses entirely at his service, but living away from the family circle, showed a morbidity twice as pronounced as children who were less well fed but who lived with their parents. Without going so far, think of all those who lead a life without a future in their own country and who refuse fine positions abroad. What is the good of a fine position if it does not culminate in a family, in something that can be called home?

Psychoanalytical science considers expatriation to be a morbid phenomenon. In which it is perfectly right.

These considerations allow us to conclude:

1. The North African will never be happier in Europe than at home, for he is asked to live without the very substance of his affectivity. Cut off from his origins and cut off from his ends, he is a thing tossed into the great sound and fury, bowed beneath the law of inertia.

2. There is something manifestly and abjectly disingenuous in the above statement. If the standard of living made available to the North African in France is higher than the one he was accustomed to at home, this means that there is still a good deal to be done in his country, in that "other part of France."

That there are houses to be built, schools to be opened, roads

to be laid out, slums to be torn down, cities to be made to spring from the earth, men and women, children and children to be adorned with smiles.

This means that there is work to be done over there, human work, that is, work which is the meaning of a home. Not that of a room or a barrack building. It means that over the whole territory of the French nation (the metropolis and the French Union), there are tears to be wiped away, inhuman attitudes to be fought, condescending ways of speech to be ruled out, men to be humanized.

Your solution, sir?

Don't push me too far. Don't force me to tell you what you ought to know, sir. If YOU do not reclaim the man who is before you, how can I assume that you reclaim the man that is in you?

If YOU do not want the man who is before you, how can I believe the man that is perhaps in you?

If YOU do not demand the man, if YOU do not sacrifice the man that is in you so that the man who is on this earth shall be more than a body, more than a Mohammed, by what conjurer's trick will I have to acquire the certainty that you, too, are worthy of my love?

TOWARD THE AFRICAN REVOLUTION

Political Essays

FRANTZ FANON

translated from the French by
HAAKON CHEVALIER

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