

## Psychosocial mutations in Algeria and mental illnesses: What's the relationship?

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### Abstract

Socio-cultural features of the Algerian area, the conditions of precarious lives of its people and the massive phenomenon of acculturation, realize several psychosocial aspects of the relationship between psychosocial changes and the emergence of mental illnesses. Besides the too fast hypothesis psychosocial mutations involved have accentuated the outbreak of mental pathologies seems to us likely. Although the distributions of mental illnesses in all societies are liked to several causative factors at once divers and homogenous: Neurobiochemical, psychological and sociocultural. These are the new mutational data we believe that led psychosocial expeditious upheavals in the Algerian social system: disruption of family break-cell inter-relationship insecurity of children in schools, families of the standing- combat repudiated of woman, education questioned and the population explosion.

**Keywords:** Folie-Mental illnesses; Psychosocial mutations; Social psychiatric system

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*“The scientific mind is an observer and it can be awake if one takes the time to be stopped when one looks at daily so abstract” (Angers, 1997).*

## **I- Introduction :**

Our present is a part of our research concerns open characteristics own scientific knowledge to our social-cultural reality. We are arraigned under direct our investigator lightning on the report: psychosocial mutations and mental illness. Geostrategic characteristics of Algeria, precarious living conditions of its population and massive acculturation phenomenon, psychosocial report several aspects about this report. Among these aspects we will discuss in our thinking course is the social interpretation of “mental illness” in Algeria. It is not out of the old presentation “demographic” of the middle ages. Is this representation is forged on individual feature of the Algerian?

Who, in the image of an often harsh and hostile nature, reveals a proud and fiery temper, austere and rebellious although knowing show, occasionally, generous, hospitable and brave. But remains unclear, it continues to use the term “crazy”, “*mahboul*” in Arabic in its common language, and the same way in the most erudite.

Tell them that it is a disease like any other is not enough. Although a large effort to inform and homogenization was made on the social scene by many practicing psychiatrists. Despite this, the patient and stigma of mental illness continues to spread in all strata of society. Again, the remarkable information published on psychiatric therapeutic progress, could not prevent him reaching. Now, the company continues to blame the patient insinuates that he is responsible for his “madness” the society considers the human astonishingly. Where society itself is considered as responsible for triggering the disease. It is in this context of inclusion (that Ralph Linton called “*Model of misconduct*” (Linton, 1967), and exclusion “rejection, denial, abandonment and stigma in all directions”

We have found it necessary to recall some highlights of reflections about it. Moreover, the hypothesis too fast psychosocial mutations involved to accentuate the outbreak of mental illness is likely. It is in this perspective demonstration we will redefine the issues of the relationship between psychosocial changes and the eruption of mental disorders. The socio-psychological observation we made on the Algerian social reality can help us decipher the ins and outs of its reports. Because our observations at this stage of reflection are very revealing. The deep social unrest expressed through mental suffering is undeniable. Actually, these sufferings have their own rules monographic but subjects who carry this “evil” have their own socio-cultural specificities. Define human mental suffering by simple brain changes the meaning neurobiochemical of psychiatry, is not convenient. Rather than testify –C “another” eminently social dysfunction, activated during a difficult lived daily in the traditional social system.

Therefore, the issue of mental health in this system leads us to rethink the relationship of mental disorders with psychosocial mutations.

### **I.1. Insanity or mental illness: What concept to choose?**

Health “*is not only the absence of disease, but it is a state of mental well-being and social physics*” (Devereux, 2006). It is the question of mental well be of interest. It is determined with respect to the absence of “mental illness”. But in everyday social discourse we use the term “*Mehboul*” for a man and “*Mahboula*” for a woman. Literary translations and comments languages of the terms “madness”, “dementia”, “possession”, “enchantment”, “delirium” is often substituted for the term. There are often too easily slides into the current languages of the use of the term “madness”. The term has taken countless turns of direction. Sometimes it clearly beyond its contextual setting in which it is articulated. Needless to say, to its general use and meaning of his joint in the common language. If we look to its widespread social use, we note that it took a polysemantism signifier.

In many cultures it is “madness” disease disorders caused by evil spirits or even disturbances caused to the soul after the divine punishment... etc. these disorders may not provide to the affected person a particular socio-cultural status of “*M'rabel*”, “*healer*”, “*light*”, or “*Taleb*” (Ey, 1989).

There are “correct ways to “ be crazy. “ if we go back to people who have had this uncomfortable experience illnesses they were” possessed “ they say by an invisible force that replaces their own will and use

their bodies to like a rider on his monture (to exploit it). This issue makes us remember Plato distinguishes implicitly, “ordinary madness origin” an “divine madness”.

He had that the DIVINE MADNESS is divided into four forms: The prophetic madness, ritual madness, poetic madness and erotic madness”.

Devreux also worked on this subject in question and considered two ways of “*being crazy*” “*either he says*” *non-normal*” (Meyer, 2005). Then is a deviant behavior vis-à-vis the established standards, either “*Yes-crazy*”, then there is compliance with certain behavior considered pathological. Only the timed position that allows a subject “mental suffering” to acquire the social status “crazy”. Are the tags that codify sociocultural references “normative” those socially recognized as “pathological”. Anyway, it is for us one facet of what called “mental illness” as equivalent. That said, the concept of “mental illness” seems both ordinary and very distinct. Except that in the literature psychanalytic often encountered another concept from that of “mental disorder”. It is used amalgam to designate in its place “mental illness”.

In contrast, the second that it is linked to an instrumental deficit of the central nervous system. They are actually two completely contradictory concepts. Therefore, it is not appropriate for us to court of this work; we restrict their clinical description. The discussion of specialized theoretical schools is very sparkling then it comes to define these concepts. In our case, we would prefer to keep the use of the concept “mental illness”. We find that the current semantic field is more accurate and clearer the psychiatric point of view.

## **I. 2. By way of a brief overview history:**

Like their Greek masters who preceded them, Arab doctors have always given “spiritual matters” an important part for general health and mental illness in particular. The “madness” was already an enigmatic pathology that fascinated them. But the history recognizes among Arab named “Foukahas el el djismoua nafs”, knowledge to distinguish between diseases. The historians of the ancient medical practice in the world argue that the credit goes to the Arabs. They were the first to build “homes” for the benefit of those affected by “madness”. El Emir Ibn El Walid ABD El MALIK was established in Damascus in 707 of the Christian era a large hospice for “crazy and marginal” to separate and protect the misdeeds of the tribal population. On KALAT BENIHAMMAD, in Algeria there was a hospice that reflected this. Many doctors and not Arabic Arabic expressions had transcribed many texts on mental disorders. ERRAZES already thoughts that “the body structure followed the vicissitudes of the soul”. “AVICENNE assumed a trilogy composed of “El-el-nafss Louama”, “El-el nafss Cheria” and “El nafs el moutmaina”. These dimensions overlap suitably well on instances of the second Freudian topic: The id, the superego and ego. The Great Maghreb saw the doctor IBN OMRANE native of Baghdad; he had a great interest for the understanding of mental disorders. He is the author of a treatise on “Melancholia” preserved until today in the library of Munich (Germany). Followed by Ibn EL Djazzar, author too a precious manuscript titled “Viaticum” it is called in Arabic “el-dhakirat moussafer” whose translation belonged to Napoleon Bonaparte. The twelfth century will see the contribution of AVERROES, and his book “El Kouliet” or “compendium” which has used as a valuable treaty medical education throughout Europe until the eighteenth century. We must not forget IBN khaldun and his masterpiece “Prolegomena” priceless sociology text, in which he was referring to the decadence of thought and Arab thinkers in the twilight of their civilization. It is at that time of decadence “involution” of medical practice has generated among Arab “the talismanie”, “mysticism” and marabout practices. Ibn Khaldun the undisputed master of sociology has severely criticized these practices that demonstrate the ignorance and backwardness of Arab thought. It was felt in all areas of social life.

In Europe 400 years before Christ, Hippocrates knew already distinguish some diseases. By the time all these contemporaries imagined that the “crazy” was even more so possessed by an “evil spirit”. This interpretation gives the right to judge the monks inquisitors and present it to the exorcism if not to the acquisition. Moreover, women who become “crazy” at that time were considered spokesman of the devil and the most horrible services are horribly inflicted upon them. It as Philippe Pinel (alienist) precursor moral psychiatry (invested with a social mission to protect the mentally ill) and his pupil Jean Etienne Dominique

Esquirol, founder of the French psychiatric school, through JP Falret; Jean Martin Charcot, Emile Kraepelin, Gaetan Clérambault, Eysenck, Sigmund Freud, Lacan, Jacques that psychiatric practice was a truly universal off in its practices and theories. Although, there was a globally recognized progress in the management of “mentally ill”, Algeria’s speech.

### **I. 3. The etiology of mental illness: Is it an empirical question?**

Note that the epistemological field of mental pathology remains yet shared between major theoretical currents. These theoretical postulates conferment him several interpretations “scientific”. We present a very briefly some of them.

Theories known by their orientation “organicist Mechanic” or “organogenetic dynamic” return the pathogenesis of mental illness can be neurobiochemical dysfunction, lesion, and infection, toxic, traumatic or genetic order. Henri EY, the spiritual father of biological psychiatry, proposes the following definitions: *“characteristic of these theories is to assume that the symptoms are a fortuitous mosaic, they are lesions functional centers of mechanical products nervositas the obsessive. Hysteria...etc. Such that sorts its forms, morbid psychic life appear to be made of their symptoms (psychomotor disorders ideas feelings, moods illusions, intellectual disorders...etc). Determined directly by lesions of particular brain functional system”* (Onfray, 2011).

The “Socio psychogenic” theory conceives mental disorders as resulting from existential problems that humans face during interpersonal social life. It is based on two main schools of thought: The cognitivism and behaviorism. On cognitivism, recognizes that ideas as real information processing. As against the behaviorism or even behaviorism is another school of thought based on a fundamentally psychogenic design that admits that every observable behavior is determined by the interactions of the subjects with their environmental media. Finally, the psychoanalytic theory of “unconscious pathogenic” shows the antagonism of impulses following that arises from ambivalence or permanent manifestation of “psychic conflicts”.

The logic demonstrates that its psycho-symptomatic manifestations show a functioning “other” of the “physical” device. Operation that refers to an unconscious Para logical. From there, any “mental illness” is clearly the result of avatars suffered an unconscious during the structuring and organization of the instances of the psychic apparatus of a subject.

It is this theoretical postulate that hold far psychoanalysts when they discuss the etiology of mental disorders by analogy to “mental disorder”. It’s true, we have long nursed a bottle of psychoanalyze during our university, but it must be stressed as same whether this theory is at the limit of its own scientific truth. It is increasingly criticized. Freud was approached by saying only “.... Time will tell you if the theory contains more crazy than want or madness more truth than others are now willing to believe”.

We cite, watermark, some lecture notes relating this fact in which psychoanalysis is today. Let’s start with the black book of psychoanalysis “transcribed under the direction of Catherine Meyer and colleagues in which she argues that: *“psychoanalysis has spread like wildfire until the 1950s, especially in USA. But for thirty years, his authority was reduced as a trickle...“Meanwhile, psychoanalysis has been discredited as a therapy.*

*In Northern Europe and the Anglo-Saxon countries, it has mostly taught psychology faculty...“* (Bensmail, 1994). At this critical path of psychoanalytic theory, one can only bows to the long list of brave intellectuals who dared to transcribe their thoughts supported on this discipline. Fossoyeurs bitter Freudian theses, they loosed their language and their feathers to show us some “truth”. We invoke MOGNAT Michel and his book “The Little black Book of the anti-Freudianism. “The illusion of Psychoanalysis”, without even forgetting BENESTEATU Jacques and his famous book “ the fall of the House Freud” without forgetting the contemporary philosopher follower of the People’s University, Michel Onfray and critical theses on “fabrications of psychoanalysis”. “Freudianism and psychoanalysis he said: *“based on a high-flying*

*fabrication built on a series of legends... Freud claimed to scientific False. He wore such a "Conquistador" faithless lawless wishful the. Freud actually extracted his theory of clinical practice, False: his speech process of existential autobiography, the preemptor mode, expanding its tropism incestuous to the entire human race Freud nursed by psychoanalysis. False...With cocaine, electrotherapy, hydrotherapy, hypnosis, the imposition of hands or use the monstrous psychophore in 1910, its therapies are a den of thieves. Fraud healed. False: he knowingly falsified results to conceal the failures of its analytical devices because the couch heals within the limits of the placebo effect. Freud was a liberating sexuality. False: his legitimate work the ascetic ideal, misogynist machismo and homophobia..." (Boucebci, 1978).*

This determines the name of progress of universal human thought, the inquisitors of Freudian psychoanalysis, still hard to take their spots seriously. Whether some consider them in bad faith. But with "the Freudian unconscious" that said, we have no truly intention in this present text to indictment against psychoanalysis.

## **II- Medical knowledge and social speech, or is the Algerian psychiatry?**

Integrated in the medical field since the recent decades after a long and painful journey through the desert, psychiatry is finally defined as that part of medicine that studied and treats mental illness. Developed countries economically and socially, admit that mental health is priority sectors of the public health system. It is these countries that got rid of the "large asylums" of the past, giving way to mental hospitals worthy of the name. In our country, it is clear that psychiatric help was a great progress since the national independence. Several psychiatric facilities were built despite their disabilities to meet a very pervasive demand. The "huts" (Bensmail, 1987). build into general hospitals during the years of embers of colonization; have disappeared in favor of specialized services called "neuropsychiatry services. "Many specialized hospitals (EHS) in psychiatry have emerged here and there, throughout the national territory.

Many psychiatrists' youth begin to be formed on the faculties of Algerian medicines. They took over from their ancestors here and have been since independence. Despite these considerable efforts, a high psychiatric morbidity increasingly noticed is felt and poses a great problem of the management. In parallel, the mentally ill continue to suffer exclusion from the health system. The psychiatrist is overwhelmed, no longer able to contain the massive flow patients who consult. At the same time, he noted that he did not even consider that these colleagues in other medical disciplines. Bensmail has repeatedly raised questions: "*the country did not yet have any concrete policy, formulated or no coherent program of any organizational model practice, in terms of support the mentally ill, in the fight against mental illness and still in mental health*" (Addi, 1999).

So, as such psychiatric practice in Algerian social environment, as conceived tells us that it is not healthy. The psychiatrist as social medicine specialist is immediately stuck in its position between on the one hand, his medical knowledge and other hand its daily confrontations sociocultural realities of his country. Moreover, the late Professor MAHFOUD BOUCEBCI forward some ideas on that level of thinking when he argues that "*... the geographical, historical, socio-economic, cultural and religious giving the psychiatric dimension is special... the very rich cultural heritage present multiple aspects including diversity often refers to his understanding of the history of Algeria, characterized by numerous foreign invasions and occupations social and family. The organization was and remains largely marked a traditional practical structure. The place of Islam is fundamental, even in zone Arabic name. However the traditional, archaic and magical practices remain common...*" (Medhar, 2013).

This articulated cultural heritage in this "traditional social system" challenges concerning the work of the psychiatrist? Indirectly, it considers itself involved in this delicate situation. So, it becomes difficult for him to think outside the general discursive context. This involvement hinders its nosological clinical approach. He is obliged in this case follow the criteria universally known to cause "correct" diagnosis, to



continue to behave exactly what psychiatric. The sociocultural is needed in opposing such is the difficulty. This difficulty is subservient to the fact that he is himself “trapped” in the speech of the “traditional social system”. With which he has deal with. The weight and influence of this dimension coated interpretations and magic-religious beliefs, enchantment or possession, already put in a rather uncomfortable situation. BENSMAIL confirms this imperfect position in which the attending psychiatrist feels totally “tied up”. *“In the Arabic-Islamic culture, there are no strictly secular conceptions, scientific, the sick, nor even of medical knowledge. The invention of the sacred and the reference to God Volente is a constant donated. The sacredness of the human person, life and disease, opposes megalomaniac anthropocentrism current technological societies. In North Africa, popular expressions as “the doctor treats and healing belongs to God”. “God created the disease and the medicine”, “The doctor is only the instrument of God Volente” demonstrate the absence of cleavage between profane sacred...”* (Boutefnouchet, 1982). This is the evil action of light (the evil eye) bewitchment, generally criminalized. This cultural model of persecutory magical interpretation allows reducing the anxiety by the objectification of the persecution and the designation of the alleged persecutors.

The disease is a clean process endogenous to the patient, but an accident from without, the intrusion of a bad object to expel the earlier...

It was in this socio cultural unit psychiatrist inadvertently sees its slow dissolution in social discourse and gradually surrendering his speech science. It is conscious of its responsibilities; it rightful to open the medical field to that of the social. For the person Psychiatric community can deny the link between psychosocial upheavals and their interactions on mental pathology. The real danger in our opinion is when the psychiatrist “deny” these links to be contained within the biological dogma. Or, if he does not accept the idea of opening the doors of the psychiatric hospital in the company so he can audition human suffering in the cities of the country. Instead of waiting to come home to nest within the walls of the hospital, he must leave his team to listen in low-fons of society. Dangerous, if it alienates in stereo-typical professional agent “prescribing psychotropic drugs” commonly called “chimiatre”. –it is necessary that medical science in general and psychiatry in particular have sensationally progressed during this 21<sup>st</sup> century of our era. Countless current drug discoveries is therapeutic psychiatric confirm this.

Today, it seems to us that the fundamental questions psychiatric “social” on clinical mental illness. We assume that is quite tormented by climate psychosocial mutations that cause a lot of damage on consciousness. Patient taught us every day the fight against the specter of social misery. Social suffering “noisy” and “not noisy” manifested through mental pathology continue to deploy our huge. So country “*Given the socio-cultural inference and political implications show the complexity and difficulty of the psychiatrist to remain faithful to his therapist role in supporting any patient as being in distress, is a world where the message become increasingly complex and less personal*” (Bensmail, 1987).

### **III- Psychosocial mutations and mental diseases: Where is the relation?**

The distributions of mental illness in all societies are linked to several causative factors at once diverse and homogenous; neurobiochemical, psychological and socio-cultural. Today, recent discoveries in neuroscience suggest that neuroplastic and biochemical alternations in brain nerve centers are implicated as contributing factors manifestations of mental illness. These research works are prominent in national and international congresses of psychiatry. This said, that they suggest considerable Progress in the future of psychiatry. I mean a better understanding of psycho physiological and neurophysiological dysfunctions and the brain.

Add again the prestigious progress of psychiatric pharmacology and the introduction of new psychotropic ranges that have allocated therefore remarkable clinical improvement. Even if it turns out that it posed the inconvenience side effects, they contribute to curb real crises psychomotor agitation.

Certainly, the human being is not a biological machine, but chemical molecules are still miracles in emergency psychiatry.

So, if the human being is not just made up of a mosaic of organic devices, it is considered to be a highly social. This human is sometimes faced with real interpersonal problems. Which in our opinion cannot be without consequences? Adds the influence of very dynamic changes, too complex and difficult to control as the company vehicle in which he lives. Algerian society was a great upheaval: the traumatic aftermath of terrorism during the decade of cities cramped and uncomfortable sleeping in public life, charted the life, the growing youth unemployment “*El-hogra*” lived and felt in every corner street, crime, prostitution, drug addiction, innocent infants crimes, accidents phenomenon of street...etc. these tangles are a real source of study and exploration in social psychology. Its social problems deserve to be well defined and provide practical solutions. If not, social risks may develop exponentially. Car, the socio-political stakes are high and social magazine could explode at any moment. Social misery promotes rebellion, when it is repressed in her crib, she could be the cause of severe mental disease manifestations. On the Algerian scenes, there are according to figures from the National Bureau of statistics, published by the national daily El-Watan “*three million Algerian suffering from schizophrenic disorder estimated to be one percent (1%)...5% of the population prone to depression*” (El-Watan, 2010). To not be spread too much on those already achieved, we should not exclude this field those who are not. Unfortunately, it is worth noting that the mentally ill is doubly marginalized. It is marginalized by symptomatic manifestations of the disease itself, and second, by the persecutors behavior of members of society to her.

Given these vexations exhibited, most mentally ill leave the family home to live their wandering in the margins of society. Hostility formulated to them, pushing them to divest their immediate surroundings. Disoriented in time and space, only defensive alternative, they found to counteract the traumatic experience of social ostracism. Fuyant malicious looks of the inhospitable social environment; the street becomes their precious shelter awaiting the blessing a warm heart. Abandoned, the injunctions of their hallucinatory activity, we see them every day exposing their bodies in shame chertif on curbs towns and villages.

Completely disjointed from what is happening around them. Obey without dam to power their delusional themes; they often end up committing act “delicious” and pass few years in prison. Constantly subjected to enjoyment side effects of neuroleptics, they have great difficulty coping and social reintegration. They are often noticed and/ or stared through the involuntary tremors of their ends in mostly unmotivated. So for several reasons, the only link that keeps them precariously in society; it is the street, the psychiatric hospital or prison! Planning the management of this particular group of patients requires preventive intervention permanently by health authorities competences. It is based necessarily on the universal principles of humanism. Because today there is a growing demand to psychiatric assistance, both for adults and for children and adolescents. Unfortunately, inadequate psychiatric facilities and shortage in specialized medical and paramedical personnel in psychiatry are felt.

The young countries Algeria and young country is full psychosocial mutation. The opening to the world through the choice imposed from market economy adds to its geostrategic position of Algeria, which toggles the Algerian towards more consumption. That is to say, more enjoyment. In the same of modernism and the aspiration of modern society, the company saw a shock civilational articulated behind strong mutations. We say clash between the desire for modernity and refusal to Give Up “traditional social system” What to ripple generated by the eagerness to preserve ancestral socio-cultural values” Political Islam” is tangible proof as ideological reluctance barrier against “modern life” these are the psychosocial processes that inform us as possible, on the “decay” of social life found in Algerian society. Algerians yesterday and today are not the same, “the man of the twenties and thirties generation knows that change is irreversible and he saw that the sociality of his youth is definitively turned page...”

It seems to recall very briefly opportun mutational few clues found on the Algerian social scene. Rather we talk about change, not change. Thedistinction between these two concepts casting vote. Addi

(1999) proposes a perfect differentiation: *“...it is appropriate to mark a difference between change and social changes. In the first case, the change is the result of a change that was part of the time. Through several generations in the second, it is a breach suffered by a generation or two. Social change is evolutionary, imperceptible, the mutation would be brutal. The notion of change implies the speed or break. In reality, the difference between change and transformation refers to the nature of causes that led to the transformation. In one case, the change would be the result of endogenous factors, while mutations would be by exogenous factors. From this point of view the transformations experienced by the social system in Algeria fall instead of the mutation....”* It is these new mutational data that challenge us in more ways than one today. They have produced expeditious upheavals within the system social. We still outline some ideas that we have noticed on social scenes, and we found it useful to present briefly as follows:

### **III. 1. Disorganization of the family unit:**

The family organization today and yesterday is no longer the same. It saw a radical transformation of its structures, “passing an early marriage at a late marriage, which led to an increase in permanent celibacy of the age group” 25-40 years old men “and “18% 20% for women aged 30-34 years”.

The dissolution of number of marriages by divorce was also observed. The consequences of these mutations were generated within the Algerian families new *“mechanisms of action psychosocial and cultural: seizing opportunities, opportunism, contention, deceit, cunning, subterfuges, resourcefulness, manipulation...”* (Medhar, 2013). The family structure traditional was once based on unity, brotherhood, solidarity, respect, tolerance and consideration of others has imploded view on same-itself. We went quickly from the traditional extended family to the nuclear family without any transition. What Jacques LACAN calls “social isolation for two”. it ceased to be a production cell. It has become a living unit in its new social function or each member is rather in the individualism of the initiative and uses every means to personal success. *“ The family shows in a whole organism dynamic or social statistics, any homogeneity, these internal inevitable contradictions in human society and reflect the cultural and religious fashion mode, economic mode and political fashion, the legal mode, traditions, customs and customs of the global society in which it is integrated and evolves. Any significant transformation of global society will read in the family structure...”* (Boutefnouchet, 1982).

### **III. 2. Fracture intergenerational link:**

Yesterday, the intergenerational link was cemented by the transmission of values through education *“...especially intended to maintain the authority of the older, and that of the first Father, that authority once guaranteed life common family generations is responsible for the child’s general education “ the mother who”...*(Boutefnouchet, 1982).

*“Generally permissive, tell their children, direct and indirect ways. The preferential terms they will have used to act and interact. In doing so, they instill their psycho-sociological and cultural mechanisms they put it out selves...”* (Medhar, 2013). Today more educated in the tradition of preserving the acquits. The “legacy cui contributed to the perpetuation of the same in the traditional Algerian family is no longer in force at present in the villages and companions. The collective work of the land of the ancestors, even if it is situated in a circle too small subsistence. The story does not interest young people. The history of the past is exceeded; it is the archaism for them. The valuation of the future is opposed to the force evaluation of the past. The culture of belonging to the family line.

### **III. 3. Insecurity of children of school and home environment:**

The Algerian family environment was once a safe place for the child, now hides the “hell and transmits hatred: *”Nearly 7,000 cherubs have been victims of sexual violence the, 2010, said yesterday the president to the Algerian network for the Defense of the Rights of the Child... added to this are 9,000 distress*



*calls to toll network...*“ (El-Watan, 2011). J. De AJURRIAGERRA said that “ the child cannot be understood solely in terms of what is happening within its functional devices because this form of communication, the bonds that unite the outside world, the clash between his instinctual activities and “the surrounding environment” the Algerian school has also become a sounding board for many misfortunes for children. It is no longer considered as a space of culture and knowledge. This “improper purpose” now characterizes his social image. She became a babysitting institution. A must for every child in school age. Now she no longer an ideal vehicle or one could succeed in socio-professional life. Violence and intra-school was characterized more, because it has lost its neutrality. It has become a device that transmits the political ideology and proselytism. The Algerian school is at the center of considerable concern when it’s educational task. Huge concerns through the parents when the educational future of their children.

### **III. 4. The ongoing battle of the divorced woman:**

Algerian women could almost lead a fight or a battle to get rid of the “traditional social system” by leaving his status divorced wife of mother overwhelmed by the high number of children to be in a position to succeed in life. Since it tends to free the voluntary regulation of its birth as existential choice. She struggles to date the expansion of household chores with husband who was formerly macho. Despite his tough battle on the social arena, unhappy is to say, it continues to be abused without forgiveness. The statistics that advanced during 2011, “ *there was every hour a woman abused by beatings, insults, harassment, sexual abuse and rape. In nearly 60% of cases, these intolerable aces are worn by the hands of z husband, a father of a wandering hand, the heavy hands of a brother or those uncles... 1,540 cases of violence were perpetrated by the husband, in 1512 had the age of 19-25 years, 2078 women had the age of 26-35 years and 1596 aged between 36-45 years...*“ (El-Watan, 2011). These numbers reflect a new mythology in some malicious Algerian families”. We must rethink the Algerian family “shouts loudly sociology “GREAD” Oussdik (Oussdik, 2012). .

Today “*The instructions daughters, the mastery of their fertility especially in urban areas, women’s demands for changes in their legal status “”, are all factors that upsets gender-based division of labor traditional. The access of women to the labor market and the desire to maintain it after the wedding, even after the arrival of children, suggests that families are undergoing a change as deep as fast*” (Oussdik, 2012).

### **II. 5. Education in Question!**

Educational laxism parents generated a “deficiency syndrome authority”. Fathers are patronized by their conditions of weakness. They lost their power and their place of old, as guarantors of authority and the law in the family. Their offspring manifest to them a desire for domination. Dominated by their offspring, they can no longer control them. The mythical image of the ideal father is completely desecrated. This uncomfortable position, led them to challenge and to come into conflict with them, “*Fathers do their children to tell them yes immediately after. They end up more or less rapidly accept all their demands. In practice they do refuse them anything. In fact, they do not subject to any discipline. They do not impose any effort or any support. In this situation of lack, they learn towards an absolute identification with other “paternal imago” forced to look elsewhere*“ (Madher, 2013). Vulnerable under these conditions they become easy prey to ideological indoctrination o terrorism. Babies’ education in large cities is out of family function.

Parents took their working conditions found themselves unable to execute the task. Psycho-affective relationships necessary for the harmonious Evolution of their children no longer concern. Babies intermittently deposited without the intramural crib “abandoned” in the hands of very young nannies, malformed additional benefits for the educational function.

### **II. 6. The Population Explosion:**

The population explosion poses many problems on the national scene, it is no longer under control and socio-economic problems resulting are not without consequences. The Algerians are becoming more numerous in the country. We know that the population doubles every eighteen. In 1962 there were eight million, in 1987-it exceeded the number of twenty-three million. At January 1, 2012, the total resident population of Algeria has crossed the threshold of September 30- million. Here, some demographic graduations to explain the extent of the national demographic phenomenon: “2500 births a day, 162,000 deaths, 910,000 births, 37,1 million people, and 369,000 marriages in age 10,4 million women childbearing 76,4 years of life expectancy Ala birth, 50,60% of male population...” (ONS, 2011).

This accelerated demographic climate also promoted too rapid and profound changes. Who they even are highlighted in various psychopathological decompensation, Promoting over there mental pathology. The first people who need to meet face-to-face human suffering; it is the psychologists and psychiatrist practicing in the field of mental health prevention. The psychiatrist is more, because of its position in intervening doctor emergencies. It is immediately positioned as a third party. Suddenly, he finds himself caught between the interpretations of traditional mental illness perfectly rooted in the magical religious beliefs and medical “scientific” knowledge. So, the enchantment ideas, possession, sorcery socially designed as causes, put him in an uncomfortable situation to his knowledge and psychiatric power. In that place there, he was indirectly subject in a delicate situation for a reliable diagnosis and perfectly continues the care of these patients.

Remember that it saw the influence of this “system” traditional social “with which he is obliged to call it BENSMAIL says this uncomfortable position of psychiatrist and advance these statements. “ *In the Arabic-Islamic culture, it no strictly secular design, science of the disease, nor even know medical. Sacred knew intervention and the reference to God Volente is a constant. The sacredness of the human person, life and disease, if oppose the megalomaniac anthropocentrism current technological societies. In North Africa, popular expressions as “the doctor treats and healing belongs to God”, God created the disease and the cure”, “The doctor is only the instrument of God Volente”, show no division between secular and sacred” ...It is the action of the evil eye (the evil eye) or a spell, generally criminalized. This cultural model of persecutory magical interpretation allows reducing the anxiety by the objectification of the persecution and the designation of the alleged persecutors. The disease is no longer a bad object to expel the earlier*” (Bensmail, 1987).

“has its roots in the social mold the psychiatrist, conscious of its duties and responsibilities should seek to open the medical field or social field to understand the problems (causes and consequences) of mental pathology. The real danger our opinion may arise when the psychiatrist contains in its deadly theoretical chauvinism. Or, when it alienates behind in s stereotyped form of practice describes as “chimiatre”. The psychiatrist is forced to deal with the social to understand mental illness. For, psychiatry has evolved and its progress is sensational as confirmed, discovering drug treatment innumerable. Neuroscience has deeply upsets the ancient knowledge of the brain. Directly, the theoretical knowledge and practical knowledge about mental illness rebounded impressively. But the influence of social conflict on the mental activity of the human being remains to explain and/ or clarify. It must know that for triggering mental illness requires the participation of many interacting factors. Psychosocial mutations in our opinion are among many others. If carried out by social groups, their consequences on the subjectivity of human persons are transcendent.

## **V- Conclusion:**

Say: take the risk to retract! Psychiatric practice in Algeria encounter major obstacles in its clinical therapeutic approaches are repealed by the involvement reluctantly magical-religious practices in the sociocultural context of the “traditional social system”. In addition, it is not well regarded in the medical field. Some medical specialties from show for it, a powerful sub-course. It is necessary to pull sweat admission to a specialized medical service of a mental patient with a medical condition.

Medical and paramedical staff, cross any refusal strength and rejection. Because the people who uncritically accept a “traditional social system” do not let be dispossessed of their archaic thoughts. They do everything to resist. How psychiatrist he happens to be interested in the influence of psychosocial factors on mental health in such a social system? The repo, was simple, it's that same system that rejects block and resists the force of his “scientific” knowledge. Victim of this critical position, he sees himself disarmed so he is persecuted in social discourse: “psychiatrists are mad doctors”.

In the social imagination is the foreign considered in relation to their beliefs, and paranoid convictions and certitudes? If does not integrates in the sociocultural mold, it will be quickly discredited see even excludes. These same beliefs are the members that make up the “traditional social system” do not recognize the psychiatric hospital as a health care setting. The traditional social discourse admits that psychiatric hospitals are not safe places where we cures “bewitched”, “the bewitched” or “possessed by the jinn”... etc. Moreover, this same logic of traditional discourse unwittingly pushed the government to build psychiatric hospitals outside the cities. This is the logic of the asylum archaic thinking that dictates the distancing and alienation from human suffering. Then the hen decides to build a health center of clinic with its various medical services, there is great concern it is not located near or at the center of the city. Decent support for mental illness is the last wheel of the cart. The “deposit” of patients in mental hospitals inside somehow reduces the anxiety of those who are outside. It no longer worries of their social and professional reintegration. Parents voluntarily forget when they feel gotten rid of them. It is these issues that challenge us in a society that is falling apart slowly. The values of mutual aid and solidarity are no longer appropriate.

Many patients rotting in the pavilions of psychiatric hospitals forced by their mysterious fate. Some of them live for several years. Nick named the “social cases”. They are admitted in the involuntary; by public authorities for multiple social reasons. Victims’ mostly psychosocial changes that knows more Algeria. Many people died within the same these psychiatric institutions in absolute anonymity. Other patiently waiting their turn in the bitterness of “ospitalisme” force-calls without vain psychiatrists on the phenomenon of “asilisation” mental hospitals “found no attention. The psychiatric hospitals are not machines cure social ills. But they should not be converted into a dumping ground of being human in need of life. It is inadmissible to instrumentalise psychiatrist for socio-political conflicts in the country.

The psychiatric hospital is to be a human-care environment that aims to prepare mentally ill in social and professional reintegration. The mentally ill have no dissimilarity compared to other patients who are related to other medical specialties. They are rather human beings crushed by the machine murderous psycho mutations. As long as they are not responsible for their illness, they are not responsible influences social changes taking place without their knowledge. So, why the hatred and persecution towards them? It is not right-to believe the quote ROCHEFOUCAULD” who lives without folly is not so wise as he thinks”. Finally, we say that mental illness continues to fascinate us in its own way, through the impact of its clinical manifestations we encounter every day. When the patient, they do not stop to subjugate us through the poetry of their wacky inventions, the warmth of their hallucinatory images and color their “delusional metaphors. Our “evil” to say are addressed to this “system traditional social” so that its members can help them without ostracism. Our “words” to say, it also addresses the Algerian psychiatrists community to redouble their effort to listen to their suffering advantage human triggered through the intricacies of psychosocial mutations. Mental illness as experienced intra and extramural psychiatric hospitals is essentially directed towards us, the “country” supposed to know.

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