

MADNESS AND METHOD: APPROACHES TO THE HISTORY OF MENTAL ILLNESS

Parle, J (2007) **States of mind: Mental illness and the quest for mental health in Natal and Zululand, 1868-1918**. Pietermaritzburg: University of KwaZulu-Natal Press. ISBN 13: 978-1-86914-098-4 pbk. Pages xv + 334.

Sally Swartz
Department of Psychology
University of Cape Town
Sally.Swartz@uct.ac.za

In the past fifteen years a number of histories of colonial psychiatry and the colonial insane in Africa have appeared. These include Megan Vaughan's influential "The madman and the medicine men" in **Curing their ills: Colonial power and African illness** (1991); Jock McCulloch's **Colonial Psychiatry and "The African Mind"** (1995); Jonathan Sadowsky's **Imperial Bedlam: Institutions of madness in colonial southwest Nigeria** (1999); Robert Edgar and Hilary Sapire's **African apocalypse: The story of Nontetha Nkwenkwe, a twentieth-century South African prophet** (2000); Lynette Jackson's **Surfacing up: Psychiatry and social order in colonial Zimbabwe, 1908-1968** (2005); and now Julie Parle's **States of mind: Searching for mental health in Natal and Zululand, 1868-1918** (2007). There are also growing numbers of scholarly articles and chapters in books on colonial asylums in and beyond South Africa (see for example, Swartz, 1995a & 1995b; Deacon, 1996; Marks, 1999; Keller, 2001). This small industry is parallel to, and has features in common with a large body of work on the history of psychiatry, insanity, and lunatic asylums in Europe and the US. Historians and social scientists have puzzled over a set of recurring themes, including classification systems and their use in the management of people regarded as mentally ill; economic and social factors underlying the dramatic growth of asylum populations from the mid nineteenth century; treatment regimes; and the slow professionalisation of mad-doctoring in relation to growing asylum populations. Histories of asylums and psychiatry have provided a complex and welcome context for studies of twentieth-century psychiatry, the de-institutionalisation movement, and a variety of perspectives on the psychiatric industry. Michel Foucault's **Madness and civilisation** (1989:274) in which he argues that the "stammered dialogue between madness and reason" was interrupted by a "great confinement" – a sweeping analysis of the impulse to segregate lunatics from society - has provided a provocative counterpoint to detailed histories of specific asylums in particular social contexts.

Histories of colonial asylums and psychiatry have much in common with those concerned with northern hemisphere contexts. However, there is one additional theme, concerning the relationship of colonial psychiatry to racism and oppression. There is evidence that colonial psychiatry shadowed colonial government policy in putting in place practices that had racist effects. These included inadequate provision of accommodation for the black insane in colonial asylums, discriminatory treatment regimes in which the white insane had better care than their black counterparts, and scientific justifications for patterns of diagnosis that treated black and white patients as biologically different groups (Swartz, 1995a & 1995b).

Evidence that colonial lunatic asylums institutionalized racist practices suggested a set of further possibilities. Did colonial governments use such institutions to incarcerate colonized subjects who posed a threat to their rule? Were educated, critical and politicized colonial subjects, men and women who dared to question colonial policies, vulnerable to being labeled insane? Were asylums, along with jails, used to solve the problem caused by individuals who had a disruptive effect on otherwise docile communities? Much of this literature begins with the assumption that many colonial institutions were repressive of colonized populations, and discriminated against them on racist grounds. The kinds of evidence used to flesh out the argument vary from study to study. McCulloch for example concentrates on the scientific writing of Africa-based ethnopsychiatrists in the first part of the twentieth century. By contrast, the Edgar and Sapire study centres on the figure of Nontetha Nkwenkwe, a prophet with a sizable popular following, labeled insane and confined for many years as a patient in the South African psychiatric system. Both of these contributions illustrate a powerful discursive formation about colonial psychiatry and the black insane, one that repeatedly identifies the black insane as victims of state repression. It is a formation that works to place narrative constrictions on ways of writing about this complex relationship.

A brief set of illustrations of this will outline the problem. In **Curing their ills**, Megan Vaughan (1991:118) observes: “The madman and madwoman emerge in the colonial historical record not as standing for the ‘Other’ but more often as being insufficiently ‘Other’. The madness of colonial subjects is to be feared, for it is indicative of ‘deculturation’ and the breaking of barriers of difference and silence”.

Vaughan suggests that “individuals who had ‘forgotten’ who they were, and had ceased to conform to the notion of the African subject” were the ones who “most often found themselves behind the walls of the asylum” (1991:125). This narrative strand is taken up in Edgar and Sapire account of Nontetha Nkwenkwe’s long period of institutionalization as a mental patient in South Africa (1922-1935). In a section entitled “Troublesome Persons” they argue that colonial authorities “invariably only confined deranged Africans in asylums when they disrupted the regimes and disciplines of work on white farms, in the kitchens, and mines or when they threatened social peace more generally, whether in the street or ‘native reserves’. The primary concern in confining mad Africans thus was less with ‘curing’ or alleviating their mental pain than with removing them as a source of disturbance to society as a whole” (Edgar & Sapire, 2000:34).

This thread of this argument is taken up by Lynette Jackson in her study of Ingutsheni Asylum in colonial Zimbabwe. She suggests that colonial psychiatry was an arm of “the

colonial state's repressive power apparatus", targeting the "insufficiently other" (Jackson, 2005:14). She uses case records to argue that "the mobile African woman elicited suspicion", and further notes "The most common reason for admitting African women to the colonial mental hospital was 'strayness', meaning that African female admissions were generally those who, for one reason or another, were thought to be in the wrong place (ibid:127).

The discursive formation that takes root in these texts, one that demands that the black insane *were* other, which is to say *different* from their white counterparts, seems at times to emerge *despite* the archive. It is possible to argue – and indeed Cape Colony asylum superintendents did argue – that "deculturation" and problematic contact with "civilization" contributed to increases in numbers of black insane men and women in the colony's asylums. However, there were just as many fears about the effects of living in the heat of Africa, in contact with "primitive" peoples, on the sensitive European psyche. The black *and* white colonial insane therefore broke "barriers of difference and silence" in a number of ways. The suffering of the black insane signaled their humanity; moreover, in their madness they often said the unsayable, calling attention to their values, beliefs, hopes for the future, and their struggles with servility in a changing mesh of power relationships. In suffering they were "insufficiently Other". On the other hand, the white insane, degenerating into alcoholism, sexually transmitted disease and irrationality failed to *maintain* the levels of civilized behaviour that should set white apart from black. The white insane were insufficiently other: in fact they had "gone native".

Archival studies also make clear that in Africa, accommodation in mental institutions always fell short of demand for prospective white and black patients. The "troublesome persons" who were "confined" were indeed often disruptive, and included black *and* white men and women from all walks of life. As Parle succinctly states, "black men and women who refused to restrict themselves to the 'appropriate' social niches that colonial society assigned to them could be regarded as mad; but so, too, were white men and women who similarly forgot, disregarded or rejected the niceties of their social status and racial milieu" (2007:19). Shortage of space, difficulties in transporting persons to asylums, financial constraints, and finally thin penetration of white authorities into many black communities, meant that those sent to asylums were in urgent need of attention, and were only taken into state care after persistent trouble or repeated petitions from families and friends. As Jonathan Sadowsky points out, colonial institutions were often "too shifting and diffident to accomplish hegemonic domination" (1999:116). Similarly, Julie Parle concludes that on detailed examination, it is "not so much the power of colonial psychiatry that becomes evident, but its effective limitations" (2007:304).

The Jackson argument about "stray women" also needs interrogation. Archival sources consistently suggest that in African institutions women were under-represented, partly because of scarce accommodation, and partly because it seems that their absence from the labour market kept many out of sight, in rural communities. Jackson however notes a "dramatic increase in the African female population in both the towns and the mental hospital during the 1930s, 1940s, and 1950s". In the same paragraph, she records the ratio of African male to female asylum inmates as remaining steady at 1:4, and of African women to total asylum population as slightly under 1:6 in the same period. The African

female population rose from 52 in 1929 to 286 in 1956, which given general population growth and gradual increase in available accommodation for the insane during this period, might constitute a *decrease* over time in numbers of African women in the population being identified as needing institutional care (cf Jackson, 2005:110).

A discursive formation centred on colonial oppression has therefore led readers of the African lunacy archive to a curious myopia, and resistance to readings which might confront the layers of similarity and difference, contradictions and ellipses that characterize an along/against the grain description. All of this is in contrast to the clear-sightedness of Julie Parle's **States of mind**. Indeed it is to be hoped that this study of mental illness and its treatment in Natal and Zululand, from 1868-1918 is widely read, that its nuanced depiction of a complex area has a shaping effect on future scholarship. It is a superbly crafted history, revealing a thorough and broad acquaintance with a rich archive, and while it certainly takes on issues of gender, race, class and colonialism, it does so in ways that challenge familiar lines of argument. She is careful to grapple with South African colonial psychiatry as an institution underpinned with often humane intentions, even though these intentions sometimes were obscured in practice by the social and economic machinery of the colonial state. She maintains a plurality of focus – on psychiatry and growing professional knowledge, on cultural difference and its effects, and on colonial legislation and institutional provision. At the same, against this broad backdrop, she inserts case studies of satisfying specificity. The account of Town Hill, Dr James Hyslop, and later, the treatment of suicide as a problem in colonial Natal are powerfully deployed as evidence of a bigger and more complex picture. She also maintains a welcome sensitivity about the topic of mental illness, and the stigma attaching to sufferers. She argues that part of the point of a history such as **States of mind** is a “sympathetic retelling of the suffering” endured by psychiatric patients, as a potential contribution to “a lessening of the marginalization of the mentally ill both in the historical record, and in the present” (Parle, 2007:26).

States of mind is of potential interest to psychologists for a number of reasons. Histories of insanity bring to attention the dilemmas universally confronted not only by governments and communities, but also by families, in attempting to manage a psychotic relative, during a time in which there was no effective treatment. Lessons from history have much to contribute to those engaged with deconstructive/critical technologies in the area of psychopathology. Similarly the lessons of history have much to offer on the relationship between mental health, cultural difference and institutional responses to mental illness. Institutional landscapes may shift over the years, but many of the challenges, triumphs and intractable sorrows of nineteenth century lunatic asylum doctors and patients, are easily recognizable to today's clinicians. The measured historical eye of the problem is comforting.

REFERENCES.

Deacon, H (1996) Madness, race and moral treatment: Robben Island Lunatic Asylum, 1846-1890. **History of Psychiatry, 7**, 287-297.

Edgar, R and Sapire, H (2000) **African apocalypse: The story of Nontetha Nkwenkwe, a twentieth-century South African prophet**. Johannesburg: Witwatersrand University Press.

Foucault, M (1989) **Madness and civilization**. London: Tavistock.

Jackson, L (2005) **Surfacing up: Psychiatry and social order in colonial Zimbabwe, 1908-1968**. Ithaca and London: Cornell University Press.

Keller, R (2001) Madness and colonization: Psychiatry in the British and French Empires, 1800-1962. **Journal of Social History**, **35**, 295-326.

Marks, S (1999) "Every facility that modern science and enlightened humanity have devised": Race and progress in a colonial hospital, Valkenberg mental asylum, Cape Colony, 1894-1910, in Melling, J and Forsythe, B (eds) (1999) **Insanity, institutions and society, 1800-1914: A social history of madness in comparative perspective**. London: Routledge.

Sadowsky, J (1999) **Imperial bedlam: Institutions of madness in colonial southwest Nigeria**. Berkeley: University of California Press.

Swartz, S (1995a) The black insane in the Cape, 1891-1920, **Journal of Southern African Studies**, **21**, 399-415.

Swartz, S (1995b) Colonizing the insane: Causes of insanity in the Cape, 1891-1920, **History of the Human Sciences**, **8**, 39-57.