

A nuanced exploration of the Cape Colony's psychiatry system

Sally Swartz, *Homeless Wanderers: Movement and Mental Illness in the Cape Colony in the Nineteenth Century*

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Sally Swartz's *Homeless Wanderers: Movement and Mental Illness in the Cape Colony in the Nineteenth Century*, explores the history of insanity in the Cape Colony and in extension the British Empire between 1890 and 1910. This was a period of massive social change due to the rise of immigration, and as will be shown in this review, policing of the insane was central to sustaining colonial settler identity. Thus, in 1890, the Cape Colony restructured its system of surveillance and confinement of mentally ill patients. This included appointing the first inspector of asylums, changing lunacy legislation and establishing two new asylums (p 4). Swartz ends her analysis in 1910 because after the formation of the Union of South Africa, information from different provincial archives made it difficult to trace the movements of mental patients between the domestic sphere and the government asylum system (p 4). Swartz uses the terms "insane" and "insanity" to refer to those who during the period under study were classified as such by professional doctors and the terms of the law (p 6). She stresses that the story of insanity does not only involve those identified as suffering from mental illnesses but also includes the affected families and the wider community. Swartz therefore wrestles with the question of what it meant to be declared mentally ill, and the implications of insanity on individuals, families, healthcare workers, the police, magistrates and other colonial authorities.

The literature on insanity has produced two major images. On the one hand there is the image that emphasised movement – where an insane person is banished from the community and left to wander. On the other is the trope of stasis – the image of the mental patient in "shackles, straitjackets and padded cells..." (p 1). The central theme in this important work on mental illness in the Cape Colony is the tension between these two tropes: movement and stasis. Swartz demonstrates how this tension has affected the way in which insanity has been conceptualised and written about. On the image of stasis, a central feature of asylum institutions, Swartz suggests that to a certain extent, this is a result of how scholars have read the archive. She maintains that the archive masks the various negotiations and contestations taking place in asylums. Her work is thus in part an exposé of the complex nature of asylum routines; it is also a critique of how the archive is read. The image of movement, on the other hand, enables Swartz to move beyond the state's surveillance system, bringing families and communities into her analysis.

Swartz frames the history of psychiatry in the Cape Colony within the politics of the British Empire. She argues in chapter two that the way mentally ill persons were managed in the colonies was heavily informed by policies shaped in Britain (p

16), while at the same time she demonstrates the agency of local conditions. This opens up ways of examining how the colonial system was an extension of that in the metropole and yet differed in certain respects. Indeed, the makeshift existence of the early Cape settlers and their struggles to construct new colonial identities fed into the different ways insanity was constructed and affected the deployment of laws on those who were considered insane. In addition, the presence of insanity among the colonised communities made the situation more complex. Swartz notes that at times, indigenous ideas on madness were at variance with the Western conceptualisation of insanity. These differences gave rise to certain stereotypes about the colonised, for example, the infantilisation of indigenous adults. Indeed, unlike the situation in the metropole, colonial authorities were faced with two problems: to provide services to the settler communities (with the aim of protecting their so-called 'civilised' standards) and the provision of services to indigenous people suffering from mental illness, making sure that insanity among indigenes was not linked to the rigours of colonialism. Indeed, in settler societies such as the Cape Colony, the psychiatry system was shaped by the colonial venture and by local challenges.

The third chapter focuses on the system used to incarcerate those who were categorised as insane. It examines the entangled processes of confinement and the role of diverse actors in decision making. These include family members, friends, medical doctors and law enforcement agents. Central to the route towards incarceration was the deployment of state power over its subjects (p 50). But Swartz also notes that the process of committal was laden with compromises, negotiations, and contestations. Paying attention to compromises, for example, allows Swartz to the agency of mental patients to the fore and also to examine the diversity of mechanisms and bureaucratic procedures employed by authorities at both the asylum and state levels. The family played an important role in certifying family members as insane.

The fourth chapter thus shifts the angle of analysis from state institutions to the domestic sphere. The examination of the role of the home front in the development of the psychiatry system has been relatively neglected in the historiography (p 89). Discussing the domestic sphere not only exposes the role of family members in the confinement of their relatives, but also allowed Swartz to examine family relations and the histories of illness within families (p 11). Hence, the use of family letters and journals, for example, enabled her to move away from relying exclusively on institutional records, in the process offering a different perspective of how non-state actors dealt with the problem of insanity in the colonies.

Sites of encounters such as at ports were spaces where the colonial state could exercise power in controlling the movements of insane immigrants. Chapter five scrutinises the complications experienced by the insane when crossing territorial boundaries. It also shows the predicament the authorities faced and negotiations between colonial governments on the movement of lunatics across borders (p 118). There is no doubt that anxiety about the economic implication of accepting insane immigrants was central in the use of state apparatus in the surveillance of colonial

boundaries. Swartz also argues that there were social costs that could be incurred by allowing insane immigrants into the colony. In an era when colonial governments in general and the Cape government in particular, was anxious about attracting the so-called “right kind” of immigrants, allowing insane immigrants into the colony would give the impression that the Cape was a dumping ground for undesirables (p 143).

Chapter six examines the experiences of Jewish immigrants. Besides reinforcing the key themes in the book, it also illuminates the ambiguous insider/outsider position of Jewish communities in the Cape Colony. At the same time, it assists Swartz in her analysis of the role of race and class attitudes in the treatment of the insane. In constructing her impressive narrative on mental patients, she consulted sources from repositories in South Africa and the UK. Records from asylum archives, government policy documents and court records, among others, were key to the study. These enabled Swartz to examine the formulation and implementation of policy on psychiatric patients, including the regulation of their movement to protect the colonial identity. As Swartz notes, this was because at times the insane did not respect racial boundaries and flouted social norms – they made both misery and trauma “visible” in any given community (p 7).

Significant as they are, asylum records are problematic. According to Swartz, because records focus on specific asylums, they flatten the evidence on differences between cases of insanity. Hence it is important to move beyond relying exclusively on such documents and to incorporate private documents to provide another angle. This shifts the discourses from exploring the experiences of the insane as a group, and instead exposes their varied experiences.

Homeless Wanderers is a well written and engaging book that is a welcome addition to the historiography of psychiatry in South Africa in particular and the British Empire in general. One of the significant contributions of this work is the way it complicates and gives nuance to the tension in the movement/stasis dynamic that is usually captured in the study of mental patients. Consequently, we learn that insanity is not experienced in one way. Rather it was (in the nineteenth century) and still is experienced in various ways, involving efforts at limiting the movement of patients and at the same time allowing them freedom. Viewing the matter from this perspective opens up avenues of analysing how the management of the insane was a negotiated process in the Cape Colony, and that in the mix of these negotiations were issues related to particular individuals, the family, the community, the colony and the empire.

Another strength of the book lies in the way in which Swartz makes an excellent critique of the evidentiary base scholars use to construct narratives of insanity, in particular the limits of official documents in bringing out the complex nature of mental problems. Swartz calls for the need to move beyond institutions and include the domestic sphere in the analysis. Furthermore, the book opens up ways of examining the nature of psychiatry systems in colonies. As much as policies were borrowed from the metropole, experiences on the ground also informed responses to

the problems of insanity, allowing us to explore the complexity of psychiatry systems elsewhere in the British Empire.

Although it might not have been the intention of the book, an extended analysis of indigenous communities' encounters with the way settler communities handled the issue of insanity, would have enlightened us on Africans' experiences with this social problem in a period of rapid socio-economic and political change. For example, did the introduction of the asylum system transform the role of extended African families in the management of the insane? Furthermore, did some indigenous authorities take advantage of the expansion of the system in the Cape Colony to eject the insane from their communities or even punish "undesirable" members of their communities by sending them to asylums? And how did local healers – sangomas – respond to the new system? These questions are not posed to detract from this wonderful work, but to probe into the imposition of colonial rule and the way colonial governments managed insanity in indigenous communities. *Homeless Wanderers* is recommended for medical historians and all those interested in the history of the Cape Colony and of the British Empire.

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