# A LITERATURE REVIEW EXPLORING HOW COLONIAL PSYCHIATRY AND COLONIALISM INTERACT IN SETTLER COLONIES IN AFRICA

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THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts in African Studies
in the Graduate College of the
University of Illinois Urbana-Champaign, 2022

Urbana, Illinois

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ABSTRACT:

This literature review will show how the discipline of ethnopsychiatry was used by the colonial state to medicalize colonized people and justify the existence of European colonization. This literature review will also look at asylums in different African settler colonies to examine how ethnopsychiatry affected the asylums in these settler colonies.

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## Introduction

In the mid-20th Century, anthropology and psychology merged in several sub-fields of both disciplines as anthropology developed an interest in the collective mental state and emotions of people within a culture.[1] Many influential Africanist anthropologists in the 1920s and 1930s developed an interest in psychology to explain African culture.[2] Many psychologists in the mid-20th Century were interested in anthropology to explain the human mind.[3] The subfield in psychology that developed was known as ethnopsychology. When ethnopsychology was applied to psychiatry, which is defined by Epprecht as "the treatment of mental disorders", the field developed as ethnopsychiatry.[4] Settler colonies in Africa, such as Algeria, Kenya, and South Africa, played an influential role in the development of ethnopsychiatry in the colonized world. This was because the new field of ethnopsychiatry was developed in part to study the 'mentality' of colonized non-White peoples.[5] This literature review will show how the discipline of ethnopsychiatry was used by the colonial state to medicalize colonized people and justify the existence of European colonization. This literature review will also look at asylums in different African settler colonies to examine how ethnopsychiatry affected the asylums in these settler colonies. An object of note: this paper critiques colonial ethnopsychiatry, not present-day ethnopsychiatry which has tried to distance itself from its colonial roots.[6]

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[1] Thomas Hylland Eriksen and Finn Sivert Nielsen, *A History of Anthropology*, New York: St. Martin's Press, LLC, 2013 [Kindle], 77.
[2] Marc Epprecht, *Homosexual Africa?:The History of an Idea from the Age of Exploration to the Age of AIDS* (Athens, Ohio: Ohio University Press, 2008), 66.
[3] Epprecht 66; Jock McCulloch, *Colonial Psychiatry and 'The African Mind'* (New York: Cambridge University Press, 1995), 5-6.
[4] Epprecht 66.
[5] McCulloch 5-6, 46, 59.
[6] McCulloch 1.

This literature review will mainly focus on the role that colonial ethnopsychiatry played in colonies with settler populations. Colonial ethnopsychiatry in settler colonies developed a new version of scientific racism so it could defend the racial hierarchy of the settler colonies.[7] Several factors made colonial psychiatry unique in African colonies with settler populations. One factor was that the population of mental hospitals tended to be small when compared with the overall population of the colonies/countries. Generally, most people with mental disorders in colonial mental hospitals were people whose families or communities could not look after them due to violent behavior. People in mental hospitals were also people with mental disorders who had come to the attention of the Colonial government due to being seen as a threat to the social order of society.[8] The colonial mental hospitals in African settler colonies reinforced the colonial racial hierarchy. In certain colonies, mental hospitals also developed scientific racism.[9]

In non-settler colonies like Nigeria, the rhetoric around psychiatry, in the words of Historian Jonathan Sadowsky, was less "overtly and virulently" racist than in settler colonies, even though the rhetoric still stressed rigid concepts of "cultural difference."[10] Sadowsky compares the writings of the White South African-born Ethnopsychiatrist J.C. Carothers's writings on the colonies of Kenya and Nigeria. He notices that Carothers wrote less about the collective ""African mind"" in his writings about Nigeria than in his writings about Kenya.[11] Sadowsky believes that writings about colonial psychiatry were heavily influenced by the

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[7] Richard Keller. *Colonial Madness: Psychiatry in French North Africa* (Chicago, Illinois: The University of Chicago Press, 2007), 4.
[8] Julie Parle. "States of Mind: Mental Illness and the Quest for Mental Health in Natal and Zululand, 1868-1918." PhD dissertation, University of KwaZulu-Natal, 2004, 169-170; Sally Swartz. "The Black Insane In The Cape, 1891-1920." *Journal of Southern African Studies*, 21, no 3 (1995): 408.
[9] Swartz 400, 403.
[10] Jonathan Sadowsky. *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*. Berkeley, California: University of California Press, 1999: 98.
[11] McCulloch 49-51; Sadowsky 109.

stability or instability of the colonial order. To colonial officials such as Carothers, settler colonies like Kenya seemed more on the brink of violent revolt than non-settler colonies like Nigeria in the mid-20th Century.[12] The writings of colonial psychiatrists in settler colonies like Algeria also had to defend a strict racial hierarchy. Meanwhile, in non-settler colonies, while the hierarchy was still enforced, colonial psychiatrists seemed like they could take a less racial view of Africans without challenging the racial hierarchy.[13]

Side note: This literature review looks at multiple pieces that covered South African history after the country's independence in 1910. This is because the country of South Africa between 1910 and 1994 entrenched the political power of the White population of the country.[14] This political process culminated in the Apartheid policies of "rigid enforced segregation" of racial groups under the National Party which ruled between 1948 and 1994.[15]

Since colonial ethnopsychiatry was used to defend the existence of the colonial state, this prompted several prominent colonized intellectuals to challenge the presumptions of ethnopsychiatry. One of the most famous was the Martinican-born Psychiatrist Frantz Fanon who worked in Algeria and Tunisia during the Algerian Revolution. This literature review will show how ethnopsychiatry was used by the colonial state and how Frantz Fanon challenged the assumptions of colonial ethnopsychiatry.[16] After reading the following secondary sources, one can gain insight into how colonial ethnopsychiatry was used to justify colonialism. Not all of the scholars in this literature review chose to interact with the theme of ethnopsychiatry.

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[12] Sadowsky 109.
[13] Sadowsky 102-104.
[14] John Iliffe. *Africans: The History of A Continent.* New York: Cambridge University Press, 2017: 273.
[15] Iliffe 275.
[16] McCulloch 122.

The first three secondary sources examine how scientific racism developed within the asylum system of South Africa in the early 20th Century. Several of these sources do not specifically mention ethnopsychiatry but they do illustrate how colonial ethnopsychiatry developed in a settler colony like South Africa. Historian Jock McCulloch's 1995 monograph *Colonial Psychiatry and 'The African Mind'* is a well-done introduction to the field of colonial ethnopsychiatry within settler colonies in Africa.[17] The next three secondary sources focus on the development and the impact of ethnopsychiatry in British Colonial East Africa, primarily Kenya.[18] A major figure in this section is the Ethnopsychiatrist J.C. Carothers who worked in the mental health system in Colonial Kenya.[19] Included in this section is the 1991 monograph by the Medical Historian Megan Vaughan entitled *Curing their Ills: Colonial Power and African Illness*. Vaughan's monograph is a study of the relationship between colonial power and biomedicine, including psychiatry, in British African colonies, both within colonies with settler populations and those without settler populations.[20] This monograph, along with the other sources in this section, shows how ethnopsychiatry developed. Carothers is a figure in the monograph.[21] The next two sources look in part at Franz Fanon as a psychiatrist practicing in Colonial Africa and his relationship with colonial ethnopsychiatry. Fanon was fiercely critical of colonial ethnopsychiatry, including the developments in British East Africa, but was also influenced by the psychiatry of the time.[22] This section is followed by two articles by the

[17] McCulloch 1-2.
[18] Marouf Hasian Jr. "The Deployment of Ethnographic Sciences and Psychological Warfare During the Suppression of the Mau Mau Rebellion." *Journal of Medical Humanities* 34, no. 3 (2013): 337.
[19] Sloan Mahone,"East African Psychiatry and the Practical Problems of Empire" in *Psychiatry and Empire*. Edited by Sloan Mahone and Megan Vaughan (New York: St. Martin's Press, LLC, 2007), 42-43, 45.
[20] Megan Vaughan. *Curing their Ills: Colonial Power and African Illness* (Stanford, California: Stanford University Press, 1991), 202-203. Kindle.
[21] Vaughan 114.
[22] McCulloch 122-123; 135.

Medical Historian Marianna Scarfore about the role of colonial ethnopsychiatry in the Italian settler colonies of Africa. One of Scarfore's articles is about Patient Z, a Black Libyan woman examined by the Italian Psychiatrist Angelo Bravi who was influenced by colonial ethnopsychiatry.[23] This is followed by another account about a Black African Female patient during the time of colonial ethnopsychiatry. This is found in the Medical Historian Schula Marks' collection of writings about Lily Moya.[24] This is followed by an article by Shula Marks entitled "The Microphysics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century" which mostly examines the nursing staff at the Valkenberg Mental Hospital in South Africa. Marks argues that to understand the conditions inside mental hospitals in South Africa during the first part of the 20th Century, one should look at the history of the nursing staff during that era.[25] The next three sources provide a view of a mental hospital which includes at least some mention of the history of nursing.[26] These sources provide a glimpse into life in mental hospitals in settler colonies during the time of colonial ethnopsychiatry. These monographs are about three mental hospitals in the settler colonies of Colonial Malawi, Colonial Sierra Leone, and Colonial Zimbabwe. Historian Lynette A. Jackson's 2005 monograph *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968* mentions how psychiatry in settler colonies viewed homosexualism among their White population during the

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[23]Scarfone, Marianna. "'Psychosis of civilization': a colonial-situated diagnosis." *History of Psychiatry* 32, no. 1 (2020): 54; 62.
[24] Shula Marks, editor. *Not Either An Experimental Doll: The Separate Worlds of Three South African Women* (Bloomington, Indiana: Indiana University Press, 1987), 201-202; McCulloch 81.
[25] Shula Marks, "The Microphysics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century", in *Psychiatry and Empire*. Edited by Sloan Mahone and Megan Vaughan. (New York: New York: St. Martin's Press, LLC, 2007) 69.
[26] Leland V. Bell. *Mental and Social Disorder in Sub-Saharan Africa: The Case of Sierra Leone, 1787-1990* (Westport, Connecticut: Greenwood Press, 1991), 55; Lynette A. Jackson. *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968* (Ithaca, New York: Cornell University Press, 2005), 144; Megan Vaughan, "Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period." *Journal of Southern African Studies* 9, No. 2 (1983): 224.

era of colonial ethnopsychiatry.[27] This topic is explored further in the next article by the Africanist Historian Tiffany F. Jones's "Averting White Male (Ab)normality: Psychiatric Representations and Treatment of 'Homosexuality' in 1960s South Africa" which examines the relationship between psychiatry and White Male Homosexuality in the former settler colony of Apartheid South Africa.[28] The last article may offer a way to decolonize psychiatry in former settler colonies. Canadian psychiatrist Tony B. Benning, who works with the First Nations of British Columbia, believes that Fanon offers a path to decolonize psychiatry, whether among the Canadian First Nation or in the countries of Postcolonial Africa.[29] This theme of decolonizing psychiatry also appears in Jackson's monograph, Keller's monograph, and Stephanie Nolan's article on the Kissy Mental Hospital in Sierra Leone.[30] Despite the fact that this literature review examines the histories of mental hospitals and colonial ethnopsychiatry in settler colonies in different areas of Africa, the reader will find common themes in each of the secondary sources.

**Conditions in South African mental hospitals before Colonial Ethnopsychiatry**

Even though the Historian Sally Swartz does not use the term ethnopsychiatry, her 1995 article entitled "The Black Insane in the Cape, 1891-1920" shows the social environment among colonial psychiatrists in which ethnopsychiatry was developed in settler colonies such as South Africa. The article is mostly an institutional history but the stories of several of the patients are

[27] Jackson 178.

[28] Tiffany F. Jones. "Averting White Male (Ab)normality: Psychiatric Representations and Treatment of 'Homosexuality' in 1960s South Africa." *Journal of Southern African Studies* 34, no. 2 (2008): 401.

[29] Tony B.Benning. "Frantz Fanon and the Decolonisation of Psychiatry." *Canadian Journal of Native Studies* 37, no. 2 (2017): 8

[30] Jackson 189; Keller 204-205; Stephanie Nolan. "This Psychiatric Hospital Used to Chain Patients. Now It Treats Them." *The New York Times*, April 11, 2022. This Psychiatric Hospital Used to Chain Patients. Now It Treats Them. - The New York Times (nytimes.com).

included.[31] The sources for Swartz's article are secondary sources, colonial documents, asylum records, and scientific papers published in the era that Swartz's article examines.[32]

The first inspector of asylums in the Cape Colony between 1889 and 1913 was the British-trained Doctor William Dodds. Dodds was the first superintendent of the Valkenberg Asylum in South Africa. Dodds believed in the ""humane treatment of the insane"".[33] This ideological goal led psychiatrists in South Africa to develop a racist ideology to justify why there were official differences in resource allocations for Black patients in the Cape Colony as compared to White patients. Black patients came to be viewed as "more primitive, childish, and inaccessible than their White counterparts."[34] Black patients were housed together even though officials believed there were psychiatric differences between Black patients from rural areas and from urban areas. Black patients from rural areas were seen as having more characteristics of 'noble savages' than their counterparts from urban areas.[35] Between 1891 and 1920, the Black population was underrepresented in the overall population of asylums in the Cape Colony. The Black patients who ended up in asylums were seen as "a potential threat to the whole White population if not institutionalized."[36] The Black population who ended up in the Asylum system often had problems at work or were unemployed and were acting in a way that could be seen as a threat to public safety. This included acts of physical violence, public nudity, or public masturbation. Unemployed Black and 'Coloured' (a South African term for multi-racial people) males were viewed with suspicion by the authorities of the Cape Colony because they lacked

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[31] Swartz 412-413.
[32] Swartz 403-404.
[33] Swartz 399-400.
[34] Swartz 403.
[35] Swartz 404.
[36] Swartz 408.

White patronage. In the view of the authorities of the Cape Colony, unemployed Black and 'Coloured' males were a threat to White women.[37] Coloured patients were stigmatized within the Asylum system, just like they were in the larger society of the Cape Colony, as being "'dirty, intemperate, shiftless, and dishonest'", despite the fact that the population was considered higher in the racial hierarchy because of partly 'White blood'.[38] These ideas reflected anxieties about racial mixing in the larger society.[39] The Coloured patient, Hendrik B., was moved to the Valkenburg Asylum in 1920 for risky behavior and for frequently masturbating. The psychiatrists said the cause of his behavior was that "he had mixed blood."[40] A White Woman named Ethel H. was institutionalized at the Valkenburg Asylum in 1914 because of drunkenness and "feeble-mindedness."[41] One of the factors in favor of her permanent institutionalization was the fact that she lived with a Coloured Man.[42]

The authorities encouraged Black Africans to use traditional African healers in order to save money on mental health assistance, except when absolutely necessary. To justify the underfunding of Black Asylums, the authorities claimed that Black Africans were less prone to mental illness than Whites due to their more "primitive" mentality.[43]

Swartz writes that in 1908, the administrators at Fort Beaufort Asylum claimed that Black patients were content with the "provision of accommodation which was a fire hazard and had poor sanitation, by arguing that 'Natives' preferred to maintain their indigenous style of living."[44]

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[37] Ibid.
[38] Swartz 405.
[39] Ibid.
[40] Swartz 405.
[41] Swartz 407.
[42] Ibid.
[43] Swartz 409.
[44] Ibid.

In 1916, around £25 pounds was spent per year to feed one White Male in the Valkenberg Asylum compared with the £6 pounds spent per year on Black female patients at Pretoria Asylum. These accommodations saved the colonial government £7,000 pounds per year.[45] Swartz writes that in 1916, feeding guidelines were established for asylums “in which men were fed more than women, and whites more than 'Indians', 'Coloureds' and 'Natives', in that order.”[46] Thus, the feeding guidelines reinforced the hierarchy in the larger society of the Cape Colony.

In these overcrowded institutions, Black asylum patients often lost contact with their families and had trouble communicating with the staff in a common language. These factors, combined with a poor diet and poor medical care, caused many Black patients to never recover. Authorities in the Cape Colony saw Black patients as a labor source. For example, the first Black and Coloured patients at the Asylum of Valkenberg in 1916 acted as servants. Thus, Swartz writes, “their occasional contact with White patients reproduced the pattern of contact between White and Black in society at large.”[47] Black Male patients were mainly viewed in terms of their usefulness to do physical labor. The Superintendent of Old Somerset Hospital wanted to keep around twelve ‘mildly-insane’ Black Male patients at the Hospital to work at the hard physical labor needed around the Hospital.[48]

Social Scientist Julie Parle’s 2004 dissertation entitled “States of Mind: Mental Illness and the Quest for Mental Health in Natal and Zululand, 1868-1918” is similar to Swartz’s article. Both secondary sources illustrate the social environment among colonial psychiatrists in which ethnopsychiatry was developed in settler colonies such as South Africa. Parle’s dissertation

[45] Swartz 410.
[46] Swartz 400.
[47] Swartz 407.
[48] Swartz 412.

examines the history of mental illness care in the KwaZulu-Natal Province in the era mentioned in the title. Both have something to add to this literature review because Swartz and Parle examined different provinces of South Africa. Natal Province had a slightly different colonial history than the Cape Province. In the late 19th Century, in Natal Province, the White settler population was not as demographically secure as in the Cape.[49] Parle is also interested in the interaction of 'Western' psychiatry, 'traditional' African psychiatry, and 'traditional' Indian psychiatry in this era. One can see how racially based psychiatry developed at the same time in both provinces.[50] Parle includes the stories of several patients in her thesis.[51] Parle's dissertation includes secondary sources and primary sources such as asylum records, governmental records, and newspapers. Parle includes as sources websites for mental health services in South Africa and an interview with a South African psychiatrist named K.G. Fismer.[52]

In 1877, the Natal Government Asylum (NGA) was founded in Pietermaritzburg, the capital of Natal Province. After the founding of the NGA, the wards were segregated by 'racial identity' in terms of 'Black', 'Indian', and 'White'.[53] The NGA was run by Doctor James Hyslop from 1882 until 1914. Parle believes that Hyslop's actions illustrate that he embraced many of the tenets of colonial psychiatry at that time. Hyslop is a figure that appears similar to his counterpart in the Cape Colony, Doctor Dodds.[54] This was before the rise of formal scientific racist psychiatry in South Africa.[55]

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[49] T.J. Tallie. *Queering Colonial Natal: Indigeneity and the Violence of Belonging in Southern Africa* (Minneapolis, Minnesota: University of Minnesota, 2019): 2. [Kindle].
[50] Parle viii, 4-7; Swartz 400-401.
[51] Parle 169-170.
[52] Parle 428, 432-434, 448, 450
[53] Parle 109.
[54] Swartz 399-400.
[55] Parle 56, 114-115.

The different wards at NGA were given different resources and support based on their racial populations. It was based more on institutional prejudice and the financial resources of the patients than scientific racism.[56] Overtime, this difference in care between racial groups helped lay the groundwork for scientific racism in a process similar to what Swartz's article illustrates for the asylums in the Cape Colony.[57] For example, only Black African and Indian patients who were debilitated were given, for a limited time, the same diet as the White patients.[58] Black African and Indian patients slept on mattresses on the ground.[59] Oftentimes there was limited space. Parle writes that this led to temporary wards being "constructed out of wood and iron, at times patients slept in the corridors, and several houses on properties adjoining the asylum estate were purchased, both for private patients and for staff."[60] Meanwhile, the front part of the Main Building was occupied by White patients which Parle describes as being "imposing and attractive."[61]

Black patients worked in the vegetable garden or with the NGA's livestock. The grounds of NGA also had a quarry.[62] Hyslop often was frustrated that many of the White patients refused to work at gardening or on the grounds. Many White patients believed they did not have to do manual labor.[63] Hyslop believed that Black Women patients had trouble "employing themselves usefully."[64] Sometimes when Hyslop was dealing with Black Female patients, he took strong corrective measures. For example, Hyslop reported in 1887 that the Black African Women

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[56] Parle 114.
[57] Swartz 400.
[58] Parle 126-127.
[59] Parle 132.
[60] Parle 134.
[61] Parle 131.
[62] Parle 132.
[63] Parle 135.
[64] Parle 143.

patients at the NGA were the most disruptive and difficult patients in the institutions. He believed that they were lazy and refused to work.[65] Hyslop had the women put in a large pit during the day. Hyslop was not fond of this method, but he reported after this occurrence that the women are "“now daily employed in the garden under the supervision of a Native male attendant.”"[66]

Racial ideas influenced who was hired as an attendant in the NGA. Hyslop seemed to believe that minimizing contact with the non-White patients was better for the mental health of the White patients.[67] A woman attendant from the island of Saint Helena who worked with the female patients at NGA was replaced by a woman Hyslop described as a "“European Female Attendant”", which he said produced "“beneficial results.”"[68] Hyslop was highly critical of the Black African attendants who worked at the NGA. Hyslop seemed to think that culturally they could not handle the patients in a respectful way, instead of considering that the poor training of these attendants or poor supervision were the reason that these attendants acted like prison guards.[69] In 1914, the Black attendants started to receive special training on how to work with Black patients.[70]

In the first decade of the 20th Century, the population at NGA was small but had increased over the years.[71] The increase in Black African patients can be attributed in part to the decline of the traditional economy in South Africa. This made it harder for the Black South Africans who lived near communities with White Settlers to care for their mentally ill at home;

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[65] Ibid.
[66] Parle 143.
[67] Parle 132.
[68] Parle 135.
[69] Parle 136.
[70] Parle 137
[71] Parle 146, 161-162.

this was due to the introduction of the capitalist economic system.[72] 37.8% of the White patients were listed as being at NGA due to 'heredity'. This was most common among White female patients which shows that the society of Natal Province was concerned with maintaining the integrity of the 'White race' along Social Darwinist lines.[73] In the early 20th Century, the diagnosis of "“Maniacal and Dangerous”" was mainly applied to Black Africans of both genders. At that time, being "“Maniacal and Dangerous”" was in part a diagnosis that was the result of "“loss of the lower developed strata of the mental organism among natives of low developed brain-functions."”[74] That being stated, on a rare occasion, it could be the diagnosis for a White Woman such as Emily Elliot Hackett who was committed to NGA by her husband after she tried to kill their baby. "“Maniacal and Dangerous”" was often the diagnosis of Black Africans at NGA because, like Hackett's husband, their families waited until all options were exhausted before committing their relatives.[75]

The diagnosis of "Melancholia," an older term for depression, was rare for Black Africans. Colonial psychiatrists in South Africa believed that Black Africans did not get depressed due to their "supposedly lesser intellectual prowess and lesser sensibilities" than White Europeans.[76] This is despite the fact that 37 out of a total of 52 cases of attempted suicide heard by the South African magistrates in Natal and Zululand Provinces in 1904 were by Black South Africans.[77] Attempted suicides by Black South Africans were better documented than suicides by White South Africans due to the fact that officials often tried to muddle the record of suicide

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[72] Parle 161.
[73] Parle 165.
[74] Parle 169.
[75] Parle 169-170.
[76] Parle 170.
[77] Parle 328.

attempts or suicides by White South Africans out of social respect for the family.[78] The idea that Black Africans did not experience depression, so therefore Black Africans did not experience guilt or doubt, became a common theme of the writings of colonial ethnopsychiatry.[79] The idea that colonized Africans were prone to violence was also a common theme in the writings of colonial ethnopsychiatry. Parle illustrates how these ideas developed.[80] Parle's thesis, along with Swartz's article, shows how colonial ethnopsychiatry developed out of assumptions of essential differences in the psychiatry between Blacks, Whites, and Indians in South Africa.[81]

Africanist Robert R. Edgar's and Historian Hilary Sapire's 2000 monograph, *African Apocalypse: The Story of Nonteha Nkwenkwe, a Twentieth-Century South African Prophet*, shows what life was like for a Black female patient in an Asylum in the era immediately after Parle's and Swartz's writings. Edgar's and Sapire's biography of Nontetha Nkwenkwe offers a view of life in a South African mental hospital for Black African women in the era before formal colonial ethnopsychiatry.[82] Edgar and Sapire's Nkwenkwe was incarcerated in the Asylum system of South Africa from 1923 until her death in 1935.[83] Nkwenkwe, who was Xhosa, was the founder of the Christian movement known as the Church of the Prophetess Nontetha in South Africa.[84] Edgar and Sapire use a combination of secondary sources, governmental records, and archival sources to write about the life of Nkwenkwe.[85]

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[78] Parle 285.
[79] McCulloch 111-112.
[80] McCulloch 115-116; Parle 169.
[81] McCulloch 49; Parle 6-7,Swartz 400..
[82] Edgar and Sapire xxii; McCulloch 137.
[83] Robert R. Edgar and Hilary Sapire. *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet* (Athens, Ohio: Ohio University Press, 2000), 33.
[84] Edgar and Sapire, ix.
[85] Edgar and Sapire 171-172.

Nkwenkwe was born in the Eastern Cape Province. At the time of her birth in the 1870s, most of the Black African population groups in this area had been forced onto reserves.[86] Before becoming a Prophetess, Nkwenkwe was a widowed herbalist who had ten children, five of whom survived into adulthood. She was illiterate and did not speak English. After World War I, most of Nkwenkwe's children were baptized within the Wesleyan Methodist Church.[87] The 1918 influenza pandemic swept through the area of the Eastern Cape Province.[88] During the pandemic, Nkwenkwe became ill and experienced Christian religious voices, visions, and dreams in a manner similar to the condition known as *ukuthwasa* which means ""to become visible"" in isiXhosa.[89] *Ukuthwasa* was a condition that enabled a person to become a Xhosa diviner known as an *igqira*. Nkwenkwe became a version of a Christian Xhosa *igqira*. In the pre-Christian Xhosa religion, the *ukuthwasa* condition was treated by a series of rituals. *Ukuthwasa* had symptoms of "trances, dreams or violent outbursts."[90] Edgar and Sapire write that "the account of how she was called to prophecy bears a similarity to the classic trajectory of becoming a diviner. In some respects, her illness resembles ukuthwasa with its "persistent symptoms" such as an illness "accompanied by periods of unconsciousness."[91] White and several 'Westernized' Black South Africans in the early 20th Century described *ukuthwasa* as a version of hysteria.[92] After her condition, when she received her prophetic mission, she did not fit into any of the Xhosa's terms for mental illness.[93]

[86] Edgar and Sapire 1.
[87] Edgar and Sapire 2-3.
[88] Edgar and Sapire 6-7.
[89] Edgar and Sapire 4-5; 10-11.
[90] Edgar and Sapire 5.
[91] Edgar and Sapire 10.
[92] Edgar and Sapire 4-6.
[93] Edgar and Sapire 44.

By 1922, Nkwenkwe had come to the attention of the authorities due to her preaching near the city of East London in the Eastern Cape Province. Several officials interpreted Nkwenkwe's message of unity of the Black Africans as being an anti-White message. At that time, South African officials were suspicious of prophetic movements, especially if the message of the movement was perceived to have "an anti-White message."[94] In 1923, Nkwenkwe was committed indefinitely to the Fort Beaufort Mental Hospital.[95] At the Fort Beaufort Mental Hospital, she maintained that "God had entered her blood and placed writing in her head that she could read and understand."[96] She believed that the staff at Fort Beaufort was poisoning her. Nkwenkwe claimed she was receiving messages from Queen Victoria, who had died.[97] During her lifetime, Queen Victoria was seen by many Black South Africans as a protector of their rights.[98] The psychiatrists at Fort Beaufort diagnosed Nkwenkwe with a type of schizophrenia known in the early 20th Century as "dementia praecox." [99] Edgar and Sapire write that "it can readily be seen how it was possible for Nkwenkwe's otherwise incomprehensible actions to be matched by psychiatrists with the symptoms of dementia praecox."[100]

In 1923, Fort Beaufort Mental Hospital spent the lowest amount of money per patient of the eight South African mental hospitals.[101] Edgar's and Sapire's monograph follows the logic of Parle's thesis and Swartz's article that shows that mental hospitals in South Africa of that era believed in saving money on Black patients because authorities believed that Black psychiatric

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[94] Edgar and Sapire 24.
[95] Edgar and Sapire 25.
[96] Edgar and Sapire 58.
[97] Ibid.
[98] Edgar and Sapire 67.
[99] Edgar and Sapire 58.
[100] Edgar and Sapire 59.
[101] Edgar and Sapire 56.

patients needed less care than White psychiatric patients.[102] Fort Beaufort Hospital had poor sanitation, a lack of food, and a lack of medicine. This situation led to high levels of infectious diseases.[103] In 1923, Fort Beaufort had 152 Black female patients and 425 Black Male patients cared for by 24 nurses of limited nursing background, 11 of whom were Black. The Black nurses did the menial labor and were in charge of keeping patients clean.[104] The patients were bathed once a week. The Black Female Patients spent their days year-round in outdoor courtyards, except when it was raining. They wore khaki dresses and were shoeless.The patients either walked around the courtyard, did light gardening, or chopped stones to make gravel. Patients considered difficult to manage were either medicated or put into seclusion so that they "became calmer."[105]

In 1924, Nkwenkwe was transferred to Weskoppies Mental Hospital in Pretoria (in present-day Gauteng Province) to keep her away from her followers.[106] Weskoppies was a large urban mental hospital with a diverse Black African population.[107] Female Black patients who were considered healthy worked at "tasks of domestic labor in the institutions and weeded the grounds. Male Black patients worked at the heavy manual labor around the Mental Hospital."[108] Out of the nursing staff of 197 nurses, only 34 nurses were Black. White nurses tended to neglect the Black patients due to not speaking the same language. In 1923, there were enough allegations

[102] Edgar and Sapire 55; Parle 114; Swartz 400.
[103] Edgar and Sapire 55.
[104] Edgar and Sapire 55, 57, 60.
[105] Edgar and Sapire 61.
[106] Edgar and Sapire 62.
[107] Edgar and Sapire 65.
[108] Edgar and Sapire 82.

of patient abuse that there was a government investigation at Weskoppies.[109] Nkwenkwe developed a fear of being burned by the doctors.[110]

Nkwenkwe died in 1935 of cancer. She was buried with the bodies of Black male patients in a cemetery in Pretoria.[111] In 1998, Nontetha Nkwenkwe was reburied by her home village.[112] Edgar's and Sapire's biography covers a counter-narrative to South African mental health administrators like Hyslop in the early 20th Century, as described in Parle's dissertation, who had trouble viewing Black African women patients as being a part of society.[113]

**Introduction to colonial ethnopsychiatry**

Edgar and Sapire cite Jock McCulloch's 1995 monograph, *Colonial Psychiatry and 'The African Mind'* which is an intellectual history of white settler colonies in Africa.[114] It was not a coincidence, McCulloch argues, that white settlers in Africa developed ethnopsychiatry.[115] In McCullock's monograph, African settler-colonists all agreed that "they alone understood the African and his fundamental inferiority to the White race."[116] Colonial ethnopsychiatry was developed as a way to justify the colonial hierarchy.[117] In most of the literature produced in the field of colonial psychiatry in Africa, individual Africans mostly existed as a collective study. Individuals are very rarely discussed in the writings of African colonial psychiatry at that time.[118] This monograph traces the history of ethnopsychiatry in Kenya from its development in the 1930s. McCulloch's monograph is mainly interested in ethnopsychiatry in the context of settler

[109] Edgar and Sapire 83.
[110] Edgar and Sapire 68.
[111] Edgar and Sapire 87.
[112] Edgar and Sapire 105.
[113] Edgar and Sapire xxii; Parle 143.
[114] Edgar and Sapire 179; McCulloch 1.
[115] McCulloch 63.
[116] McCulloch 4-5.
[117] McCulloch 7.
[118] McCulloch 142.

colonies across Africa but does briefly trace the history of the origins of colonial ethnopsychiatry from settler colonies across the World, especially in the Australia, the Pacific Islands, and the United States.[119] McCulloch used secondary sources, different types of archival sources, the writings of colonial psychiatrists, and interviews.[120]

A major figure in colonial ethnopsychiatry, the South African-born J.C. Carothers, had a long career working in the mental health field in Kenya. He was the director of the Mathari Mental Hospital in Nairobi in the early 1940s. McCulloch interviewed Carothers for this monograph.[121] He had little formal training in either psychiatry or psychology.[122] Carothers' most famous writings occurred when the British government commissioned him to write a report on the psychology of the Mau Mau rebels in 1954.[123] *The Psychiatry of the Mau Mau* put the cause of the Mau Mau Rebellion on the 'mentality' of the Kikuyu. He put the root of the cause of the rebellion on the fact that the Kikuyu collectively were not able to handle the transition from a traditional to a modern society. He also blamed the rebellion on child-rearing practices of the Kikuyu, childhood experiences, and a lack of personality development.[124] In a move that reinforced the status quo of the colonial state, McCulloch writes that the conclusion that Carothers comes up with is that "the Kikuyu needed to be taught that to earn the right to political power, they would have to demonstrate a sense of responsibility. To reach that goal they needed to be given firm and clear direction by the European community."[125]

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[119] McCulloch 6, 7, 46.
[120] McCulloch 147-148,152, 156.
[121] McCulloch 156.
[122] Hasian 335.
[123] McCulloch 51.
[124] McCulloch 71.
[125] Ibid.

Frantz Fanon disliked ethnopsychiatry because it justified colonialism by claiming Africans were mentally inferior to Europeans. Fanon and his colleague J. Azoulay challenged colonial ethnopsychiatry when he worked at a mental hospital in Bilda in Colonial Algeria by developing a successful therapeutic program for Muslim male patients. This was achieved only after Fanon and Azoulay rejected what they had learned about “race and racial identity” as psychiatrists trained in France.[126] McCulloch points out that in many ways Fanon’s writing was influenced by ethnopsychiatry. For example, the populace of African colonies appears as “an amorphous mass.”[127] Fanon had disdain for ethnopsychiatry yet he uses similar language to describe the African populace.

### The ‘East African’ School of ethnopsychiatry

Sloane Mahone’s 2007 essay “East African Psychiatry and the Practical Problems of Empire" builds off of McCulloch’s monograph to examine how the ‘East African’ School of ethnopsychiatry developed in Colonial East Africa.[128] The central figure in Mahone’s essay is J.C. Carothers, along with his mentor, H.L.Gordon. Gordon was a white settler who became a psychiatrist. Gordon and Carothers both served as the heads of the Mathari Mental Hospital in Kenya. Mahone used several secondary sources plus the writings of colonial ethnopsychiatrists, colonial psychiatrists, and colonial anthropologists to write the article.[129]

Mahone argues that the ‘East African’ School had an impact on the education of East Africans, and other governance issues, in the post-World War II British East Africa.[130] In a summary of Gordon’s work in the 1932 *British Medical Journal*, the pathologist F.W. Vint wrote

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[126] Keller 163; McCulloch 129-130.
[127] McCulloch 135.
[128] Mahone 41-42: McCulloch 2.
[129]Mahone 61-63.
[130] Mahone 43.

that in East Africa ""Dr. Gordon has found that a low degree of mentality is widely prevalent, constituting what in a European community would be a social danger.""[131] Vint writes that to try to educate East Africans up to the standard of Europeans would be either pointless or dangerous.[132] Gordon's influence on British colonial policies, especially in Kenya, led to the encouragement of technical training in East Africa. In the 1930s and 1940s, even black African graduates of the region's only medical school in Makere, Uganda were seen as having "a third of the mental capacity of European doctors."[133] The British Empire and white settlers could justify the continuation of the current colonial hierarchy by pointing to the results of researchers at the 'East African' School.[134]

The next monograph also involves the figure of J.C. Carothers.[135] Megan Vaughan's monograph, *Curing their Ills*, argues that biomedicine in Colonial Africa viewed illness in the African body, including mental illness, as part of a collective of a '"tribe' or cultural groups."[136] Vaughan would argue that the way biomedicine worked in the British African colonies was also a way of using medicine as power over the colonial subjects. Vaughan writes that the "Colonial African literature on psychiatry is more centrally concerned with the description of a 'normal' African psychology than it is with the 'abnormal.' The madwoman and madman in Colonial Africa did not then occupy the same space as their equivalent in modern Europe, since the 'normal' African psychology was viewed as pathological."[137] Vaughan's history of British Colonial Africa covers both settler colonies and non-settler colonies. Vaughan wrote *Curing*

[131] Mahone 41.
[132] Ibid.
[133] Mahone 44.
[134] Mahone 59-60.
[135] Vaughan, *Curing Their Ills,* 114.
[136] Vaughan 202-203.
[137] Vaughan 202.

*Their Ills* to be in conversation with philosopher Michel Foucault's theories of medical power in post-Enlightenment Europe.[138] Vaughan used many secondary sources plus many different archival sources.[139]

Vaughan writes that psychiatrists in Colonial Africa "were all grappling with the question of who 'the African' really was. In this discussion, they were locked into a discourse of difference. A psychiatrist either had to argue that the construction of African subjectivity was not different from that of the European subject or had to argue that 'the African' was fundamentally different."[140] The psychiatrists who argued that "'the African' was fundamentally different" drew on ideas from social anthropology that '"the African' was not an individual at all but was inextricably tied to collectivity. African psychological development was believed by many to be 'arrested' at adolescence."[141] The most influential colonial psychiatrist in British Africa was Carothers. He was cited by the Prime Minister of Colonial Zimbabwe as proof that "equality of treatment was inappropriate" for blacks and whites in the colony.[142]

The psychiatrists who argued "that the construction of African subjectivity was in no way different from that of the European subject" tended to see the theories of Sigmund Freud as 'universal.'[143] Vaughan writes that when Freudian theories were applied to African societies by colonial psychiatrists, the writings and results they produced were similar to the work of the more overtly racist ethnopsychologists.[144]

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[138] Vaughan x-xi.
[139] Vaughan xi-xii.
[140] Vaughan 115.
[141] Ibid.
[142] Vaughan 114.
[143] Vaughan 115.
[144] Vaughan 118.

The use of some of the theories of Freud by several colonial psychiatrists to justify colonialism in Africa is also explored in Marc Epprecht's chapter entitled "Ethnopsychiatry and the Making of Gay Shaka" which is in his 2008 monograph, *Homosexual Africa?: The History of an Idea from the Age of Exploration to the Age of AIDS*.[145] Both Fanon and Carothers appear in the chapter.[146] Epprecht's chapter "Ethnopsychiatry and the Making of Gay Shaka" is an intellectual history based on a combination of secondary sources, including the work of several African historians, the writings of colonial psychiatrists, the use of the Gay and Lesbians Archives of South Africa, and various websites.[147]

One of the psychiatrists who used Freud to justify colonialism was John Ritchie, an amateur psychiatrist who based his theories on his time as a high school teacher in Colonial Zambia. Ritchie believed that 'male Black Africans' generally spent too long breastfeeding while infants and then were weaned very suddenly. In Ritchie's view, this led 'male Black Africans' to not reach the conclusion stage of the Freudian theory of the Oedipus complex.[148] Psychiatrist Peter Kramer defines the Freudian Oedipus complex as when "early sexual anxieties arise within the relationship between parent and child."[149] Using Freudian concepts, Ritchie argued that the 'Black African Male' never developed self-control of their sexual impulses and the ability to channel their sexual frustrations toward non-sexual productive ends like the mentally healthy heterosexual White Male.[150] Ritchie thought this could explain why 'Black African Males' were hopeless at self-discipline, having work ethics, finance, and mathematics. It also proved to

[145] Epprecht 79.
[146] Epprecht 68-69, 105.
[147] Epprecht 68, 80, 97, 182.
[148] Epprecht 79.
[149] Kramer, Peter D. *Freud: Inventor of the Modern Mind*. New York: HarperCollins Publishers, 2006, [Kindle]: 79.
[150] Epprect 79.

Ritchie that African colonies would never achieve economic development and good governance if they became independent.[151] Ritchie's articles were based on very little empirical evidence; in fact, public health officials in urban South Africa complained that Black Africans did not nurse their babies long enough.[152] Ritchie's findings were widely accepted by White psychiatrists working in Africa. After Ritchie's work, the cause of 'Black Male African Sexuality' was widely accepted by colonial ethnopsychiatrists as being caused by Black African mothers' breastfeeding practices.[153] J.C. Carothers embraced Ritchie's articles.[154]

Since the time of Freud, many people who were influenced by Freudian psychiatry were interested in writing biographies of historical figures.[155] In southern Africa, many people who were drawn to Freudian psychiatry wrote about the life of the early 19th Century Zulu leader, Shaka Zulu.[156] The idea that Shaka's sexuality was not entirely heterosexual was based on the work of colonial psychiatrists, psychologists, and anthropologists who used a colonial interpretation of Freudian psychiatry.[157] The Apartheid government embraced the image of Shaka being cruel and psychotic due to his 'homosexuality' to historically justify European Colonialism in South Africa, and by extension the South African Apartheid government. [158] The Africanist academic, Ali Manuzi, who was a follower of Franz Fanon, believed that Shaka was a failed Africanist icon because his homosexualism made him cruel, due to Shaka being uncomfortable

[151] Ibid.
[152] Epprect, 80.
[153] Epprecht, 79-80.
[154] Epprect, 80-81.
[155] Kramer 209-210.
[156] Epprect 91.
[157] Epprect 791, 94-96.
[158] Epprect 97-98.

in his own skin. In Manuzi's opinion, the bad leadership of Shaka created the opening for European colonialism in southern Africa.[159]

An event that happened near the end of British colonization in Kenya was the Mau Mau Rebellion.[160] Communications Professor Marouf Hasian Jr.'s 2013 article, "The Deployment of Ethnographic Sciences and Psychological Warfare During the Suppression of the Mau Mau Rebellion" examines how the academic work of J.C. Carothers influenced how the British government viewed and responded to the Mau Mau Rebellion. The article shows how ethnopsychiatry allowed the British government to view the Mau Mau Rebellion as a product of a ""forest psychology" that came from overly suspicious and secretive minds" of the Kikuyu fighters who took part in the Mau Mau Rebellion.[161] This allowed the British government and most White settlers in Kenya to view the Rebellion as a product of the Kikuyu being mentally manipulated by evil demagogues, instead of being the product of the need for land reform in Colonial Kenya.[162] The Kenyan-born White Paleoanthropologist L.S.B. Leakey, who had done ethnographic research among the Kikuyu, was heavily influenced by Carothers's work when he used his influence to support the "camps or villagization programs" of the Kikuyu population by the British government during the Mau Mau Rebellion. Leakey's work stressed the importance of ""de-oathing"" large portions of the Kikuyu population due to his view that the leaders of the Mau Mau Rebellion had corrupted the Kikuyu tradition of oath-taking for their own evil ends.[163] Leakey viewed the entire Mau Mau Rebellion as being caused by a "mass psychosis" within the

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[159] Epprect 97.
[160] Haisan 341.
[161] Hasian 335.
[162] Haisan 333, 338.
[163] Haisan 335.

Kikuyu population.[164] Hasian used secondary sources, newspapers articles, and the writings of people living in Colonial Kenya.[165]

The Colonial Official Thomas Askwith was put in charge of designing a 'rehabilitation' project for most of the Kikuyu population after studying a 'rehabilitation' program used to fight communist armed fighters in Colonial Malasia.[166] Askwith was heavily influenced by the work of Leakey who believed that most of the men, women, and children of the Kikuyu population needed "“de-oathed”" psychology.[167] Unlike Leakey, Askwith believed that the Mau Mau Rebellion had its roots in the lack of educational and economic opportunities for the Kikuyu population in Colonial Kenya. He felt that this could be addressed by offering the Kikuyu population in the camps access to civic education, moral education, vocational training, recreation, and paid work on development projects. Askwith hoped his design for the camps would lead the Kikuyu to be more loyal, educated, and economically productive subjects of the British Empire.[168]

The Africanist Historian Carolyn Elkins writes that the criminally arrested Kikuyus in Askwith's plan were to be sent to "transit camps, where teams of Europeans and Africans would screen and classify each Mau Mau suspect. Those considered "white" would be repatriated to the African reserves; those labeled "grey" or "black" would be considered to the reception centers, also known as holding camps. Screening would continue, and those still considered "grey" would be moved along to the work camps, where detainees would confess their oaths voluntarily.

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[164] Caroline Elkins. *Imperial Reckoning: The Untold Story of Britain's Gulag in Africa*. (New York: Henry Holt and Company, 2005) [Kindle], 153.
[165] Haisan 343-345.
[166] Elkins 147-148.
[167] Elkins 155; Haisan 335.
[168] Elkins 153-154.

Those classified as "black," however, were destined for the special detention camps. These camps would hold the hardcore and the political, most of whom were considered beyond redemption."[169]

The design mentioned above is the only part of Askwith's plan that the Colonial Kenyan government used at their camps. This is because during the course of the Mau Mau Rebellion, many of the White Settlers came to see the Kikuyu as sub-human and irredeemable through education.[170] The camps became prison camps where the Kikuyu men and women were forced to accomplish unpaid physical labor.[171] The Prime Minister of Apartheid South Africa at that time, D.F. Malan, praised the design of forced labor camps in Kenya during the Mau Mau Rebellion.[172]

Even though the camps were not directly designed by Carothers or Leakey, their theories of the ethnopsychiatry of the Kikuyu allowed the British to justify the building of forced labor camps for large Kikuyu populations.[173]

**Colonial ethnopsychiatry in North Africa**

Frantz Fanon was a fierce critic of colonial ethnopsychiatry, especially of the writings of J.C. Carothers about the Mau Mau Revolution.[174] During the Algerian Revolution, Frantz Fanon worked in a mental hospital in Algeria. In his 1961 book, *The Wretched of the Earth*, Fanon includes a chapter on his psychiatry work which was titled "Colonial War and Mental

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[169] Elkins 154-155.
[170] Elkins 157-158.
[171] Elkins 165-166.
[172] Elkins 168.
[173] Hasian 337.
[174] Frantz Fanon. "Colonial War and Mental Disorders." In *The Wretched of the Earth.* Translated by Richard Philcox (New York: Grove Press, 2004), 227.

Disorders.*"* The point of Fanon's chapter is to argue against the field of colonial ethnopsychiatry.[175] This version of Fanon's essay was translated from French by Richard Philcox.

One part of the chapter looks at case studies of both Algerian and French patients who were under Fanon's care. The other part critiques the arguments put forward by the Algiers School of Ethnopsychiatry that North Africans were predisposed towards violence.[176] The case studies show the effects of the civil war on all parties involved, both French and Algerian. They show how the Algerian Revolution led to an atmosphere of violence that caused an increase in certain kinds of mental illness.[177]

The second part is Fanon's rebuttal that North Africans were predisposed to violence.[178] Fanon includes the writings of Carothers and the writings of the 'East African School' in his critique.[179] He argues that the reason there is more violence between Algerians in Algeria is that the French colonial state operated through Algerian proxies; when an Algerian was angry with the colonial system, they would take out their anger on a fellow Algerian.[180] Fanon describes the supposedly violent disposition of Algerians as being caused by the French colonial state not allowing Algerians enough money to survive. He remembers in 1944 seeing French soldiers throw pieces of bread at Algerian children who then violently fought for each piece of bread because they were so hungry.[181] Fanon believes that there was very little criminality in Algeria during the Revolution because the Algerian people came together for a collective purpose.[182] He

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[175] McCulloch 51.
[176] Fanon 223.
[177] Fanon 199.
[178] Fanon 233.
[179] Fanon 227-228.
[180] Fanon 231.
[181] Fanon 231.
[182] Fanon 232.

also believes that the Algerians living in France at that time had low levels of criminality, and their crimes tended to be political in nature.[183] Fanon's ideas in this chapter can be summarized by the sentence, "The criminality of the Algerian, his impulsiveness, the savagery of his murders are not, therefore, the consequence of how his nervous system is organized or specific character traits, but the direct result of the colonial situation." Fanon worried that the North African psychiatrists who trained at the Algiers School had internalized the description of their own people as "born idlers, born liars, born thieves, and born criminals."[184] He was concerned about the internalizing of these descriptions of Algerians, and their effect on Algerian psychiatry after independence.

Richard Keller's *Colonial Madness: Psychiatry in French North Africa* provides context for the writings of Frantz Fanon. This 2007 monograph is a history of the French Colonial state's use of psychiatry in North Africa (present-day Algeria, Morocco, and Tunisia), with a large focus on the settler colony of Algeria. Keller used sources in both French and English to write his monograph.[185] Keller used secondary sources, archives, periodicals, governmental publications, writings of psycharists, and films to write his monograph.[186]

In the early twentieth century, the treatment of the mentally ill in North Africa was one of the officially stated reasons for why the French government became more involved in its North African colonies.[187] This is in contrast with colonial psychiatry in British colonies where the colonial government was mostly interested in issues of commerce and only became involved in

[183] Fanon 230,
[184] Fanon 221.
[185] Keller 284.
[186] Keller 257-259.
[187] Keller 46.

mental health in their African colonies when it seemed absolutely necessary.[188] Keller follows the history of psychiatry in French Colonial Africa up to the use of psychological warfare based on the research of the Algiers School during the Algerian Revolution. This was during the time that Fanon was writing about colonialism and psychiatry.[189] Keller's *Colonial Madness* tries to complicate the narrative that colonial psychiatry was just about enforcing racism.[190] Unlike what Fanon believed, Keller's research demonstrates that in the early days of the creation of 'Western' mental institutions under French colonial rule, many North Africans sought out the help of Western psychiatry when they felt they could not cope with the mental illness within their family units.[191] An example was a trial of electroconvulsive therapy (ECT); only fourteen of ninety-four Tunisian patients asked to discontinue the treatment, even though other methods existed to mitigate the pain.[192]

The Algiers School developed from the work of Antoine Porot and his colleagues during World War I when the French military asked him to evaluate the North African population for service in the French army.[193] Porot and his colleagues came to believe that most Muslim North African military recruits were an ""indigenous mass, a formless bloc of primitives, profoundly ignorant and gullible for the most part, greatly distanced from our mentality and our reactions.""[194]

Under Porot, the Algiers School developed the idea that North Africans have an impulse towards violent crime. Keller shows that this was a response to a proposal by the French

188 Sadowsky 24-25.
189 Keller 156.
190 Keller 17.
191 Keller 109-110.
192 Keller 106.
193 Keller 130.
194 Keller 131.

government to provide gradual enfranchisement of some of the male Algerian Muslim population. The Algiers School provided 'scientific evidence' to oppose this proposal. [195] The Algiers School's ethnopsychiatry was also used as psychological warfare during the Algerian Revolution.[196] Even though the Algiers School is presently nonexistent, some of its ideas continue in how the French have viewed contemporary immigration from North Africa.[197]

Marianna Scarfore's 2016 article, "Italian colonial psychiatry: outlines of a discipline, and practical achievements in Libya and the Horn of Africa" examines colonial psychiatry in Italian African colonies. The Psychiatrist Doctor Anglo Bravi, who was head of the first mental hospital in Tripoli in Colonial Libya, deeply admired Antoine Porot of the School of Algiers. He admired Porot's work on the psychiatry of the Muslim people and Porot's ""wise recommendations based on experience"" of how Colonial Libya should deal with its Muslim population.[198] Bravi believed that the Islamic population of Colonial Libya had reduced emotions, were more impulsive, and were more suggestible than Christian Europeans. Bravi believed that the Jewish population of Colonial Libya had greater "agitation and anxiety" than Christian Europeans.[199] The population traits of both Libyan Islamic and Libyan Jewish people led them to develop certain specific types of mental illness for their respective populations.[200] Bravi was the first head of the first mental hospital in Tripoli.[201] Bravi believed that one of the goals of Fascist Italy's Colonial African Empire should be the spread of modern 'Western'

[195] Keller 142-143.
[196] Keller 156.
[197] Keller 206-207.
[198] Marianna Scarfone. "Italian colonial psychiatry: outlines of a discipline, and practical achievements in Libya and the Horn of Africa." *History of Psychiatry* 27, no. 4 (2016):, 401.
[199] Ibid.
[200] Ibid.
[201] Scarfone 400-401.

psychiatry.[202] Scarfone used English, French, and Italian sources to write her article. Scarfone uses secondary sources, writings of colonial psychiatrists, lectures, and different archival sources.[203]

The territory of present-day Libya was an Italian colony. Italy had captured the territory of Libya from the Ottoman Empire in 1912.[204] Until the 1930s, Libyan asylum patients, along with their European population counterparts from the colony, were shipped to an asylum in Sicily. By 1913, some psychiatrists in the asylum in Sicily were wondering if Libyan Arabs naturally had less developed psyches than White Europeans.[205] Fascist Italy under Benito Mussolini had plans to build settler colonies in Colonial Libya and the Colonial Horn of Africa, which was controlled by Fascist Italy from 1936 to 1941.[206] The focus of psychiatry in Fascist Italy's Colonial Africa was mainly to keep the White population from losing their sanity. For Africans in Fascist Italy's African colonies, the focus of colonial psychiatry was to make them better workers for Colonial Italians.[207] The rhetoric of building a public mental health system in Fascist Italy's African Colonies was never fully developed before Italy was involved in World War II.[208] This lack of formal support from Fascist Italy led several Colonial Italian psychiatrists, despite their racist views, to mix local and European treatments in the treatments of their African patients.[209]

[202] Scarfone 400.
[203] Scafone 403-405.
[204] Scarfone 397.
[205] Scarfone 399.
[206] Scarfone 395.
[207] Ibid.
[208] Scarfone 396.
[209] Scarfone 394-395.

**Individual Black Africans interactions with colonial psychiatry**

Marianna Scarfore's 2021 article, "'Psychosis of civilization': a colonial-situated diagnosis", examines the diagnosis of 'psychosis of civilization' in the case of Patient Z, a 32-year-old Black Libyan woman. Patient Z was examined by the psychiatrist Angelo Bravi at the Psychiatric Hospital for Libyans in Colonial Tripoli in 1939. Patient Z came to the attention of Colonial Italian officials after she tried to commit suicide when her White Italian boyfriend left her.[210] Her boyfriend left in part due to the racial code of Colonial Libya that tried to maintain the 'racial purity' of the White population.[211] In June 1939, a new law was introduced in Italian colonies in Africa that strengthened the existing law that "criminalized cohabitation with colonial subjects."[212] Scarfone writes that the new law "endangered the stability and even the very existence of relationships which had in the past enjoyed greater tolerance, although they had been described as undesirable, on political, disciplinary and moral grounds."[213] Also involved in the collapse of Patient Z's relationship with her boyfriend was the fact that he had no intention of converting to Islam. In Colonial Libya in the 1930s, a non-Muslim could not marry a Muslim.[214] Scarfone used English, French, and Italian sources to write her article. She uses secondary sources, writings of colonial psychiatrists, and different archival sources.[215]

Patient Z knew Italian quite well, due to attending an Italian-Arabic school. Unlike many Arabic-speaking Libyan patients that Dr. Bravi saw during his time in Tripoli, Patient Z and Dr. Bravi could communicate well when he put her through the process of psychoanalysis.[216]

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[210] Scarfone, "'Psychosis of civilization',54, 62.
[211] Scarfone 58.
[212] Ibid.
[213] Ibid.
[214] Scarfone 56.
[215] Scarfone 67-68.
[216] Scarfone 54-55.

Psychoanalysis is a method developed by Sigmund Freud and others that tried to manage mental distress by uncovering the subconscious roots of the distress in the human mind. This is accomplished by having the psychiatrist and the patient talk to each other.[217] Dr. Bravi wrote about psychiatric practice in a colonial environment where "psychiatric investigation" in the psychoanalysis method was found to be near impossible as the method relied heavily on language differences. [218] Since Patient Z could speak Italian, Patient Z was one of the few patients in the Mental Psychiatric Hospital for Libyans who had a 'voice' even though it was only through the notes of Dr. Bravi.[219] Dr. Bravi was not a neutral observer; he was a true believer in the work of Dr. Porot.[220] Dr. Bravi believed that Patient Z had more characteristics of a Jewish Libyan patient than a Muslim Libyan patient.[221] According to Dr. Bravi, Jewish Libyan patients had the ethnopsychiatric characteristics of being more intelligent and more interested in psychoanalysis than other Libyan patients. He believed that most Muslim Libyan patients were difficult to psychoanalyze due to their ethnopsychiatric characteristics. Bravi saw these characteristics as having a lack of a sense of time, a strong sense of religiosity, a strong sense of fanaticism, and little interest in psychoanalysis.[222] Dr. Bravi sometimes used racially influenced language to  describe the physical characteristics of Patient Z.[223] In Bravi's view, Patient Z did retain several of the Muslim Libyan's ethnopsychiatric characteristics, such as in her dislike to talk with him about her sex life. Bravi viewed this as a problem because Freudian psychoanalysis, of which Bravi was influenced, viewed a person's sex life as the root of a great

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[217] Kramer 53.
[218]Scarfone, "'Psychosis of civilization", 54.
[219] Ibid.
[220] Scarfone, "Italian colonial psychiatry",  401.
[221] Scarfone, "'Psychosis of civilization', 54.
[222] Ibid.
[223] Scarfone 60.

deal of mental distress.[224] In Bravi's view, Patient Z also retained the Muslim Libyan's ethnopsychiatric characteristics of disliking to talk with him about the element of her life that involved magic.[225] One such incident in her life was when Patient Z's mother took her to see a traditional Arab healer. Bravi believed that the meeting with the traditional healer never happened, but was a product of Patient Z's ""tendency to hallucinatory fantasy.""[226]

The French psychiatrist, Andre Donnadieu, who was a member of the School of Algiers, developed the diagnosis of "psychosis of civilization."[227] This disorder was used by Donnadieu to explain ""when a subject is called on to lead two kinds of life at the same time, but cannot fully assimilate the model within which he or she suddenly finds him/herself.""[228] Bravi felt Patient Z had trouble assimilating between the world of the traditional Muslim Arab society in which she was raised and the 'Modern' society in which she worked.[229] Scarfone wrote that the colonial psychiatrist's "diagnosis was mainly suited to educated subjects capable of introspection who had adopted the tools of 'Western rationality,' but despite their positive connections with the colonial world remained entangled in 'ancestral beliefs,' the patterns, and to some extent, the duties, prescribed by the community to which they belonged."[230] Scarfone writes that this diagnosis of "psychosis of civilization" was a way for colonial psychiatrists to support the colonial state without challenging the racial hierarchy.[231] This diagnosis allowed Bravi to ignore the statements of Patient Z that suggested that the root cause of her mental distress might be the

[224] Kramer 52; Scarfone, "'Psychosis of civilization', 55.
[225] Scarfone, "'Psychosis of civilization', 55.
[226] Scarfone 59.
[227] Scarfone 62.
[228] Scarfone 62-63.
[229] Scarfone 63.
[230] Ibid.
[231] Scarfone 64.

marriage laws of Colonial Libya which banned marriage between Italians and colonial subjects.[232] Due to her ability to speak the Italian language, she was the only African psychiatric patient in the Italian African colonies whose voice 'survived' in the historical record of colonial psychiatric hospitals.[233]

The "Epilogue" of the 1987 monograph, *Not Either An Experimental Doll: The Separate Worlds of Three South African Women*, edited by Shula Marks, also provides a partial view of the experience of a Black African female patient in the era of ethnopsychiatry.[234] The monograph does not mention ethnopsychiatry directly. The mid-20th Century was the high point of colonial ethnopsychiatry in Africa, including in Apartheid South Africa.[235] This monograph, edited by Marks, examines the letters between the British-born White South African educator Mabel Palmer and a Xhosa Anglican young woman that Marks gives the pseudonym, Lily Moya.[236] The third woman was Sibusisiwe 'Violet' Makhanya, a Christian Zulu Social Worker.[237] Marks uses secondary sources, medical reports, writings by South African writers, newspapers, and lectures to support her findings in the "Epilogue."[238]

The correspondence between Palmer and Moya lasted from January 1949 until July 1951.[239] In September 1950, Moya ran away from her relatives to go to Adams College.[240] By January 1951, Moya began to struggle academically at college. Marks writes that Moya "began to complain of 'rheumatism' and then depression."[241] Marks believes that some of the pain

[232] Scarfone 58.
[233] Scarfone 64-65.
[234] Shula Marks, *Not Either An Experimental Doll*, 201-202; McCulloch 81.
[235] McCulloch 81.
[236] Marks xiii; Iliffe 281.
[237] Marks 19,25,30, 31.
[238] Marks 195,209-213.
[239] Marks 55, 186.
[240] Marks 16.
[241] Marks 30.

diagnosed as ‘rheumatism’ could have been misdiagnosed as the physical signs of depression.[242] Moya began to write in a manner that might be seen as showing signs of her mental health as being fragile. For example, Moya accused a Black African male teacher of being the cause of her social difficulties by conspiring against her with Moya’s fellow female students to make them unfriendly to her.[243] Moya seemed to have an ““antipathy to boys,”” in the words of Palmer, which Marks believed was partly influenced by the Anglican Mission in Moya’s home district.[244] The Mission was concerned with promoting female purity among Africans.[245] In the late 1940s, Adams College was a Zulu majority school and would not have been a comfortable place for a non-Zulu female student.[246] At this time period at Adams College, the male students could be quite aggressive towards female students, especially non-Zulu females.[247] Moya’s unhappiness at what she called ““raw schoolboys”” was probably justified.[248] The relationship in the correspondence between Palmer and Moya neared an end when Palmer emotionally rejected Moya in June 1951.[249] Soon afterwards, Moya ran away from Makhanya’s home, where she had been living, to go to her relatives in Johannesburg.[250] In the early 1980s, the White South African Medical Historian, Shula Marks, was trying to figure out what happened to Moya.[251] Moya’s family at first tried to treat her psychological illness by receiving free treatment from Moya’s mother’s employer, a white doctor. When that failed, they took her to a ‘traditional South African

[242] Marks 142.
[243] Marks 41, 163, 202.
[244] Marks 22-23, 25.
[245] Marks 22-23.
[246] Marks 28-29.
[247] Marks 25-28.
[248] Marks 25-26.
[249] Marks 161-162.
[250] Marks 197.
[251] Marks 195-196.

healer' but that failed.[252] After the family attempted to treat Moya through the use of a second traditional healer, she ran away. She was then admitted to various mental hospitals. Moya was diagnosed with schizophrenia.[253] She was released in 1976 with the help of her sister, who was a trained nurse and was appalled at the conditions in which Moya lived; she felt that she could take better care of Moya at her home. When Marks met Moya in the early 1980s, "she was about fifty years old, and on a hefty regiment of drugs. She barely spoke English and contributed little to any of the interviews, although on very precise matters her memory was quite remarkable."[254] The story of Moya ties into the larger history of colonial psychiatry and colonial ethnopsychiatry because, as Historian Lynette Jackson states in her monograph, schizophrenia was the most common diagnosis in southern Africa given by White doctors to Black African female patients who were difficult to control.[255] At the same time, in many African societies, schizophrenia was difficult to treat using traditional practices because the origins of schizophrenia lie in the anatomy of the brain.[256] The story of Moya is similar to Patient Z in Colonial Libya. They both provide a small window into the personal history of African mental health patients at the time of colonial ethnopsychiatry.[257]

## History of colonial psychiatric nursing

Shula Marks' 2007 article "The Microphysics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century" suggests that one way to discover what conditions were like for Moya and Patient Z in their psychiatric hospitals was to study the history of

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[252] Marks 199-200.
[253] Marks 201-202.
[254] Marks 202.
[255] Jackson 173.
[256] Kramer 112; Megan Vaughan. "Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period." *Journal of Southern African Studies* 9, No. 2 (1983): 235.
[257] Marks, *Not Either An Experimental Doll*, 202; McCulloch 81; Scarfone 58.

psychiatric nursing within those hospitals since the voices of psychiatric patients were rarely recorded in historical records.[258] Marks is interested in the era before the introduction of psychotropic drugs and more professional nurse training for Black psychiatric staff.[259] Marks uses sources in both English and Afrikaans and used secondary sources, newspapers, and governmental documents to write this article.[260]

In the beginning, Valkenberg Mental Hospital only hired Black staff for menial work and the dirtier work.[261] In the Valkenberg Mental Hospital between 1896 and 1907, most of the 90 nurses were from the British Isles; this is based on the study of surnames of nurses.[262] More Female Afrikaaners were psychiatric attendants and nurses than their Male counterparts; this may reflect the fact that there were more employment opportunities available for Male Afrikaaners than their female counterparts. In the 1890s, medical attendants received lower pay when compared to other forms of employment and medical attendants lived on the grounds of the mental hospitals.[263]

As both Marks and Parle have written, in the early 20th century many South African mental hospitals were overcrowded.[264] A governmental report in 1937 found that the accommodations for the nurses was not that much better than it was for the patients. The report stated that "in several instances, three nurses are accommodated in a room where the space taken up by the beds almost covers the whole of the floor area. In other instances, nurses occupy what

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[258] Marks, *Not Either An Experimental Doll*, 197; Marks, "The Microphysics of Power", 69, Scarfone,'"Psychosis of civilization'", 64-65.
[259] Marks, "The Microphysics of Power", 69.
[260] Marks 95-97.
[261] Marks 73.
[262] Marks 73-74.
[263] Marks 74-75.
[264] Marks 79-80; Parle 134.

are known as 'single rooms', which are in effect cells intended for noisy, dirty or refractory patients."[265] Most White South African mental health nurses were under-educated; between 1952 and 1960, a large portion of the White psychiatric nursing staff had not finished the South African equivalent of high school, despite the fact that during this era, White South Africans received free education up to the equivalent of high school.[266] Before the 1930s, White nurses were often recruited from abroad to work in mental hospitals. Starting in the 1930s, the South African government limited the number of foreign-born White nurses from working in South African Mental Hospitals. A large portion of nurses and attendants were Afrikaner speakers; this is based on Marks' study of surnames at Valkenberg. Most of the cleaning staff at Valkenberg was Coloured.[267] During World War II, due to the labor shortage of White nurses, the Valkenberg Medical Hospital began to hire Black Male Nurses. The Hospital Board of Valkenburg was very happy with the work ethic of Black Male nurses.[268] In the 1950s, non-White female nurses started to be hired by psychiatric hospitals. Black psychiatric nurses tended to be more educated than their White psychiatric nurse counterparts but South Africa did not offer psychiatric nurse training to Black Africans until 1956.[269]

In the 1950s, there was documentation of several scandals at some of the mental hospitals of the abuse of White female patients by female Afrikaaner nurses and attendants. This abuse included tickling the genitals of a female patient who was considered contrary to the nurses until "“she screamed continuously and hysterically.”"[270] Patients who happened to be Jewish, and to a

[265] Marks 80.
[266] Ibid.
[267] Marks 79.
[268] Marks 82-83.
[269] Marks 83, 86.
[270] Marks 88.

lesser extent, patients of English-descent, seemed to have been particular targets of abuse, but Afrikaaner female patients were not immune.[271] Marks believes that the fact that the Afrikaaner female nurses were from the bottom of the White South African social order, combined with the difficult and demanding work at the bottom of the hospital workforce hierarchy, created a situation where the abuse of patients by nurses was not uncommon.[272] The abuse was probably worse among patients at mental hospitals with Black patients. Marks writes that "Black patients had to wait for an inquiry by the American Psychiatric Association in 1978 for the first account of the dreadful conditions in the black mental hospitals in South Africa under apartheid, though they had no access to the state hospitals, and arguably had only a glimpse of the true situation." [273]

**History of Mental Hospitals**

The next article, Historian Megan Vaughan's 1983 article entitled "Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period" only briefly examines the history of Zomba Lunatic Asylum in Nyasaland, the name used during the Colonial era for Malawi.[274] Colonial Malawi was a settler colony.[275] Vaughan's article offers a view of a mental hospital in a settler colony both before and during the rise of colonial ethnopsychiatry.[276] The article looks at how Europeans viewed mental illness among Black Africans. The article then looks at how Colonial Black Malawians viewed mental illness and how their views of mental illnesses interacted with colonial officials' views of mental illness.[277] The article is very much an

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[271] Marks 86-87.
[272] Marks 91.
[273] Marks 85.
[274] Vaughan, "Idioms of Madness", 224.
[275] Iliffe 220-221.
[276] McCulloch 137; Vaughan 220.
[277] Vaughan, "Idioms of Madness", 238.

institutional history of Zomba. In certain sections, the article has stories about individual African patients.[278] Vaughan uses secondary sources, different archival sources, writings of colonial psychiatrists, lecures, and medical reports to write her article.

The Zomba Lunatic Asylum was founded in 1910 as a wing of the Central Prison in Zomba. When the institution was founded, the main function of the Asylum was to separate the inmates who were mentally ill from the rest of the prison population because mentally ill inmates were found to be socially disruptive.[279] Starting in 1913, the asylum started admitting the mentally insane who did not have criminal backgrounds; their population was very small compared to the overall asylum population.[280] In 1912, only one woman out of a population of eighteen patients was within the asylum.[281] The low number of women could be due to the fact that in the colonies of southern Africa, women were often seen not as individuals but as part of a collective of a family unit by the colonial state. Single women traveling alone, who were not prostitutes, were viewed as potentially mentally ill since it was seen as a rare occurrence.[282] This is very much an idea from ethnopsychiatry.[283] Vaughan writes that "only the perpetrators of violent crimes were likely to come to the attention of the authorities, more especially if they lived close to European centers, or were away from their families."[284] The colonial government after 1928 encouraged families with non-violent mentally ill members to care for their relatives within the household.[285]

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[278] Vaughan 218-219, 237-238.
[279] Vaughan 220.
[280] Vaughan 221.
[281] Ibid.
[282] Jackson 105; McCulloch 135..
[283] McCulloch 135.
[284] Vaughan, "Idioms of Madness", 221.
[285] Vaughan 224.

Vaughan writes that the early asylum was very similar to a prison.[286] The food and the food serving size was the same as in the prison. Diseases of malnutrition were common such as pellagra, which affects a person's mental functions.[287] In the 1920s, the officials introduced a routine similar to European asylums of that era which included Christian worship, physical labor, and unpaid employment in the community.[288] Starting in the 1940s, an attempt was made to raise professionalism in the Zomba Lunatic Asylum. The Zomba Lunatic Asylum was run by the Prison Department of Colonial Malawi until 1951.[289] Under the Colonial Medical Officer W.H. Watson, the asylum entered the psychiatric mainstream of that era with a trained staff, including a psychiatrist, and better nutrition; diseases based on vitamin deficiencies ended. Treatments relied heavily on pharmaceuticals. Treatments also included ones based on traditional African practices, electro-convulsive therapy, and occupational therapy, including paid employment.[290]

The two most influential ethnopsychiatrists in Colonial Malawi were W.H. Watson and M.H. Shelley. In 1935, they were commissioned by the colonial government to write a report on the state of the Zomba Lunatic Asylum and ““the nature of mental disorder in Nyasaland native.””[291] Based on interviews with patients, they listed 35.7% of 86 patients as being diagnosed with schizophrenic neuroses, especially among the Yao people, one of the populations in Colonial Malawi with the most contact with the European state.[292] Watson and Shelley viewed the high percentage of schizophrenic neuroses among Black Malawians as a product of the interaction between Black Africans and White Europeans in Colonial Malawi. They had the

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[286] Vaughan, 221.
[287] Vaughan 222.
[288] Vaughan 223-224.
[289] Vaughan 220.
[290] Vaughan 219, 224-225.
[291] Vaughan 225,
[292] Vaughan 229-230.

theory that the rapid social and cultural changes of the Colonial era led to increased mental illness among Black Malawians.[293] Watson and Shelley did not completely rule out a 'racial' component of mental illness. They viewed Black Malawians as having the same 'racial' makeup as Black South Africans.[294] Vaughan believed the high occurrence of cases of schizophrenia neuroses at Zomba Asylum could be due to the fact that "chronic schizophrenia would appear to be less amenable to indigenous forms of treatment."[295] Vaughan writes that in Malawi, traditional healers and diviners occupied a function similar to psychotherapists.[296] Schizophrenia is difficult to treat by psychotherapy alone because the origins of schizophrenia lie in the anatomy of the brain.[297] Hence, during this era, the community or families of Black Malawian people with schizophrenia sometimes turned to the colonial mental health system, but only after trying many different types of traditional African medicines.[298] An example of how Black Malawians only turned to the colonial mental health system as a last resort was in a 1929 report; Vaughan writes that "the parents of a violently disturbed man had looked after him for two years, despite the fact that he frequently assaulted them. As the Magistrate explained, the parents were both aged and 'diminutive', while their son was 'virile and well-developed, standing one and half foot taller than his parents.'"[299]

Vaughan's "Idioms of Madness" is cited in one of the first book length histories of a mental institution in Sub-Saharan Africa. This was Leland V. Bell's *Mental and Social Disorder*

[293] Vaughan 230-233.
[294] Vaughan 230.
[295] Vaughan 232
[296] Vaughan 234.
[297] Kramer 112.
[298] Vaughan, "Idioms of Madness", 235.
[299] Vaughan 237.

*in Sub-Saharan Africa: The Case of Sierra Leone, 1787-1990*.[300] Bell's 1991 monograph influenced many other histories of mental hospitals in Sub-Saharan Africa, such as Lynette A. Jackson's *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968*.[301] Bell's monograph uses both secondary and primary sources, though Bell stresses that he uses primary sources that provide a descriptive or empirical view of the history of the Kissy Mental Hospital. These primary sources come from the case study of patients and material on the hospital at the national archives of Sierra Leone.[302]

Bell only partly examines the power relationship between the patient and colonial psychiatry. This power relationship is explored more in all of the other secondary sources in this literature review. For example, Bell states without any commentary that at Kissy Hospital in the mid-20th Century "recalcitrant or incorrigible clients were restrained in a modified straitjacket, called a coverlette, and placed in a special isolation cell."[303] He does not explore whether Fanon's theory about the role of psychiatry in reinforcing the power of the settler-colonial state can be applied to Sierra Leone since the country started as a settler-colony.[304] Bell does believe that several of the Philosopher Michal Foucault's ideas about the relationship between psychiatry and social control in post-Enlightenment Europe can be applied to Colonial Sierra Leone.[305] Bell's monograph provides information about the Kissy Mental Institution. If the reader of Bell's monograph wanted to write a book about the Kissy Mental Institution that applied Fanon's theories, Bell provides enough data. Bell's monograph seems like it is in discussion with modern

[300] Bell xi, 3, 194.
[301] Jackson 15.
[302] Bell xi.
[303] Bell 148.
[304] Ilife 167.
[305] Bell 21, 182-183.

ethnopsychiatry. The book discusses "cultural conflict illnesses" which Bell defines as the "incidence of mental illness that accompanies rapid social-cultural change."[306] The idea of cultural-conflict mental illnesses seems like a direct development of the idea that was common in ethnopsychiatry that urbanized black Africans were more predisposed to mental illness.[307] The importance of cultural-conflict illnesses, for which there is some scientific proof, makes this book seem like it is having a direct conversation with some of the older ideas about psychiatry in Sub-Saharan Africa.[308]

In April 2022, a more updated view of the Kissy Mental Hospital was provided by global health journalist Stephanie Nolan for The New York Times in an article entitled "This Psychiatric Hospital Used to Chain Patients. Now It Treats Them." This article provides a view of Kissy Hospital in 2022 and could offer a way forward for psychiatry in former settler colonies in Africa like Sierra Leone. In 2014, the American-based medical organization, Partners in Health, partnered with the Ministry of Health in Sierra Leone to rehabilitate the Kissy Mental Hospital as a teaching hospital.[309] The building was renovated, which included installing electricity, plumbing, and beds. Bars were removed and walls were lowered.[310] In 2018, the use of a coverlet was ended.[311] Bell writes that "drug therapy calmed the patients and the staff" but Nolan writes that drug therapy was often overused.[312] Since 2014, drug therapy at Kissy has been more targeted.[313] Kissy Mental Hospital used a modern version of the social therapy program that

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[306] Bell 11.
[307] McCulloch 7.
[308] Bell 13-15.
[309] Stephanie Nolan. "This Psychiatric Hospital Used to Chain Patients. Now It Treats Them." *The New York Times*, April 11, 2022. This Psychiatric Hospital Used to Chain Patients. Now It Treats Them. - The New York Times (nytimes.com).
[310] Ibid.
[311] Bell 148; Nolan.
[312] Bell 150.
[313] Nolan.

Fanon and Azoulay developed at Bilda Mental Hospital.[314] In 2022, the first addiction rehabilitation center in Sierra Leone is being built at Kissy Mental Hospital.[315] It would be interesting if Bell could update his monograph to include the history of Kissy Mental Hospital since 2014.[316]

Similar to the Kissy Mental Hospital, the Ingutsheni Mental Hospital, which was founded in 1908 near the city of Bulawayo, was the first of its kind in Colonial Zimbabwe. The hospital still exists today.[317] Jackson's monograph tries to reconstruct the stories of several patients based on the archival record.[318] Lynette Jackson's monograph about this hospital is called *Surfacing Up.* Jackson used secondary sources, archives, periodicals, governmental publications, writings of psychiatrists, and the 1975 film, *One Flew Over The Cuckoo Nest* to write her monograph.[319]

The Ingutsheni Mental Hospital was first built to house the mentally ill who were a danger to society, who could not be managed by their family, who ran afoul of the colonial government, or who had nowhere else to go. The original institution housed the mentally ill from all over British Central Africa (present-day Zimbabwe, Zambia, and Malawi), and would remain the largest mental hospital in that region until the mid-1960s.[320] Jackson does not argue that the patients within Ingutsheni were not mentally ill but that many of the patients found themselves in the institution due to a situation created by colonialism.[321] Even though Jackson does not mention

[314] McCulloch 128-138; Nolan.
[315] Nolan.
[316] Ibid.
[317] Bell 43-44; Jackson 3-4.
[318] Jackson 16-17, 132.
[319] Jackson 195-196.
[320] Jackson 158-159.
[321] Jackson 103.

ethnopsychiatry in her monograph, several of her themes are the result of ethnopsychiatry. As mentioned in Vaughan's article on the Zomba Asylum, the Colonial Zimbabwean government believed that Black African women only existed as part of the "collective," not as individuals. This is an idea from ethnopsychiatry.[322] For example, the authorities at Ingutsheni did not know how best to engage the Black African women.[323] The reason for this was that before World War II, Black women not living with their relatives were largely "invisible" to the colonial state unless they were prostitutes.[324] Most of the patients who received prefrontal leucotomies were Black women.[325] The only White male patient to receive a prefrontal leucotomy was someone who was labeled as engaging in homosexual activities. Jackson writes that "risks [in terms of psychiatry] could be taken with those who rated low on the scale of potential usefulness to the colonial enterprise, Black women and homosexual White males."[326] Another example of how Ingutsheni viewed Black Africans as only part of a 'collective' occurred when a workplace dispute within Ingutsheni became public in the early 1940s. The fact that most bothered the colonial government after a public airing of the "horrors" of a mental hospital was that the racial segregation of patients was not rigid. The board in charge of Ingutsheni showed almost no interest in the state of the African wards or the treatment of the Black African patients.[327]

Jackson agrees with Fanon that mental hospitals, such as Ingutsheni, reproduced the social order of the colonial state. Jackson frequently uses Fanon's theories in her monograph.[328] For example, a Black male African patient, Poison Lesa, who was diagnosed with ""Pellagra [a

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[322] Jackson 105; McCulloch 135.
[323] Jackson 161.
[324] Jackson 105.
[325] Jackson 176.
[326] Jackson 178.
[327] Jackson 148-149.
[328] Jackson 11.

nutritional deficiency] with psychosis,"" was supposedly unfit to have his brother manage his care, but he was healthy enough to be a good gardener at the home of the hospital supervisor.[329]

**Psychiatry and its views of homosexuality in Apartheid South Africa**

"Averting White Male (Ab)normality" by Tiffany F. Jones is a 2008 article that focuses on the relationship between psychiatry and its views of homosexuality in the era of colonial ethnopsychiatry, an aspect of Jackson's monograph.[330] Jones' article shows how the Apartheid South African government viewed homosexualism in light of its origin as a settler colony. The article also looks at the practices of the psychiatrists who worked in Apartheid South Africa who tried to 'treat homosexualism' among White South Africans.[331] The Apartheid South African government viewed any sexual activity or lifestyle that was not heteronormative as being homosexual.[332] South African mental institutions were focused on accomodating the population of White South African males who needed to be 'rehabilitated' to society who would then actively support the building of the society envisioned by the Apartheid government.[333] The Apartheid government endorsed a Christian Nationalist procreative ideology for White South Africans which viewed White male homosexuals as a moral threat to the population of White South Africans. The Apartheid South African government felt it required a 'healthy' White heterosexual male population to defend itself against the 'communist' political goals of Black South Africans.[334] Also, in the eyes of the government, White 'gay' men were not growing the White population, which hurt the White population's demographics in South Africa.[335] The

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[329] Jackson 83, 85.
[330] Jackson 178; Jones 405.
[331] Jones. 405.
[332] Jones 403.
[333] Jones 398, 401.
[334] Jones 398.
[335] Jones 404.

government seemed to worry that homosexuality was a mental disorder that could spread to heterosexual people. Also, the government believed that homosexuality was foreign to Afrikaaners culture and was imported from places that had legalized homosexuality.[336] To write this article, Jones used sources in both English and Afrikaans and used secondary sources, governmental documents, medical records, Tom Sharpe's novel *Indecent Expose*, the Gay and Lesbian Archives, and writings by psychiatrists.[337]

During this period of time in South African history, there seemed to be very little official concern over non-White male homosexuals. These groups sometimes ended up in the medical system but the government was mainly concerned with White gay men.[338] The government may not have investigated Black gay activity so as not to bother White mine owners whose Black male miners lived in compounds where homosexual activities were common. The mine owners, and possibly the government, viewed homosexuality among the Black male miners as a means of controlling their sexual impulses and as a way to gain control over their workforce.[339]

Apartheid South African psychiatrists disagreed on what 'caused homosexuality' so their treatments varied. There were two explanations that supported the government's ideology of Christian Social Darwinism.[340] One explanation was psycho-sociological. This explanation focused on biological differences as explained by Freudian theory that homosexuals were people who had never completed the stage of adolescent human development.[341] Others believed that homosexuality was a result of growing up in a poor, dysfunctional, perhaps non-Christian family.

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[336] Jones 402..
[337] Jones 398-400.
[338] Jones 398, 401, 402.
[339] Jones 404
[340] Jones 406-407.
[341] Jones 405-406; Kramer 132, 137.

These theories could explain the government's lack of interest in Black homosexuals; in the eyes of Apartheid South Africa, they were less 'developed' than Whites so it was not surprising to the government if homosexuality among Black South Africans was common.[342]

The Psychiatrist Louis F. Freed argued that homosexualism and prostitution among White South Africans could be solved with a Christian-based welfare system.[343] In the 1970s and the 1980s, the psychiatrists at South African Defense Force (SADF), and several other psychiatrists, used abusive aversion therapy and other abusive practices to 'treat homosexualism.' Despite the use of several other 'treatments', Jones writes that "psychoanalysis became the main choice among practitioners to treat their patients."[344] This article lays out how the fear of White South African homosexuality was connected to fears of being out-numbered by non-White South Africans during Apartheid South Africa.[345] As Epprecht's chapter illustrates, colonial ethnopsychiatry in Apartheid South Africa used the stories of the non-heteronormative behavior of Shaka Zulu to justify White male settler rule in South Africa so that the government would see non-heteronormative behaviors among White males as a threat to the government's legitimacy.[346] In Apartheid South Africa, the government returned to the Freudian influences on colonial ethnopsychiatry to interpret and manage the 'issue of homosexuality" among White male South Africans.[347]

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[342] Jones 406-407.
[343] Jones 406.
[344] Jones 408.
[345] Jones 404.
[346] Epprect 97-98; Jones 398.
[347] Epprecht 78-79; Jones 406.

**Decolonizing psychiatry influenced by Franz Fanon**

Jones brings this literature review into the 21st Century. Her article is concerned with the fact that the psychiatrist Aubrey Levin, who was the head of aversion therapy at the SADF in the 1970s and 1980s was teaching at the University of Calgary in Canada in 2008.[348] Tony Benning's 2017 article "Frantz Fanon and the Decolonisation of Psychiatry", which is in a volume of the *Canadian Journal of Native Studies,* brings this literature review closer to the present day. Benning is a psychiatrist that does work with the First Nations of British Columbia.[349] Benning and several other psychiatrists who work with colonized populations believe that the psychiatric theories of Fanon offer the best way forward when practicing psychiatry with many types of colonized people or formerly colonized peoples of postcolonial Africa or elsewhere.[350] Benning states that there is not any question that Frantz Fanon was a psychiatrist of the 1950s. Fanon used the treatment methods of psychiatry of his time period when he thought it was required.[351] That being said, Benning views Fanon as a figure as important in the history of psychiatry as Sigmund Freud, Carl Jung, B.F. Skinner, and others.[352] Fanon's contribution to psychiatry was the idea that psychiatry should be "ideologically and structurally suited to the population it served."[353] Psychiatrists such as Benning also view Fanon's emphasis on mental health interactions with the social world as an influential concept.[354] Benning, along with many contemporary psychiatrists, believes that Fanon is correct that it is important to make sure that psychiatry does not reinforce the status quo hierarchies, especially when working with

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[348] Jones 398, 408.
[349] Benning 1.
[350] Benning 8.
[351] Benning 5.
[352] Ibid.
[353] Ibid.
[354] Benning 6.

colonialized or formerly colonized populations.[355] Importantly, Benning argues that knowledge of Fanon's philosophy can help the providers of mental health care to better serve people who were formerly colonized. Benning reports that in his own work among two First Nations in the Fraser Valley of British Columbia, he is constantly reminded of Fanon's work. Benning believes that Western psychiatry overlooks many factors that he sees among First Nations, such as the effects of colonization, residential schools, and other social historical traumas "in its conceptualizations of illness causation."[356] Benning used many secondary sources including many articles on Fanon.[357]

The theme of decolonizing psychiatry also appears in Keller's monograph and Jackson's monograph.[358] Keller examines briefly the work of the Tunisian psychiatrist Essedik Jeddi who began a program in 1981 at the Hospital Razi in Tunisia. This program for patients with schizophrenic disorders hoped to reconnect "patients with social practices and promote patient's happiness" through art, dance, and occupational therapies.[359] Keller believes that programs like Jeddi's program that combine psychiatry, psychoanalysis, and anthropology in a culturally sensitive way are one way forward in the attempt to decolonialize North African Psychiatry.[360] In many ways, Jeddi's program seems similar to the program Fanon and Azoulay developed for male Muslim patients at Bila Mental Hospital in the 1950s.[361] Jackson writes that in the 1980s in the era of post-Colonial Zimbabwean history, Ingutsheni Mental Hospital tried to manage patients through the use of modern psychiatry and 'traditional' African medicine in a meaningful

[355] Ibid.
[356] Benning 7.
[357] Benning 9-10.
[358] Jackson 189; Keller 204-205.
[359] Keller 284.
[360] Keller 285.
[361] McCulloch 129-130.

way.[362] In 1991, economic reforms damaged the mental health system, including at the Ingutsheni Mental Hospital. The government of Zimbabwe fell into a cycle of corruption and growing authoritarianism, which also hurt the mental health system. That being said, Jackson found that the older staff at Ingutsheni were very proud that the well-being of patients has improved since the independence of Zimbabwe.[363] Jackson's *Surfacing Up* is heavily influenced by the philosophy of Fanon so Jackson would agree with many of Benning's suggestions to decolonize mental health in post-Colonial Africa.[364]

## Conclusion

In conclusion, scientific racism developed into colonial ethnopsychiatry which influenced mental hospitals within the settler colonies.[365] Colonial ethnopsychiatry was used to justify colonial rule in African settler colonies.[366] This literature review looks at secondary sources to better understand settler colonies in Africa. It is mainly focused on the regions of Southern Africa, North Africa, and East Africa. The only secondary source from West Africa is Bell's monograph on the Kissy Mental Institution in Colonial Sierra Leone. All of these settler colonies had small populations in mental hospitals relative to the overall populations of their colonies. Generally, most people with mental disorders in colonial mental hospitals were people whose families or communities could not look after them due to violent behavior. People in mental hospitals were also people with mental disorders who had come to the attention of the colonial

[362] Jackson 189-191.
[363] Jackson 191.
[364] Jackson 9.
[365] Vaughan, "Idioms of Madness", 229-230.
[366] McCulloch 1-2.

government due to being seen as a threat to the social order of society.[367] The colonial mental hospitals in African colonies reinforced the colonial racial hierarchy.[368]

The first three articles specifically examine how scientific racism developed within the asylum system of the settler colony of South Africa in the early 20th Century. Scientific racism was central to the field of colonial ethnopsychiatry.[369] The remaining secondary sources illustrate the relationship between the colonial state and the use of ethnopsychiatry to justify colonialism. An example of this was in British Colonial East Africa where colonial ethnopsychiatry was used to justify the internment of the Kikuyu people in prison camps during the Mau Mau Rebellion in Colonial Kenya.[370] An included secondary source is Vaughan's monograph, *Curing Their Ills*. Vaughan believes that biomedicine in the British African colonies was a method for gaining power over the colonial subjects.[371] Frantz Fanon saw this relationship between medical power and European colonial power.[372] Fanon effectively critiqued the ideas of colonial ethnopsychiatry but several of his ideas were also influenced by colonial ethnopsychiatry.[373] Fanon, Keller, and Scarfone illustrate how colonial psychiatry, including ethnopsychiatry, was used to justify the imperial goals of the European powers.[374] One of Scarfore's articles is about Patient Z who was examined by the Psychiatrist Angelo Bravi.[375] When the story of Patient Z is combined with Shula Marks' account of Lily Moya, both provide a limited view of the lives of Black African female patients in a settler colony during the time of colonial ethnopsychiatry.[376] This is followed

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[367] Parle 169-170; Swartz 408.
[368] Swartz 400, 403.
[369] Keller 17.
[370] Hasian 337.
[371] Vaughan 202-203.
[372] Vaughan 15.
[373] McCulloch 135.
[374] Fanon 221; Keller 165; Scarfone 395.
[375] Scarfone,"'Psychosis of civilization'", 54; 62.
[376] Marks, *Not Either An Experimental Doll*, 201-202; McCulloch 81; Scarfone 64-65.

by Shula Marks' article, "The Microphysics of Power," which argues that to understand the conditions of life within a mental hospital, researchers should look at the history of nursing within mental institutions, such as the Valkenberg Mental Hospital.[377] Zomba Lunatic Asylum in Colonial Malawi, Kissy Mental Institution in Colonial Sierra Leone, and Ingutsheni Mental Hospital in Colonial Zimbabwe were all mental hospitals in settler colonies in which patients similar to Patient Z and Moya found themselves. Jackson's study of Ingutsheni briefly examines the relationship between colonial psychiatry and White homosexual men in settler colonies.[378] The study by Jones, "Averting White Male (Ab)normality," examines psychiatry and its relationship with the government's views of homosexuality in Apartheid South Africa. Canadian Psychiatrist Tony Benning, who works with First Nations in Canada, brings this review into contemporary times. Benning believes that Fanon offers a framework for understanding how to decolonize psychiatry in Canada, Postcolonial Africa, and elsewhere.[379]

I discovered the sources for this literature review through courses and library searches at the University of Illinois, Urbana-Champaign. In the Fall semester of 2019, I studied "Disability History" with Professor Leslie Reagan. In this course, we read Jackson's *Surfacing Up*. I was really taken with this monograph. Jackson's monograph was heavily influenced by the writings of Fanon on colonial psychiatry.[380] Jackson's monograph references Bell's monograph, Swartz's article, Vaughan's *Curing Their Ills*, Vaughan's "Idioms of Madness", McCulloch's monograph, and Marks' *Not Either An Experimental Doll*. *African Apocalypse* by Edgar and Sapire is also referenced in Jackson's monograph.[381] The final project for this class led me to discover

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377 Marks, "The Microphysics of Power", 69.
378 Jackson 177-178.
379 Benning 8.
380 Jackson 9.
381 Jackson 196-197.

Mahone's article which provides a useful overview of colonial ethnopsychiatry in British East Africa.[382] Within the same volume as Mahone's article is the article by Marks entitled, "The Microphysics of Power," which provides a view of psychiatry in South Africa in the early 20th Century from the point of view of the nurses.[383] Keller's monograph provides context for psychiatry in Colonial North Africa.[384] Benning's article brought the final project into the 21st Century. Jones's article was a reading in Professor Theresa Barnes's course, "Sexualities in African History" that I took in the Spring semester of 2022. Professor Jan Brooks suggested the monograph, *Queering Colonial Natal: Indigeneity and the Violence of Belonging in Southern Africa,* by Africanist Historian T.J.Tallie for background context. Tallie references Epprecht's monograph and writes an acknowledgment for Julie Parle.[385] This led me to examine Parle's Ph.D. Dissertation.[386] The remaining sources are Hasian's article and the two articles by Scarfone; these were discovered by library database searches.

Many of the writers in this literature review have sought to capture the 'voice' of Black African patients through examining the files for psychiatric cases.[387] Although they have tried to find the 'voice' of Black 'African' patients, the historical record only allows a very partial view of life within the mental hospital.[388] Even for White South African patients from before the 1950s and the 1960s, it can be difficult to hear their 'voices' in the historical records. This is despite the fact that in South Africa, White hospitals have more documentation than the Black

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[382] Mahone 45.
[383] Marks, "The Microphysics of Power", 69-70.
[384] Keller 4.
[385] Tallie 194. 202.
[386] Parle viii.
[387] Jackson 14-15; Scarfone 64-65.
[388] Edgar and Sapire 60; Jackson 14-15; Keller 112; Marks, *Not Either An Experimental Doll*, 207-208; Parle 108; Scarfone, '"Psychosis of Civilization"', 65, Swartz 405; Vaughan, *Curing Their Ills*, 105-106; Vaughan, "Idioms of Madness", 235.

hospitals.[389] Historically, most of what researchers know about psychiatric patients comes from the psychiatrists or officials, and these sources are not the most reliable witnesses.[390] Most of these writings only contain the colonial medical diagnosis and records which gives researchers a very partial view of the patient, their lives, and culture.[391] Most of what the patients had to say was dismissed by the hospital administration as a product of their psychiatric condition.[392] The only direct voices of Black African patients during the European colonial era came from the ones who could write and whose letters survived in the archives.[393] Historians Susan Burch and Hannah Joyce believe that due to the lack of historical documentation and to the writings of unreliable witnesses, historians cannot create complete pictures of the experiences of historical psychiatric patients in mental hospitals.[394] Despite these limitations, Burch and Joyce wrote a monograph entitled *Unspeakable: The Life of Junius Wilson* about an African American man who was deaf who spent most of his life in an American psychiatric hospital.[395] Of all the monographs in this thesis, the one that comes closest to Burch and Joyce's *Unspeakable* is Edgar and Sapire's *African Apocalypse* about the life of Nontetha Nkwenkwe. Both 'biographies' explore what the lives of their subjects can tell readers about the times in which they lived and about the psychiatric care system and how it viewed Black people.[396] Edgar and Sapire admit that part of the reason that there is more documentation on Nkwenkwe than the average Black

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[389] Marks, "The Microphysics of Power", 69, 91.
[390] Edgar and Sapire 117-118; Kramer 51;  Scarfone, '"Psychosis of Civilization"', 60.
[391] Jacqueline Leckie, *Colonizing Madness: Asylum and Community in Colonial Fiji* (Honolulu, Hawaii: University of Hawai'i Press, 2020), 15-16 [Kindle]. .
[392] Leckie 156-157.
[393] Parle 108.
[394]Susan Burch and Hannah Joyner. *Unspeakable: The Story of Julius Wilson*. Chapel Hill, North Carolina: The University of North Carolina Press, 2007, 3 [Kindle].
[395] Burch and Joyner 2.
[396] Burch and Joyner 2-3; Edgar and Sapire xxi-xxiii.

psychiatric patient in a South African mental hospital is because the government viewed Nkwenkwe as a political figure. Even then, the documentation of Nkwenkwe is only partial.[397]

Many of the texts in this thesis, including *African Apocalypse,* are foundational to the study of colonial psychiatry in settler colonies in Africa.[398] Many academic writings that are about the colonial world outside of the context of settler colonies in Africa also refer to these texts.[399] An example of this is the researcher Jacqueline Leckie's monograph, *Colonizing Madness: Alysum and Community in Colonial Fiji,* which references Bell's monograph, Jackson's monograph, Keller's monograph, Marks' "The Microphysics of Power', Parle's thesis, Swartz's article, and both Vaughan's pieces.[400] As Leckie's monograph shows, many of the texts in this thesis can be important references outside of the strictly African context. Hopefully reading this thesis will cause researchers of colonial psychiatry to gain a greater understanding of these texts.

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[397] Edgar and Sapire 117-118.

[398] Bell 194, Edgar and Sapire 178-179,183, Epprecht 206, Hasian 343; Jackson 14-15, Keller 13. Marks," The Microphysics of Power", 92; Mahone 61; Parle 2-3; Scarfone, "'Italian Colonial Psychiatry"', 403-405

[399] Leckie. *Colonizing Madness: Asylum and Community in Colonial Fiji* (Honolulu, Hawaii: University of Hawai'i Press, 2020), 15-16 [Kindle]. Sadowsky 2-3.

[400] Leckie 5, 13, 15,16, 18,32, 83, 107, 146 157.

**Annotated Bibliography**

Bell, Leland V. *Mental and Social Disorder in Sub-Saharan Africa: The Case of Sierra Leone, 1787-1990*. Westport, Connecticut: Greenwood Press, 1991.

Leland V. Bell is the Chair of the History Department at Central University in Wilberforce, Ohio. The book is a history of how mental and social disorders were treated in Sierra Leone, both in the Colonial period and after independence in 1961. The book is a history of the Kissy Mental Hospital outside of the capital of Freetown, which has its origins in the 1800s.

Benning, Tony B. "Frantz Fanon and the Decolonization of Psychiatry." *Canadian Journal of Native Studies* 37, no. 2 (2017):1-10. Database: Scopus. Accession Number: edselc.2-52.0-85048286119

Tony B. Benning is a Professor in the Department of Psychiatry at the University of British Columbia in Maple Ridge. The author does work with the First Nations of British Columbia. The article covers the main ideas of Fanon's works and critiques. The author argues that Fanon's work can add to the knowledge of people providing mental health care to the First Nations peoples of Canada. Benning feels this same approach to psychiatry can be used with many types of colonized people or formerly colonized peoples of postcolonial Africa and around the world (8).

Burch, Susan, and Hannah Joyner. *Unspeakable: The Story of Julius Wilson*. Chapel Hill, North Carolina: The University of North Carolina Press, 2007 [Kindle].

Susan Burch is a professor of American Studies at Middlebury College in Vermont. Hannah Joyner is an independent historian of the United States. The monograph is a biography of an African American man named Julius Wilson who was deaf and who spent most of his life in a mental health institution in North Carolina. Burch and Joyner write about the difficulty of writing about someone who has spent their life in a mental institution (3, 7)

Elkins, Caroline. *Imperial Reckoning: The Untold Story of Britain's Gulag in Africa*. New York: Henry Holt and Company, 2005 [Kindle].

Caroline Elkins is a Professor of African History at Harvard University in Massachusetts. Elkins's monograph provides useful background to the Mau Mau Rebellion in Colonial Kenya, the subject of Marouf Hasian Jr.'s article "The Deployment of Ethnographic Sciences and Psychological Warfare During the Suppression of the Mau Mau Rebellion."

Edgar, Robert R., and Hilary Sapire. *African Apocalypse: The Story of Nontetha Nkwenkwe, A Twentieth-century South African Prophet*. Athens, Ohio: Ohio University Press, 2000.

Robert R. Edgar is a Professor of African Studies at Howard University in Washington, D.C. Hilary Sapire is a Senior Lecturer of Imperial and Commonwealth History at the University of Birkbeck in London, United Kingdom. Nontetha Nkwenkwe was the Xhosa founder of the Christian movement known as the Church of the Prophetess Nontetha in South Africa. Nkwenkwe ended her life in a South African Mental Hospital. The book illustrates the life of a Black South African woman in a Mental Hospital in the early 20th Century.

Epprecht, Marc. *Homosexual Africa?: The History of an Idea from the Age of Exploration to the Age of AIDS*. Athens, Ohio: Ohio University Press, 2008.

Marc Eppreppt is a Social Historian of southern Africa in the Department of Global Development Studies at the Queen's University in Kingston, Ontario. Eppreppt specializes in the history of sexualities in southern Africa. The chapter, "Ethnopsychiatry and the Making of Gay Shaka" (pages 65-99), examines the Freudian influences on colonial ethnopsychiatry. Eppreppt also looks at how colonial academics used colonial Freudian interpretations of the life of the Zulu leader Shaka Zulu to provide part of the origin story for British colonialism and then apartheid South Africa.

Eriksen, Thomas Hylland and Finn Sivert Nielsen. *A History of Anthropology*. New York: St. Martin's Press, LLC, 2013 [Kindle].

Thomas Hylland Eriksen is a professor of social anthropology at the University of Oslo in Norway. Finn Sivert Nielsen is a retired associate professor of anthropology at the University of Copenhagen in Denmark. The book provides background to the history of anthropology in the mid-20th Century.

Fanon, Frantz. "Colonial War and Mental Disorders" in *The Wretched of the Earth*. Translated from French by Richard Philcox. New York: Grove Press, 2004, 181-219.

Frantz Fanon published this book in 1961. Fanon was a Martinican-born psychiatrist who practiced psychiatry in Algeria and Tunisia during the Algerian Revolution. Richard Philcox has translated many of Fanon's works from French into English. In this chapter, Fanon discusses the cases of some of his patients during the Algerian Revolution, both from the Algerian and French sides. Fanon also challenges the idea that North Africans had innate violent impulses, an idea popularized by French colonial psychiatrists.

Hasian, Marouf, Jr. "The Deployment of Ethnographic Sciences and Psychological Warfare During the Suppression of the Mau Mau Rebellion." *Journal of Medical Humanities* 34, no. 3 (2013): 329-345. DOI: 10.1007/s10912-013-9236-6

Marouf Hasian Jr. is a Professor Emeritus of Communications at the University of Utah, Salt Lake City. Hasian's article examines how the ethnopsychiatry work in Colonial Kenya was used to justify the crushing of the Mau Mau.

Jackson, Lynette A. *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968*. Ithaca, New York: Cornell University Press, 2005.

Lynette A. Jackson is an Associate Professor of African American Studies and Gender and Women's Studies at the University of Illinois-Chicago. Jackson is interested in how the Ingutsheni Mental Hospital near Bulawayo in Zimbabwe reinforced the colonial state in the Colonial era of Zimbabwean history. She draws heavily on Frantz Fanon.

Jones, Tiffany F. "Averting White Male (Ab)normality: Psychiatric Representations and Treatment of 'Homosexuality' in 1960s South Africa." *Journal of Southern African Studies* 34, no. 2 (2008): 397-410. DOI: 10.1080/03057070802038058

Tiffany F. Jones is an Africanist Historian at the University of California, San Bernardino. Jones's article shows how the Apartheid South African government viewed homosexual activity among White male South Africans. The Apartheid South African government's origins as a settler colony influenced the government's views of homosexuality. The article also looks at the practices of psychiatrists who tried to' treat homosexuality' among White South Africans.

Iliffe, John. *Africans: The History of A Continent.* New York: Cambridge University Press, 2017.

John Iliffe is an Africanist Historian at the St. John's College at the University of Cambridge in the United Kingdom. This monograph provides historical background on the colonies and/or countries of Africa mentioned in this literature review.

Keller, Richard. *Colonial Madness: Psychiatry in French North Africa*. Chicago, Illinois: University of Chicago Press, 2007.

Richard Keller is a historian of Medicine, Public Health, and the Environment at the University of Wisconsin, Madison. The book is a detailed history of psychiatry in French Colonial North Africa with a focus on how the colonial environment interacted with psychiatry, including in the settler colony of Algeria.

Kramer, Peter D. *Freud: Inventor of the Modern Mind*. New York: HarperCollins. 2006. [Kindle].

Peter D. Kramer is a Clinical Professor Emeritus of Psychiatry and Human Behavior at Brown University in Providence, Rhode Island. His biography provided a useful and well-balanced introduction to the life and ideas of Sigmund Freud. The biography also is a useful and well-balanced introduction to the concepts of Freudian Psychiatry.

Leckie, Jacqueline. *Colonizing Madness: Asylum and Community in Colonial Fiji*. Honolulu, Hawai'i: University of Hawaii Press, 2020.

Jacqueline Leckie is a research fellow at the New Zealand India Research Institute at Victoria University in Wellington in New Zealand. She is also an associate professor in the School of Humanities and Social Sciences at the University of Newcastle in Australia. One of Leckie's research topics is mental health in Asia and in the Pacific Islands. Leckie's monograph cites many of the authors in this thesis, which illustrates how these texts can be useful for people researching colonial psychiatry around the world, not just in the African context.

Mahone, Sloan. "East African Psychiatry and the Practical Problems of Empire" in *Psychiatry and Empire*. Edited by Sloan Mahone and Megan Vaughan. New York: New York: St. Martin's Press, LLC, 2007, 41-66.

Sloane Mahone is an Africanist historian of psychiatry at the University of Oxford in the United Kingdom. This essay shows the development of the 'East African School' of the pseudoscience of colonial ethnopsychiatry, which was the study of the 'mentality' of African peoples. She is interested in how the 'East African' school of ethnopsychiatry shaped colonial policy in post-World War II British East Africa.

Marks, Shula, editor. *Not Either An Experimental Doll: The Separate Worlds of Three South African Women*. Bloomington, Indiana: Indiana University Press, 1987.

Shula Marks is a Professor Emeritus at the Department of History, School of History, Religions, and Philosophies at the School of Oriental and African Studies at the University of London in the United Kingdom. Marks specializes in the history of South Africa. The "Epilogue" (pages 195-213) of the monograph provides a partial view of the experience of a Black African female mental health patient named Lily Moya in Apartheid South Africa. This monograph examines the letters between the British-born White South African educator Mabel Palmer and a Xhosa Anglican young woman that Marks gives the pseudonym of Lily Moya (page xiii). The third woman was Sibusisiwe 'Violet' Makhanya, a Christian Zulu Social Worker.

Marks, Shula. "The Microphysics of Power: Mental Nursing in South Africa in the First Half of the Twentieth Century" in *Psychiatry and Empire*. Edited by Sloan Mahone and Megan Vaughan. New York: New York: St. Martin's Press, LLC,, 2007, 67-98.

Shula Marks is a Professor Emeritus at the Department of History, School of History, Religions, and Philosophies at the School of Oriental and African Studies at the University of London in the United Kingdom. Marks specializes in the history of South Africa. Marks' article argues that to understand the conditions inside Mental Hospitals in South Africa during the first part of the 20th Century, one should look at the history of the Nursing Staff during that era.

McCulloch, Jock. *Colonial Psychiatry and 'the African Mind.'* New York: Cambridge University Press, 1995.

Jock McCulloch was a historian of occupational medicine at the Royal Melbourne Institute of Technology in Australia. He wrote his Ph.D. on Frantz Fanon. This book is a history of psychiatry in White settler African colonies with a focus on the study of colonial ethnopsychiatry. This book is an often-cited book by the other works in this literature review.

Nolan, Stephanie. "This Psychiatric Hospital Used to Chain Patients. Now It Treats Them." *The New York Times*, April 11, 2022. This Psychiatric Hospital Used to Chain Patients. Now It Treats Them. - The New York Times (nytimes.com).

Stephanie Nolan is a global health journalist for The New York Times. This article provides an updated view of Kissy Mental Hospital in Freetown, Sierra Leone. Kissy Mental Hospital is the focus of Leland V. Bell's 1991 monograph, *Mental and Social Disorder in Sub-Saharan Africa: The Case of Sierra Leone, 1787-1990*.

Parle, Julie. "States of Mind: Mental Illness and the Quest for Mental Health in Natal and Zululand, 1868-1918." Ph.D. dissertation, University of KwaZulu-Natal, 2004.

Julie Parle is an Associate Professor in the School of Social Sciences at the University of KwaZulu-Natal in South Africa. Parle researches the history of psychological health and therapeutic strategies in different cultures. Parle's Ph.D. looks at the history of mental illness care in the KwaZulu-Natal Province between 1868 and 1918.

Sadowsky, Jonathan. *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*. Berkeley, California: University of California Press, 1999.

Jonathan Sadowsky is an Associate Professor of Medical History at Case Western Reserve University in Cleveland, Ohio. *Imperial Bedlam* examines the history of psychiatry and mental health institutions in the non-settler colony of Nigeria. This monograph provides a comparison and contrast between colonial psychiatry in settler colonies and non-settler colonies in Africa. This monograph also provides useful background information on colonial psychiatry.

Scarfone, Marianna. "Italian colonial psychiatry: outlines of a discipline, and practical achievements in Libya and the Horn of Africa." *History of Psychiatry* 27, no. 4 (2016): 389-405. DOI: 10.1177/0957154X16659853

Mariana Scarfone is a professor of the History of Medicine at the University of Strasbourg in France. Scarfone's article is a look at colonial psychiatry, including ethnopsychiatry, in Italy's African Colonies.

Scarfone, Marianna. "'Psychosis of civilization': a colonial-situated diagnosis." *History of Psychiatry* 32, no. 1 (2020): 52-68. DOI: 10.1177/0957154X20968063

Mariana Scarfone is a professor of the History of Medicine at the University of Strasbourg in France. Scarfone's article examines the diagnosis of 'psychosis of civilization' (62) in the case of Patient Z, a Black Libyan woman. Patient Z was examined by the Italian Psychiatrist Angelo Bravi at the Psychiatric Hospital for Libyans in Colonial Tripoli in 1939.

Swartz, Sally. "The Black Insane In The Cape, 1891-1920." *Journal of Southern African Studies*, 21, no 3 (1995): 399-415. Database: JSTOR Journals. Accession Number: edsjsr.2637251

Sally Swartz is a Historian of Psychiatry in the Department of Psychology at the University of Cape Town in South Africa. Swartz's article looks at how black patients were treated in asylums in the Cape Colony between 1891 and 1920. Swartz's article looks at how psychiatric authorities of the asylums viewed Black patients.

Tallie, T.J. *Queering Colonial Natal: Indigeneity and the Violence of Belonging in Southern Africa*. Minneapolis, Minnesota: University of Minnesota, 2019 [Kindle].

T.J. Tallie is an Associate Professor of History and Africana Studies at the University of San Diego in California. Tallie's monograph provides useful background to Colonial Natal, the subject of Julie Parle's Ph.D. dissertation entitled "States of Mind: Mental Illness and the Quest for Mental Health in Natal and Zululand, 1868-1918."

Vaughan, Megan. *Curing Their Ills: Colonial Power and African Illness*. Stanford, California: Stanford University Press, 1991. [Kindle].

Megan Vaughan is a Professor Emeritus of African History and Health at the Institute of Advanced Studies at University College, London in the United Kingdom. This monograph is a history of how the British health profession views the practice of medicine in the African colonies of the British Empire, with a special focus on Colonial Malawi.

Vaughan, Megan. "Idioms of Madness: Zomba Lunatic Asylum, Nyasaland, in the Colonial Period." *Journal of Southern African Studies* 9, No. 2 (1983): 218-238. Database: JSTOR Journals. Accession Number: edsjsr.2636301

Megan Vaughan is a Professor Emeritus of African History and Health at the Institute of Advanced Studies at University College, London in the United Kingdom. The article covers the history of the Zomba Lunatic Asylum in Colonial Malawi [Nyasaland]. Vaughan looks at how Europeans viewed mental illness among Black Africans during the Colonial Era. The article then looks at how Colonial Black Malawians viewed mental illness and how their views of mental illnesses interacted with colonial officials' views of mental illness.