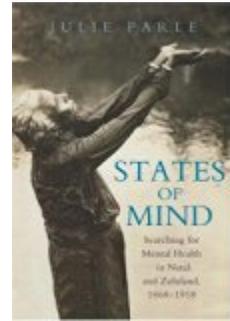


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Julie Parle. *States of Mind: Searching for Mental Health in Natal and Zululand, 1868-1918.* Scottsville: University of KwaZulu-Natal Press, 2007. xv + 334 pp. Photographs. \$39.95 (paper), ISBN 978-1-86914-098-4.

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Published on H-SAfrica (December, 2008)
Commissioned by Peter C. Limb



Contesting Total Psychiatric Power in Late Nineteenth- and Early Twentieth-Century KwaZulu-Natal

Julie Parle's book *States of Mind* is a formidable South African regional history about psychiatry and madness in Natal and Zululand from 1868 to 1918. Using disparate sources, Parle has constructed a well-researched and nuanced body of work that not only examines the rise and changes to colonial policies towards madness in the region, but also manages to weave in individual stories, and local African and Indian responses. As Parle points out, for the most part, South African histories of early psychiatry have focused on the Cape and because different practices existed in each region of South Africa before the advent of the Union of South Africa in 1910, a study of the distinct nature of Natal and Zululand's treatment of the insane is warranted.

In the same vein as recent studies of medicine and mental health in Africa, such as Jonathan Sadowsky's *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (1999) and Meaghan Vaughan's *Curing Their Ills: Colonial Power and African Illness* (1991), that show how the Foucauldian notions of all-encompassing state power cannot be strictly applied to psychiatry in colonial Africa, Parle demonstrates just how limited Western psychiatric practice was in the region before the end of the First World War. In doing so, she is challenging the Foucauldian-influenced notions of the overt and overarching "total institutional" power of the psychiatric profession. She shows how the roughly defined groups of Europeans, Africans, and Indians instead chose to consult alternative and indigenous practitioners, while

sometimes seeking out Western psychiatrists as a last resort. This trend of "medical pluralism" is significantly potent in all her chapters, which highlight the limitations of colonial authority and the continued strength of alternative practices.

The first and second chapters examine the origins and reasoning behind the advent of official mental health policy in Natal, the establishment of a temporary mental asylum on Longmarket Street in the late 1870s, and the building of a more permanent asylum, Natal Government Asylum (later renamed the Pietermaritzburg Mental Hospital) in 1880. Because of an economic recession from 1865 to 1871, the imperial government was faced with an increased burden of poor and social miscreants and the recognition that further services were required for those deemed insane. This coincided with the influx of indentured Indian laborers in the 1860s, as well as increased interest by the imperial government in matters in South Africa because of the discovery of diamonds and gold in the interior. Natal governor Robert Keate, moreover, had an interest in psychiatric enlightenment and brought with him new ideas about the "humanitarian liberal reformist ideals that emphasized the need for vigilance in overseeing the conditions under which the mad were detained and kept" (p. 35). Despite these humanitarian ideas, race and gender differences in approaches to madness remained. Influenced by European changes in policy toward treatment of the insane, policies in Natal became the model for future mental health policy in South Africa.

When the Natal Government Asylum opened in 1880 it reflected the humanitarian trends as well as the colonial notions of racial and gender difference, not only in the way the hospital was designed, but also in the diagnoses and treatment of patients. It held a position of prestige throughout southern Africa because of the work of Dr. Hunlop, its superintendent, who recruited staff from Europe and worked consistently to raise its status. Despite the establishment of official psychiatric services, however, African and Indian therapeutic practices outside of government control continued and only a few were affected by the construction of a permanent mental hospital.

The next three chapters are the most interesting of the book, as they importantly move further away from an institutional approach to discuss what Parle calls, “the limits of colonial psychiatry” (p. 128). Parle impressively reads against the colonial sources to examine alternatives sought by individuals beyond the institutional walls. Chapter 3 discusses the cases of *amandiki*, women charged with the criminal offence of witchcraft in the early twentieth century. The *indiki* epidemic, sometimes deemed as witchcraft or hysteria (or both), had been raging throughout Zululand from the 1890s, initially among men and women, but later mostly associated with women. Missionaries and colonial officials became concerned when the *amandiki* began to gather together and claim a group identity. Local chiefs and magistrates could no longer control their actions. Few Western practitioners, missionaries, or colonial officials understood the etiology of such behavior, and as the women themselves called it an uncontrollable disease, great confusion existed as to whether these were criminal acts or mental diseases. As Parle points out, an examination of these *amandiki* cases “offers us insight into continuities and changes in the ways that the isiZulu-speaking societies perceived both mental illness and healing in the period, as well as into relationships between gender, psychological conflict, hysteria and changing socio-economic conditions at the time” (p. 132). The story also shows that Western psychiatry had limited control and influence in colonial policy as well as among the majority of the population. Moreover, this chapter is a significant contribution to discussions by psychiatric historians about the construction of hysteria.

Chapters 4 and 5 show how, despite the establishment and expansion of the Natal Government Asylum in the 1880s, alternative therapies and custodial practices remained popular among Europeans, Africans, and Indians. The asylum was the last choice for most people. In-

stead, a range of various therapies, such as hypnosis, natural remedies, homecare, and private nursing, to name a few, were sought as a means to help heal the afflicted. Often these treatments embodied Western notions and symbols of medicine, and the line between folk, popular healing, and Western medicine was not clearly defined. An extreme example of an alternative to treatment by Western practitioners was suicide, mostly associated with the Indian community in Natal, but likely present among all groups in the region. Despite being medically scrutinized and closely administered by the Natal government, Indian indentured laborers seemingly had the highest suicide rate. Partly the reason for this was the state’s intense surveillance of indentured laborers, the unwillingness of the colonial officials or employers to pay for the medical treatment of these laborers, and the reluctance of the laborers themselves to be institutionalized. Many of them were instead repatriated to India. Moreover, unlike whites who had easier access to mental asylums, psychiatric and therapeutic options remained inaccessible to the majority of Indians; their working and living conditions were often unbearable and suicide may have been their only option. While suicides may have occurred in the white and African communities, the limited power of the colonial state meant that statistics were rarely kept of African suicides. For the white community, however, attitudes towards suicide were changing from being seen as a criminal offense to a medical affliction, and it was whites who began to benefit from these changing views and were often admitted to a mental asylum. In these chapters, Parle once again challenges the notion of the “total institution” and shows the limitations, not only of Western psychiatric practice on the majority of the Natal population, but of colonial control in general.

The book ends with a return to a discussion of the Pietermaritzburg Mental Hospital (formerly Natal Government Asylum) and an examination of the transitional phase of mental health policy and practices from individualized regional practices to a more uniform, state-centered administration after the Union of South Africa in 1910. No longer locally administered, psychiatric ideas and practices became more aligned with state racial segregationist strategies. The standing of the Pietermaritzburg Mental Hospital and of Natal psychiatrists waned in the shadow of Pretoria’s authority, which was more concerned with funding mental services for whites. Because the Pietermaritzburg Mental Hospital had a high African and Indian population, funding was difficult to obtain, compounding the diminishing stature of the institution. Moreover, as the asylum expanded into what

were now deemed as white areas, and as racial segregation became more rigid, white public support for the asylum diminished. Once again we see evidence of the limitations of mental institutional control over the majority of the province's population.

States of Mind is a detailed account not only of psychiatric practice but also of the complexity and changing nature of colonial policy in Natal. Although students with limited knowledge of Natal and South Africa's early colonial history may miss some of the nuances in the book, it nevertheless reveals the multifaceted nature of colonial practices in Natal and Zululand in the late nineteenth and early twentieth century. Whilst focused on

the KwaZulu-Natal region, the book shows how policies set up there initially had reverberations in mental health policy in other areas of South Africa. Parle adds considerably to early studies of psychiatric practice in South Africa. Most importantly, however, Parle does not confine herself to the institutional walls and delves into the alternative choices of individuals seen as afflicted by mental health problems. Dealing with the height of colonial rule in Natal, this book is not only a key text for setting out the practices and policies of mental health before the First World War; it is also a unique and interesting microcosmic study of colonial society in nineteenth- and early twentieth-century KwaZulu-Natal.

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Citation: Tiffany Jones. Review of Parle, Julie, *States of Mind: Searching for Mental Health in Natal and Zululand, 1868-1918*. H-SAfrica, H-Net Reviews. December, 2008.

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