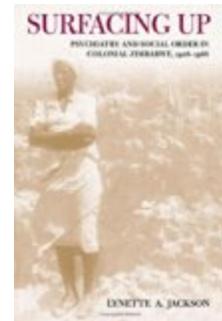


# H-Net Reviews

in the Humanities & Social Sciences

Lynnette A. Jackson. *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968*. Ithaca and London: Cornell University Press, 2005. xiii + 230 pp. \$24.95 (paper), ISBN 978-0-8014-8940-2; \$62.95 (cloth), ISBN 978-0-8014-4310-7.

Reviewed by Clapperton Mavhunga (Department of History, University of Michigan and WISER (Wits Institute for Social and Economic Research) Research Associate)  
Published on H-SAfrica (July, 2007)



Lynnette Jackson's *Surfacing Up* carries on the project of exposing what Franz Fanon called the "pathology of colonialism." This book is important in three major ways. First, it comes in the wake of Achille Mbembe's critique of this genre of defining and writing "the African" experience as a "cult of victimization," and his call for a robust self-reflexive reappraisal of the authenticity and redemption of "African nationalism." [1] Second, Jackson approaches these broader debates on Africa-inspired by Fanon, Aime Cesaire, and others—from the standpoint of health and healing in Africa. She tells her story within the thematic of therapeutic options available to Africans during the colonial moment, dwelling on the limits of such latitude, especially for those judged insane. Third, and overall, *Surfacing Up* is a theoretical and methodological statement on the fate of western-designed artifacts, ideas, and people that travel beyond metropolitan societies to colonies. Hence the book speaks to scholars—particularly historians—of Zimbabwe, Southern Africa, Africa, colonial and postcolonial studies, science and technology, psychiatry, gender, women's studies, and feminism.

A critic of Fanon may say that this book is surfacing up for an audience that is already past. Yet the questions that Jackson poses answer that criticism well in advance: "If one defines the insane as those who are out of touch with reality," she writes, then "my experiences ... force the question: Whose reality? And, if the insane are defined as persons without reason, I ask: But what about their reasons" (p. 2). This six-chapter book, well illustrated with maps and photographs, is concerned with the interplay of mental illness and power in the production of psychiatry as a discipline. Jackson brings

together body, hospital, and nation as "sites of struggle" and recognizes spaces such as the Ingutsheni Lunatic Asylum (established in 1908) as "memory boards for the wrong of the past," as markers between "them and us," "colonialism and nationhood" (p. 2). The attainment of political independence signifies the redemptive spirit of nationalism springing itself from the bush (as guerrillas) into government. Health Minister Herbert Ushewokunze ("Ush the Mush" as the youthful maverick, now deceased, was known; a former guerrilla commander in Robert Mugabe's Zimbabwe African National Union [Patriotic Front] or ZANU [PF] in charge of health) declared war on racially discriminatory conditions and treatment at Ingutsheni.

Jackson extends to Zimbabwe the works of Steven Feierman and John Janzen on health and healing in Africa with respect to "family" and "state" as therapy managers, rather different from western "biomedicine" whereby the patient chooses the most suitable therapy. [2] Those interested in the traffic of western knowledge across space can see how the colonial state reclassified, reassembled, and dissembled traditions it found in distant localities. To cite one example, missionaries designated African medico-religious traditions as "witchcraft" and paganism, and the state introduced the Witchcraft Suppression Ordinance to disarm Africans of witchcraft practices (pp. 7-8).

While colonialism did not invent beliefs about madness or make Africans mad—since madness (Shona *kupenga*; Ndebele *ubuhlanya*) has always been around, it certainly defined (ab)normality and the (ir)rationality of actions set aside as madness (p. 9). Jackson illustrates this point using narratives of ukuthwasa ("coming out"

or “emergence”), referring to an illness one experienced as an ancestral calling to the sangomahood (healing). To simplify her discussion, I draw a capital letter Y and assume *ukuthwasa* to be the vertical part of the Y. Whether the patient was designated insane or a candidate for *sangomahood* depended on which therapy manager got there first—the family or state official. If the family had its way, therapy might assume the “Y1” route, the illness acquired redemptive powers and the patient became a therapist (*sangoma*). If the state official got there first, therapy took what I term the “Y2” route; the illness was condemned as psychopathology and the road to the lunatic asylum was wide open. Jackson brilliantly uncovers the lives of “middle figures,” caught between the colonial state and their African societies, like Mark Nyathi, who, by virtue of allopathic training overseas, was a therapist and who, upon return home, experienced *ukuthwasa* and therefore was incarcerated as a patient—one might say he was “stuck at the Y-junction.” However, he was lucky because the family “got there first,” and he was then “purified” by a traditional healer; he became a *sangoma* and kept his job as a psychiatric nurse at Ingutsheni.

This intriguing story unsettles the categories of “therapy manager,” “patient,” “therapist,” and spaces of healing that Janzen, Feerman, and Pamela Reynolds had developed earlier because Nyathi simultaneously held the positions of *sangoma*, psychiatric nurse, and also was a patient. Jackson’s approach, at some levels, resonates with the ethnographies of Julie Livingston on disability in Botswana and Nancy Hunt on midwifery in Congo. All these studies of “middle figures” link up nicely with science and technology studies (STS) on boundary objects, particularly those of Geoffrey Bowker and Susan Leigh Star. By adopting STS’s attention to the materiality of objects, Stacey Langwick’s research in Tanzania is posing important questions on how nonhuman objects matter in the construction of “the colonial.” STS—which has been predominantly western in its philosophical and empirical locus—would reap considerable epistemological dividends by considering how the colonial setting challenged what Dan Headrick called “the tools of empire” made in Europe and even redesigned their uses, if not their form.[3]

Located at this juncture between colonizer and colonized, madness was a way of classifying the inconvenient other as “mad within the framework of colonial biopower”; doctors, policemen, teachers etc. designated the “disordered, deviant, and/or disabled,” but Jackson insists the “agencies” and “reasons” producing actions interpreted as madness must be understood from “practices

of everyday life” (p. 12). Madness here also was relative to a gendered space (what was madness in the sight of white settlers was not necessarily so in rural African societies) and to time (that is, specific to the colonial moment).

The major archives used by Jackson are the individual psychiatric case files at Ingutsheni, from which she is able to follow up the most illuminating narratives using ethnographic fieldwork. The book comprises six chapters, together with an introduction and conclusion. Chapter 1 deals with spatial configurations of madness, from the entangled meanings of Ingutsheni to the reality of life inside it. Jackson reads the changes in the 1960s from an asylum to a hospital as results of the export of Philippe Pinel’s scientific separation of the insane from criminals, prostitutes, and the aged. The leading French psychiatrist of his time, Pinel (1745-1826) suggested that “mental derangement” was an illness, not a result of sin or immorality, and unchained the inmates of Bicetre asylum. Pinel—and the English reformer William Turk—invented the concept of “moral management,” which entailed gentle treatment and patience in place of chains and restraints towards patients. Jackson historicizes how these ideas led to the epistemic development of the field of psychiatry as part of what Valentin Mudimbe called “the colonizing structure” through which “the native mind” was “domesticated” (pp. 21-23). Yet inmates saw their presence in Ingutsheni in other terms; hence a place could have alternative meaning to the purpose for which it was built (p. 36).

In chapter 2, Jackson delves deeper into the racially segregated daily life at Ingutsheni between 1908 and 1933 (the early years of the asylum), getting to the materiality of the physical “spaces” and “bodies in custody” (“the kept”). Built too small, and only for male inmates, Ingutsheni was unprepared for the large numbers of patients admitted during the 1930s, including women who, forced by hardships of the Great Depression, were leaving rural homes and coming to town. Some readers may well laugh out loud as Jackson lays out the reasons—often frivolous to say the least—used by the authorities to admit both African and European men and women into the asylum.

Jackson elaborates on these themes in chapters 3 and 4, which focus on African men and African women respectively. Notwithstanding their numerical supremacy in urban spaces, African men, in the eyes of whites, carried the mystique of the “undomesticated black man” or the “black peril,” hence they needed to be controlled through, *inter alia*, pass laws such as the registration

card, or *situpa* (Ndebele, or *chitupa* in Shona) so that their whereabouts were known all the time (p. 70). Keith Breckenridge has looked at a similar biometric instrument, the pass book or *dompas* in South Africa.[4] Jackson's study confirms the findings from Zambia of Megan Vaughan on the Zomba Asylum where "the idea of scholastic education [was seen] as the cause of African madness and rebellion" (pp.71-72, 91-93). Anyone deemed to be an independent thinker was presumed insane, as Jackson's examples reveal. (Although this is more true in rhetoric than real detention at the asylum, considering trade unionists or nationalists were not taken to Ingutsheni.) Labor migrancy and urbanization were responsible for the production of the "detrified native" and his so-called insanity. Among these cases, there were those who "had moved into the realm of European paradigms of logic and reason, outside the realm of the 'Native Type' delusion," and "who simply could not become what Fanon described as 'the colonial type'—a docile and domesticated native" (p. 97). What, then, could they be, if they could not be "native"? They could not be whites, so they were deemed the insane. Jackson shows the movement of these classificatory devices between metropole and colony through actor networks of anthropologists in Europe universities and their protgs, some of whom were becoming Native Commissioners in the colonies (for example, Malinowski and his student Roger Howman) (pp. 72-73).

The route of African women to Ingutsheni in the 1930s was different, because, unlike men, they were assumed to not be incorporated into the colony's political economy. The African woman was an object "out of place," a "stray" human being recognizable only as subordinate and dependent on African men, and otherwise not having "social agency" of her own. Following the journeys of several women deemed "matter out of place" (p. 100) or "the Other's Other," Jackson argues that "the vast majority of African women who were actually suffering from mental or emotional disorders, from what the Shona called *kupenga* and the Ndebele called *ukuhlanya*, never came within the colonizer's view. They remained in the rural reserves where they were treated by n'angas or sangomas" (p. 103). Jackson presents an alternative interpretation of the lives of these women, whom Ingutsheni records merely show as "voiceless bodies, aimlessly walking from place to place until suspected of madness and taken to the mental hospital" (p. 104). The voices in the case records are not those of these women, so Jackson listens to their feet instead. Where were they going, and what were their reasons for doing so? The white

man saw the white woman as being in danger of the uncontrolled, savage sexual appetites of the black man—"the 'Black Peril'" (p. 105). On the other hand, "African women were too backward to 'lose their reason'" (p. 108). By coining the notion of collaborative patriarchies, Jackson says that the African woman was sandwiched between European and African male authority (p.111). They were cyborgs or boundary objects.[5]

Chapter 5 revolves around a Commission of Inquiry into Ingutsheni in 1942, which was more interested in trivia rather than dealing with major problems affecting inmates, such as white doctors' negligence towards black patients. This was also a period of transition from custodial to scientific management consistent with western practices everywhere, only here it became another tool for scientific racism to buoy a rising white nationalism. The major player, Dr. Rodger, is again a "middle figure" importing ideas from England and applying them at Ingutsheni. In 1937, he had gone to England to learn the newest technique in Western psychiatric therapy, convulsant shock therapy, which he applied energetically upon return, despite the method being "drastic and alarming to watch" (p. 140). Rodger dismissed those who criticized him as being of a group "inclined to think too much like their patients" (p. 144) and therefore having a little insanity of their own.

Chapter 6 returns to the "daily life and daily drama" at Ingutsheni in the aftermath of changes—or the lack thereof—following the Commission, dwelling on a post-Rodger Ingutsheni under the stewardship of Dr. Charles Dawson, "a colonial man through and through" (p. 156). This was the high noon of "psychiatric modernism" and "wonder drugs" (p. 156); biomedicine seemed to have an answer for every problem. The psychiatrist's perspective is juxtaposed with the inmate's experience of resistance—"a sad dance in the monologue of reason about madness" (p. 18). In fact, as Jackson writes, "little changed but change was coming" (my emphasis): in 1968 Ingutsheni hired its first black psychiatrist, Mark Nyathi (p. 18).

In the epilogue, Jackson takes the reader back to where I started in this review, to independence, and it is here that Mbembe's call for a reappraisal of the way we write about Africa, Africanness, and African nationalism with its promises of freeing blacks from the chains of colonial confinement can be deployed in evaluating *Surfacing Up*. Jackson's conclusion that the postcolonial state, "during a truly revolutionary moment, roughly the first decade following independence, not only cared about whether the majority of its newly enfranchised

black citizens lived or died, but also about their psychic well-being" (p. 189), until it listened to the ill-advice of the International Monetary Fund (IMF) and World Bank (p. 190), is very controversial. The same government that Jackson praises for "liberating" Zimbabweans was in this "truly revolutionary moment" also sending the North Korean-trained 5th Brigade to massacre twenty thousand Ndebele civilians in cold blood. As he was cleaning up the wards at Ingutsheni, Minister Ushewokunze was also authorizing Operation Chinyavada to clean up the streets of Harare and Bulawayo of "prostitutes," resulting in many innocent men and women being caught in the crossfire. It is easy to blame the collapse of Zimbabwe's healthcare system on IMF-World Bank policies, so long as we can go on to ask: how did a country with such a strong economy at independence end up knocking at the doors of the IMF and World Bank a decade later? Could it be that the "truly revolutionary" policies Jackson talks about were financially unsustainable and contributed to the collapse of the fiscal system on account of failure to generate revenue, bootlegging the country to the IMF-World Bank in the process? Who invited the IMF-World Bank into Zimbabwe to start with—without any consultation with the public?

Today Zimbabwe is in crisis, thanks to yet another "revolutionary" moment: the seizure of white farms and their redistribution to certain of the country's black population. The state thinks those who criticize the land reform program are "insane," "traitors" and "puppets," who must be exorcised of the ghosts of Tony Blair and George Bush. However, a growing body of Zimbabwean thinkers are now focusing on the psychiatric condition of the state. For them, it is no longer an issue of debate that the revolutionary party, in power since 1980, has driven everybody insane, including even itself. Considering that the margins of difference between the colonial and current governments have been so drastically subtracted, one wonders whether there is anything "post" about the "postcolonial state." Is the government today more accountable to the public than the regime of Ian Smith?

Jackson purposely insists on not denying the reality of insanity, stressing its social construction at Ingutsheni. As such, one is left wondering about those overtly mad, those whose unstable state is so obvious that to deny it surely renders the observer being called insane? The reader may also need to beware that Jackson is speaking of only one of several causes of "insane" behavior, that not all insanity in African or colonial society was *ukuthwasa*. Some cases were attributed to witchcraft,

with the afflicted person not becoming a *sangoma* even after a healer cleansed them.

All of my comments reinforce, rather than contest, the hard work put into this book. My comments are also suggestions in case the author remains preoccupied with the intersection between politics and psychiatry, and may want to pursue the project beyond the 1980s. There is no doubt that Lynnette Jackson has posed questions that must interest those of us tracing the "flow" of ideas, artifacts, and human actors across space and time.

#### Notes

[1]. Achille Mbembe, "African Modes of Self-Writing," *Public Culture* 14, no. 3 (2002): 239-273.

[2]. Steven Feierman and John Janzen, eds., *The Social Basis of Health and Healing in Africa* (Berkeley: University of California Press, 1992); and John Janzen, *The Quest For Therapy: Medical Pluralism in Lower Zaire* (Berkeley: University of California Press, 1978) and also see *Lemba: 1650-1930: A Drum of Affliction in Africa and the New World* (New York: Garland, 1982); and *Ngoma: Discourses of Healing in Central and Southern Africa* (Berkeley: University of California Press, 1992). Both scholars did much to cartograph the multiple therapy options available to colonial subjects, the role of kinship ties in choosing where patients must receive healing (that is, therapy managers), the sites of therapy, and the material medica of the healers. Jackson writes well within this tradition, but is focusing on a topic neither Feierman nor Janzen dealt with so intimately, that is, by looking at the person presumed to be insane (the patient).

[3]. On the use of *ngoma* (drums) in health and healing in Zimbabwe, see Pamela Reynolds, *Traditional Healers and Childhood in Zimbabwe* (Athens, OH: Ohio University Press, 1996). On debility, see Julie Livingston, *Debility and the Moral Imagination in Botswana* (Indiana University Press, 2005). On midwifery in Congo, see Nancy Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC: Duke University Press, 1999). For similar discussions on Tanzania, see Stacey Langwick, "Devils, Parasites, and Fierce Needles: Healing and the Politics of Translation in Southern Tanzania," *Science, Technology and Human Values* 32, no. 1 (2007): 88-117. On boundary objects, see Geoffrey Bowker and Susan Leigh Star, *Sorting Things Out: Classification and its Consequence* (Cambridge, Mass.: MIT, 1999). For earlier notions of western technology and empire, see Daniel R. Headrick, *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century*

(Oxford: Oxford University Press, 1981).

2 (June 2005): 267-82.

[4]. Keith Breckenridge, "The Biometric State: The Promise and Peril of Digital Government in the New South Africa," *Journal of Southern African Studies* 31, no.

[5]. Donna Haraway, "Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980s," *Socialist Review* 80 (1985): 65-108.

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**Citation:** Clapperton Mavhunga. Review of Jackson, Lynnette A., *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968*. H-SAfrica, H-Net Reviews. July, 2007.

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