



Catharine Coleborne. *Insanity, Identity and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873-1910.* Studies in Imperialism Series. Manchester: Manchester University Press, 2015. 240 pp. \$105.00, cloth, ISBN 978-0-7190-8724-0.

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As is often pointed out, the majority of mad and psychiatrized people have lived their lives outside of the asylum. Yet experiences of institutionalization were, and remain, critically linked to broader social contexts, where they help shape, and are shaped, by what occurs beyond their walls. The insights that emerge when historians draw out these connections remind us not only of the continued importance of preserving asylum records and returning to these source materials but also of broadening our focus to consider how mad and psychiatrized people—and just as importantly, ideas about madness and psychiatric disability—were embedded in deeper social structures. Catharine Coleborne's recent contribution to asylum history, *Insanity, Identity and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873-1910*, stems from her commitment to qualitative archival research and offers a rich example of an analytical approach that recognizes the asylum as one among many sites in which hegemonic discourses and practices converge.

Insanity, Identity and Empire explores inter-related processes and strategies of social control that interact with medicalized discourses and practices in two white settler colonies during the late nineteenth and early twentieth centuries. The

effects of these complex exchanges are traced through the inmate records of the Yarra Bend Asylum in Victoria, Australia, and the Auckland Asylum in New Zealand, where colonization and attempts to shape settler identities surfaced and made evident certain violent colonial ideals. While less space is dedicated to theorizing madness, engaging with mad and disability studies, or unpacking politicized terminology that conflates madness with illness than might be desired of a full-length volume that centers the stories of asylum inmates, the book adds to a growing body of historical literature on disability and madness and, in particular, research on migration, disability, and madness.

Indeed, Coleborne's findings reinforce recent attempts by Canadian disability scholars to place institutional histories in transnational context. Geoffrey Reaume, Ameil Joseph, and I, for example, characterize the asylum as a vehicle for deportation and key site of empire's intervention in biopolitics.[1] *Insanity, Identity and Empire* applies a similar research perspective to consider paths to confinement among various, predominantly white, immigrant communities who were expected to settle in colonized regions as part of a land occupation strategy. Coleborne explores the experiences of these settlers prior to asylum ad-

mission and takes a close look at their inmate careers, asking how different asylum outcomes and diagnoses interacted with inscribed categories of difference and perceptions of white identity. Throughout her study, she applies a wide lens that seeks to capture the dynamics between settler violence, social monitoring, and biomedical authority, organizing key findings into six chapters.

Each chapter builds toward a picture of how madness and psychiatric diagnoses challenged the settler colonial project and underscored white supremacist goals. These goals often involved managing the mobility of different groups, notably “preventing Aboriginal mobility” and policing vagrancy (p. 30). Meanwhile, immigration laws that encouraged white settlement while restricting the mobility of racialized people clearly facilitated the movement of European migrants. Chapter 1 describes some of these legislative methods of control while introducing readers to different settler populations and the societies in which they lived and worked. Readers encounter white Europeans who were “preferred” by colonial administrators as well as several racialized groups—primarily Chinese migrant workers—who were devalued and targeted by restrictive immigration laws.

The next chapter touches on the ironic contrast between white settler failure and notions of a superior white identity that emerged through colonial rule, showing how the burgeoning welfare state enacted care and control tactics to manage individuals who did not live up to certain ideals. These coping strategies included institutional transfers, which often involved sending what would have been viewed as the most severe cases to the Yarra Bend or Auckland asylums. Invoking the well-established argument that eugenic confinement existed alongside the widespread fear that imperial centers were dumping their so-called unfit onto settler colonies, Coleborne links the desire for healthy white immigrants to public health initiatives that focused on

the entwined moral and mental status of these favored groups. Also unpacked here are contemporaneous theories on the root causes of white settler madness in colonial settings, including imagined links between madness and modernity, urbanization, and climate. The effect of madness and psychiatric diagnosis on the colonial project and white settler identity are addressed throughout this chapter and others. At the same time, Coleborne notes the relative absence of indigenous peoples in asylums, which may be attributable to the impact of colonization and more specifically to the fact that “Aboriginal peoples had been dispersed and segregated ... and were already living in other forms of institutions” (p. 74). The organization of settler ambition into genocidal processes is part and parcel of white identity formation—and an imagined racial superiority that valorizes success and fears failure.

At various stages in the book, readers receive a portrait of white settler failure as an affront to the colonial vision. This failure is symbolized by those mad inmates who did not “settle” according to normative standards and landed in the asylum, sometimes after being rejected by other welfare institutions. These so-called failures included the men and women who are presented as case studies in chapters 4 and 5. Coleborne’s analysis of their patient files exposes perceptions of failure as well as their inverse—idealized white masculinity and femininity. By tracing inmates’ journeys through a broad net of welfare institutions, Coleborne uncovers important tensions between welfare’s paternalistic ambition to rehabilitate, cure, or rescue, while simultaneously seeking to control and pathologize these white settlers. The role of white motherhood as a cornerstone of land occupation further informed views of inmates as “fallen women,” with diagnostic speculation centering on their sexuality, heredity, and other familiar eugenic themes (p. 154). In Coleborne’s words: “Women were the future: their childbearing capacity was ultimately the most important of their productive abilities” (p. 157). In contrast to

this preoccupation with white motherhood, chapter 6, which Coleborne dedicates to Chinese and indigenous inmates, reveals that there was relatively little concern by doctors with the few Maori women who wound up in the asylum. For its part, white colonial masculinity prized independence. When white men were perceived as being unproductive by failing to maintain steady employment, the asylum responded by putting them to work to support the institution. This unpaid inmate labor was then framed as a form of rehabilitation. Such labor practices are a troubling and recurring topic in histories of madness and disability that involve many intricacies. Given that Coleborne discusses asylum labor as therapy in chapter 4, with some acknowledgment of its exploitative dimensions, this section would have been strengthened by a closer examination of existing critical scholarship that addresses the brutality of unpaid inmate labor.[2] More nuance can be found in the relationship that unfolds between inmate identity and the application of labor as a form of therapy. In chapter 6, she shows that while many white men were subjected to work therapy, most Chinese men were not. One possible explanation for this treatment is provided in chapter 4, where Coleborne argues that forced labor was only meted out to inmates who were thought to have been capable of “self-improvement” (p. 117).

Chapter 6 suggests that racist perceptions of Chinese men as simultaneously feminized and threatening to white women, carried over into the asylum, where European inmates preferred to keep apart from them; and even while they accounted for only a small percentage of the asylum population, there was public concern around their presence. Undoubtedly, resentment toward the cost of running custodial institutions fed into older notions of deserving and undeserving poor. Record keeping and the careful categorization of inmates, as Coleborne explains, responded to the public’s desire to know who exactly was being supported by the state. The motivation to provide knowledge about inmates fed into categorization

practices that can be linked to the shaping of institutional identities. The focus in chapter 3 on record keeping illustrates how internal asylum hierarchies were informed by categories that were applied within the institution, but that also arose and were shaped through broader social practices and discourses.

As suggested throughout this review, the development of identities within a colonial context is at the heart of Coleborne’s study. An important lesson that emerges from this research relates to how asylum treatment was structured through interrelated medical and social categories. One of Coleborne’s chief interests includes how diagnostic categories and the authority of various administrators were informed by markers of difference, such as class, race, gender, sexuality, and age. Accordingly, these were applied in differential and uneven ways that were shaped by colonial and eugenic ideology. For example, and quite tellingly of colonial power relations, a disproportionate number of the very few indigenous inmates who were present in the asylum were admitted by police; these inmates also faced an increased likelihood of dying of tubercular disease.

Coleborne explains that, along with the migration of people, eugenic ideas moved across empire. Given these transnational connections, it would be valuable to situate the case studies explored in *Insanity, Identity and Empire* within existing historical research on disability, madness, and British colonial and neocolonial interests. Additionally, relating Coleborne’s archival findings to work that addresses disability and migration in contemporary Australia, New Zealand, and elsewhere would facilitate theoretical insight into larger debates and political struggles. *Insanity, Identity and Empire* will no doubt offer a strong foundation for closer exploration of these important and often underexamined issues.

Notes

[1]. Geoffrey Reaume, “Eugenics Incarceration and Expulsion: Daniel G. and Andrew T.’s Deporta-

tion from 1928 Toronto, Canada,” in *Disability Incarcerated*, ed. Liat Ben-Moshe, Chris Chapman, and Allison C. Carey (New York: Palgrave Macmillan, 2014), 63-80; Ameil Joseph, *Deportation and the Confluence of Violence within Forensic Mental Health and Immigration Systems* (Basingstoke: Palgrave-Macmillan, 2015); and Natalie Spagnuolo, “Defining Dependency, Constructing Curability: The Deportation of ‘Feeble-minded’ Patients from the Toronto Asylum, 1920-1925,” *Histoire sociale/Social History* 49, no. 98 (2016): 125-154.

[2]. See, for example, Spagnuolo, “Defining Dependency, Constructing Curability”; and Geoffrey Reaume, “Patients at Work: Insane Asylum Inmate Labour in Ontario, 1841-1900,” in *Mental Health and Canadian Society: Historical Perspectives*, ed. James E. Moran and David Wright (Montreal: McGill-Queen’s University Press, 2006): 69-96.

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