REVIEW ARTICLES

Colonial lunatic asylum archives: challenges to historiography

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In an acerbic article complaining about historians' willingness to recycle gruesome stories about the Bethlem Royal Hospital without ever consulting primary sources, Patricia Allderidge notes:

> I have therefore come to the conclusion that, on the whole, historians of psychiatry actually do not want to know about Bethlem as a historical fact because Bethlem as a reach-me-down historical cliché is far more useful. …Bethlem as the ultimate symbol of all that is evil is far too useful a space-filler to be risked in the refining fires of academic research: and it does not really matter too much what it symbolizes, so long as it is sufficiently discreditable to be credible.[1]

As an historian immersed in the Bethlem archive and deeply knowledgeable about its complex, contradictory relationship to the care and custody of lunatics, the rise of madhouse professionals, and the general public's insatiable curiosity about all things mad, Allderidge is well placed to remind asylum historians to mind their archives, to do the sure-footed historical thing, to attend to the facts of the matter.

Of course, post-Derrida and the deconstruction of the very idea of 'an archive' this is easier said than done.[2] 'Facts' are hardly self-evident, and the idea of histories as multiple - a conglomeration of more (or less) credible narratives, reflecting events, speech acts, geography, the whimsy of archival policies, lines of power and ideology, the selective memory and access to voice of those writing/recording, and perhaps most significantly of all, the perspective of the historian – is common cause. In this reading, the ground between Bethlem 'fictions' and 'facts' is obscured in the disappearing mirrors of factual fiction and fictional fact and the motives for why historians peddle them. After all, we will never know what Bethlem was 'really like'.

However, the collapse into radical relativism that this implies flies in the face of two things: the materiality of the world upon which we do leave traces, no

1 P. Allderidge, 'Bedlam: fact or fantasy?' in W.Bynum, R.Porter, and M Shepherd , eds., *Anatomy of Madness*, Vol.1 (London, Tavistock, 1985), 17.
2 J. Derrida, *Archive Fever* (Chicago: University of Chicago Press, 1996).

matter how open to multiple interpretations they may be, and the relationship of credibility to intersubjective truths. In her commentary on colonial archives, Ann Stoler returns scholars to the issue of 'what we take to be evidence and what we expect to find'. She warns against a too-easy slide into readings 'against the grain', without immersion in the textures of the archive. She adds that in order to disrupt the process of finding what we 'know' to be there, we must first be aware of 'what we think we already know. For students of colonialisms, such codes of recognition and systems of expectation are at the very heart of what we still need to learn about colonial policies'.[3]

In the past fifteen years, histories of colonial psychiatry and the colonial insane in Africa have begun to accumulate. These histories include Megan Vaughan's influential 'The madman and the medicine men' in *Curing their Ills: Colonial Power and African Illness*; Jock McCulloch's *Colonial Psychiatry and 'The African Mind'*; Jonathan Sadowsky's *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*; Robert Edgar and Hilary Sapire's *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet*; Lynette Jackson's *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968* and Julie Parle's *States of Mind: Searching for Mental Health in Natal and Zululand, 1868-1918*.[4] They also include a number of scholarly articles and chapters in books on colonial asylums in and beyond South Africa.[5] It is a wide-ranging body of work, both in terms of method and subject-matter. However, there is one unifying theme - the relationship of colonial psychiatry (and psychiatric institutions) to racism and oppression. There is a great deal of evidence at this stage that colonial psychiatry institutionalized racist practices, and constructed scientific justifications for neglect of the black insane, an acutely vulnerable group under colonial rule.[6] The aim of this article is not to review the literature, but to reflect on the colonial psychiatry-oppression link as a 'reach-me-down' historical cliché. It expands arguments already formulated along these lines, most notably by Shula Marks but also raised and elegantly explored by both Sadowsky and Parle. Its concerns are historiographical, and address the kinds of evidence that would be

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3 A. Stoler, 'Colonial archives and the arts of governance: On the content in the form', in *Refiguring the Archive,* C.Hamilton, V.Harris, J.Taylor, M.Pickover, G.Reid and R.Saleh , eds.,(Cape Town, David Philip, 2002), 92-100.

4 M. Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Oxford: Polity Press, 1991) Ch 5; J. McCulloch, *Colonial Psychiatry and 'The African Mind* (Cambridge, Cambridge University Press, 1995);J.Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 1999); R.Edgar and H.Sapire, *African Apocalypse: The Story of Nontetha Nkwenkwe, a Twentieth-Century South African Prophet (* Johannesburg: Witwatersrand University Press, 2000); L.Jackson, *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968'* (Ithaca and London: Cornell University Press, 2005); J. Parle, *States of Mind: Mental Illness and the Quest for Mental Health in Natal and Zululand, 1868-1918* (Scottsville, University of KwaZulu-Natal Press, 2007).

5 For example, H.Deacon, 'Madness, race and moral treatment: Robben Island Lunatic Asylum, 1846-1890', *History of Psychiatry,* Vol. 7, 1996, 287-297 ; F. Swanson, ' "Of unsound mind": A history of three Eastern Cape mental institutions, 1875-1910' (M.A (History) thesis, University of Cape Town, 2001); S. Swartz, 'Colonizing the insane: Causes of insanity in the Cape, 1891-1920', *History of the Human Sciences,* Vol., 8, 1995, 39-57; S. Swartz, 'The black insane in the Cape, 1891-1920', *Journal of Southern African Studies,* Vol. 21, 399-415, 1995; S. Marks, ' "Every facility that modern science and enlightened humanity have devised": Race and progress in a colonial hospital, Valkenberg Mental asylum, Cape Colony, 1894-1910', in J.Melling and B.Forsythe eds., *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective* (London:, Routledge, 1999); R.Keller, 'Madness and colonization: Psychiatry in the British and French empires, 1800-1962', *Journal of Social History*, Vol. 35, 295-326, 2001; H. Deacon, E.van Heyningen, S. Swartz, and F.Swanson, 'Mineral wealth and medical opportunity', in Deacon, H., Phillips, H. and van Heyningen, E. eds., *The Cape Doctor in the Nineteenth Century: A Social History*. (Amsterdam: Rodopi, 2004). Wellcome Series in the History of Medicine).

6 For a summary of the kinds of justifications used, see Swartz, 'The black insane', and 'Colonizing the insane'.

needed to describe the relationship between colonial psychiatric practice and the inmates of colonial lunatic asylums. The article will outline the provenance of the cliché, perhaps more accurately described as a discursive formation about colonial psychiatry and the black insane.[7] This discursive formation works to place narrative constrictions on ways of writing about this complex relationship. A description of the Valkenberg Lunatic Asylum archive is then used as a point of departure in an exploration of an intertextual, intersubjective way of writing for/about the colonial insane. It argues that the construction of a credible historical narrative about lunatic asylums requires a reading of the archive against and along the grain, accounting for both the deep ambivalence of colonial authorities towards those in their care, and for the faint subaltern voices of the incarcerated insane. The article identifies questions that can be answered, but as many for which answers will always be straws in the wind. It ends with a challenge to historians of psychiatry about questions that should never be asked.

Not Sufficiently Other

In *Curing Their Ills*, Megan Vaughan's groundbreaking work on African colonial medical history, she describes the way in which 'normal' African mentality was pathologized in medical writing. She goes on to make the following observation:

> The madman and madwoman emerge in the colonial historical record not as standing for the 'Other' but more often as being insufficiently 'Other'. The madness of colonial subjects is to be feared, for it is indicative of 'deculturation' and the breaking of barriers of difference and silence.[8]

There is ample evidence in colonial archives and published psychiatric papers that colonial doctors assumed, and found illustrations for, the difference between African and European mentality. Africans were typically characterized as childish, impulsive, hypersexual, and biologically incapable of suffering more 'refined' forms of mental illness, such as melancholia.[9] Two medical superintendents in the Cape Colony, Doctors Greenlees and Conry, both used their experience of the black insane in their asylums as the basis for a description of 'normal' African mentality.[10] They also insisted that the black and white insane suffered from different forms of insanity. They also, indeed , blamed increases in numbers of black insane men and women on increased contact with the pressures and temptations of 'civilization'. At this stage the traumatic effects of racism, economic oppression, inadequate housing, migrant labour and other civilized offerings were not in view. What *was* in view was the spectre of growing numbers of black men in

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7 See M.Foucault, *The Archaeology of Knowledge* (London, Tavistock, 1972), Ch 5.
8 *Curing Their Ills*, 118.
9 For a description of the late nineteenth century South African history of this particular discourse, see Swartz, 'Colonizing the insane'. It was repeated in similar forms throughout Africa in the first part of the twentieth century.
10 T.D.Greenlees, 'Insanity among the natives of South Africa', *The Journal of Mental Science*, Vol.41, 1895, 71-78; J.Conry, 'Insanity among Natives in Cape Colony', *South African Medical Record*, 5, 1907, 33-36.

urban areas, not docile bodies, but disruptive of the peace. There were similar fears about the effects of living in the colonies on European sensibilities.[11] In both cases 'deculturation' as a potential cause of insanity was at the root of the unease. Their speculations about this, echoed over the following several decades by psychiatrists across Africa, was never related in any systematic way to asylum case records.

The black *and* white colonial insane therefore broke 'barriers of difference and silence' in a number of ways. The black insane called attention to their capacity for suffering (by being not different enough). They refused to be the stolid workforce that the colonial machine required, and in their madness they commented directly on sex, money, race and politics. On the other hand, the white insane failed to *maintain* their difference (in terms of culture, intelligence, standards of civilized behaviour) from the colonized masses, and they too were noisy about it.

Megan Vaughan is careful to state that African mental institutions were too small and poorly resourced to be regarded as a significant means of social control for the rebellious, and the archival record is clear on this point: there was no great confinement in Africa, and colonial psychiatry was never a serious challenge to an ongoing plurality of beliefs about the nature and causes of insanity amongst indigenous peoples. As Sadowsky points out, colonial institutions were often 'too shifting and diffident to accomplish hegemonic domination'. Similarly, Julie Parle concludes that on detailed examination, it is 'not so much the power of colonial psychiatry that becomes evident, but its effective limitations'.[12]

The 'insufficiently other' trope does however invoke images of rebellion, expressed by Vaughan as 'individuals who had "forgotten" who they were, and had ceased to conform to the notion of the African subject, who most often found themselves behind the walls of the asylum'.[13] The Robert Edgar and Hilary Sapire account of Nontetha Nkwenkwe's long period of institutionalization as a mental patient in South Africa (1922-1935) summons this narrative strand. In a section entitled 'Troublesome persons' they argue that colonial authorities

> invariably only confined deranged Africans in asylums when they disrupted the regimes and disciplines of work on white farms, in the kitchens, and mines or when they threatened social peace more generally, whether in the street or 'native reserves'. The primary concern in confining mad Africans thus was less with 'curing' or alleviating their mental pain than with removing them as a source of disturbance to society as a whole.[14]

During this period, as elsewhere in Africa, accommodation in mental institutions always fell short of demand for prospective white and black patients. The 'troublesome persons' who were 'confined' were indeed often disruptive, and included black *and* white men and women from all walks of life.[15]

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11 Swartz, 'Colonizing the insane'.
12 *Imperial Bedlam,* 116; *States of Mind*, 304.
13 *Curing Their Ills*, 125.
14 *African Apocalypse*, 34.
15 Swartz, 'Colonizing the insane'; Parle, *States of Mind*, Ch 1.

This thread of this argument is taken up by Lynette Jackson in her study of Ingutsheni Asylum in colonial Zimbabwe. She characterizes the Vaughan argument as suggesting that colonial psychiatry, an arm of 'the colonial state's repressive power apparatus' targeted the 'insufficiently other'.[16] She uses case records to argue that 'the mobile African woman elicited suspicion':

> The most common reason for admitting African women to the colonial mental hospital was 'strayness', meaning that African female admissions were generally those who, for one reason or another, were thought to be in the wrong place.[17]

She notes a 'dramatic increase in the African female population in both the towns and the mental hospital during the 1930s, 1940s, and 1950s'. In the same paragraph, she records the ratio of African male to female asylum inmates as remaining steady at 1:4, and of African women to total asylum population as slightly under 1:6 in the same period. The African female population rose from 52 in 1929 to 286 in 1956, which given general population growth and gradual increase in available accommodation for the insane during this period, might constitute a *decrease* over time in numbers of African women in the population being identified as needing institutional care.[18]

Through these accounts – different though they are on the surface – a discursive formation takes root, a system of expectations, *despite* the archive, and in fact despite the often nuanced analyses in which they are embedded.[19] Drawing its oxygen from words such as 'confined', 'repressive', 'deranged', 'rebellion' it creates a dense intertextual web with an impressive genealogy. The African 'incarceration' summons the ghosts of well-worn arguments from asylum historians to feminists and the anti-psychiatry movement, all characterizing custodial care in mental institutions as political or inhumane, an attempt to discipline unruly bodies or rebellious souls. However, while building on this genealogy, this particular 'law of what can be said'[20] about colonial asylums rehearses race and oppression as the organizing codification of archive data. Ironically, this discursive formation demands that the black insane *were* other, which is to say *different* from their white counterparts. We must therefore return to the 'insufficiently other' trope, but with a new reading. For colonial asylum historians, there is an insufficient otherness indeed, one suppressed in readings of the archive, and which shapes narratives about them. The white insane were insufficiently other: in fact they had 'gone native'.[21] This has led in some instances to a curious myopia about the archive as a whole, and resistance to readings which might confront the layers of similarity and difference, contradictions and ellipses that characterize an along/against the grain description.

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16 *Surfacing Up*, 14.
17 *Surfacing Up*, 127.
18 *Surfacing Up*, 110.
19 For example, Sadowsky's treatment of the colonial psychiatry/oppression link is very sophisticated and careful, and yet the title of his book, *Imperial Bedlam*, rehearses this genealogy.
20 M.Foucault, *The Archaeology of Knowledge* (London, Tavistock, 1972), 129.
21 The history of this term is obscure, but appears to have been widely used in colonial contexts.

The Valkenberg archive: material remains

Valkenberg Asylum opened as a whites-only institution in 1891. Initially a handful of lunatics were housed in old farm buildings. These were soon replaced with buildings designed by the Scottish architect, Sydney Mitchell, of Sydney Mitchell and Wilson, Edinburgh. Many of these buildings still stand, and some are still in use as accommodation for the mentally ill: they are therefore not only a substantial material trace, but a living archive, one that can be explored and imagined and experienced side by side with those in care.[22] The locked wards in the older buildings have changed little in over a century of use, apart from occasional refurbishing. Some single rooms originally designed for the seclusion of noisy or violent patients have 'learnt' to be offices or consulting rooms but the day rooms in which patients wait, dance, talk, undress, quarrel and sing have changed very little either in dimension or function. [23] The faces change more rapidly than they once did.

Until those folders dating back to the period before 1950 were rehoused in the University of Cape Town Library's Manuscripts and Archives Department, the old buildings held a musty registry of all patient folders, organized by number, with recent and very old admissions in a jumble together. Before Valkenberg's desegregation in the early nineties, black and white patient folders were housed in separate buildings, one on each side of the Black River. When the patients were brought together, their folders merged into one constantly moving, shuffling, vast set of papers that kept together the living and the dead, men and women, people of all races and cultures, a material trace of a new democracy.

The merging/merged registry is not irrelevant to a narrative-in-the making. It is evidence of a number of realities. 'Treat the patient, not the folder' was an oft-repeated dictum for interns and registrars in training, and clearly the preservation and cataloguing of patient folders were not institutional priorities. Working clinicians often were infuriated by their inability to locate folders of patients from previous admissions – it was as if the institution refused to hold a memory of previous illnesses, or was careless of those discharged. Was this a belief that once discharged, patients would not return, and their folders were therefore no longer needed? Or perhaps something less hopeful: that the next illness might as well be written anew, for there was no history to be built, only more of the same, repeated? Or perhaps even the grandiosity of each new clinician shrugging off the endeavors of his or her predecessors?

The herding together of old and new folders is also testimony to another strand of asylum life. No-one knew when – if – patients would return. Sometimes a relapse occurred within six months, but sometimes patients stayed out of the asylum for decades. Some never came back, but their details were relevant again with the admission of a relative, a cousin or child perhaps, when a genetic history

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22 For a full description of the remaining buildings, and their original functions, see H. Deacon, unpublished historical research report on Oude Molen, March 2003. J.Louw and S.Swartz, 'An English asylum in Africa: Space and order in Valkenberg Asylum' , *History of Psychology* Vol. 4, 3-23, gives a description of the relationship between spaces and social functioning.

23 S.Brand, *How Buildings Learn*: *What Happens After They're Built* (New York: Penguin, 1994). The heavy doors with inset observation hatches and century-old iron keys of these 'offices' have been known to 'forget' themselves, and slam shut on clinicians (myself among them), who are then obliged to shout for their release.

came into sharp focus. Thus, throughout Valkenberg's history two institutional 'truths' shaped folder life. The transmissibility of insanity, from parent to child to grandchild was one, and the improbability of 'cure' was another. Families passed through Valkenberg generation after generation, and individuals came and went, some many times over decades. It was quite fitting then, that in the old registry, the folder life should enact this reality, insanity threading together the texts of generations of institutional life.

There are nearly 4000 pre-1950 patient folders now archived and preserved for review, although access to them is by permission of the Head of Psychiatry only (see Table 1 for the distribution of these folders by date, gender and race). Maintenance of patient confidentiality is a condition of access. Again, the links between the living and the dead are reasserted: these records are for serious researchers only, not for the voyeuristic visitor. The main reason is that living relatives would not wish their forebears to be subjects of scrutiny but, as with all clinical records, a sub-text is always the protection of the profession and its ways of working.

Race and gender (asylum classification)	No of case files
Male European	1330
Female European	744
Male Coloured	986
Female Coloured	689
Male Native	102
Female Native	37
Male Indian	11
Female Indian	1
Other (not classified)	6
Total	**3906**

Surviving case records from Valkenberg Lunatic Asylum/ Mental Hospital, 1877-1949

The folders vary in weight: some are slim and contain nothing more than admission documents, some spill out of their covers, bursting with correspondence, often about money – maintenance fees, estates, *curator bonis* proceedings - but also about cycles of admission and discharge, physical illnesses and their treatment. The notes about the form of insanity and its progress through the years are always brief: there are a few lines of statutory periodical reports and these are sometimes separated by years of silence, with no intervening words. Some records contain a photograph of the patient, which contains a promise of a 'knowing', an intimacy seldom delivered by the surrounding text. The folders say much about doctors, a system of asylum governance, evolving psychiatric knowledge: but the subaltern voice, the subject of it all – the patient – is herself a black hole in the centre of the archive.[24] The folders are full of text 'about' (around, surrounding) a patient. Her

24 S.Swartz, 'The third voice: Writing case notes', *Feminism and Psychology*, Vol.16, 427-444; Swartz, 'Can the clinical subject speak?' *Theory and Psychology*, Vol. 15, 505-525.

own voice is reported only as symptom, 'proving' a diagnosis. Vaughan remarked that 'hearing the authentic voice of the mad African in written documentation really does involve straining the ears'.[25] This applies more generally all the insane, even if the challenges of discerning a voice might vary from sector to sector.

The Valkenberg archive also includes a dense set of documents collected in the Cape Archives. They include Colonial Office, Public Works Department, Treasury, Medical Officer of Health reports and correspondence, and range from the lengthy and official (debates about asylum location, for example, and drafts of lunacy legislation with commentary) to the intensely banal (sewerage pipes, and recovering the cost of hay for an asylum superintendent's horse). The boredom and delight of archival searches, the chase for missing puzzle pieces, and orderly disorder are familiar ground and need not be repeated here.[26] There is much to be learned about asylum administration, doctors' attitudes to their patients, relationships with each other, and the trials and behaviour of lunatic asylum staff. Again, the archive has little to say about the patients themselves, except to record movement into, or out of, the asylum, and to note occasional accidents, pleas for release, and in one source, a number of urgent requests (from an inmate) to send troops, hammocks and stimulants to Valkenberg so that the Princess of Wales' sons might be freed from imprisonment.[27]

A further archive resides in the university library, in scientific journals read and - annotated by asylum doctors, some of them containing articles written by themselves on the colonial situation – this is the primary source of information about doctors' emerging curiosity about, and attitudes to perceived differences between the white and black insane.[28]

As will be apparent from this description, there is a substantial archive on Valkenberg Asylum, and this applies to a number of other Cape Colony asylums.[29] The following sections of the paper will outline an approach to them that reads along/against the grain, takes account of material traces, and marks one path towards the construction of a credible narrative.

Plans and buildings

The Valkenberg archive includes discussions of and blueprints for building plans designed to accommodate lunatics. These are a rich source of information about proposed management of bodies within the asylum. A close reading of the plans and the surrounding correspondence allows the possibility of imagining daily routines, staff concerns, and patient experience. This includes the separation of patients by gender and race in separate buildings; separation of day and night spaces, and of patients in good bodily health from those with physical illness; structural provision for the confinement of violent or disruptive patients in single cells and

25 *Curing their Ills*, 102.
26 For an extended treatment of the South African 'archive' see *Refiguring the Archive*.
27 CO 7826.
28 For example, The *Journal of Mental Science*, copies of which from this period are housed in the archive of University of Cape Town's Medical Library, are annotated.

for constant staff surveillance of all patients at all times; the policing of sexuality; provision of accommodation for staff on the grounds of the asylum; and a variety of support buildings – administrative offices, workshops, barns, sheds, kitchens and laundries.[30]

Sometimes buildings are planned and not built, or are built with modifications for practical reasons, including constraints of cost, availability of materials, the lie of the land, protests from neighbouring landowners, even by the awkwardness and banality of sewerage pipes. The implementation of plans can be traced through correspondence with the Department of Public Works (PWD), correspondence between the superintendent and the Colonial Office and Treasury on costs, staffing, and disciplinary matters, with the Medical Officer for Health on safety, fire hazards, outbreaks of infectious disease, and disposal of human waste, with concerned neighbours on the possibilities of patients escaping and running amok, and Official Visitors' reports on cleanliness, daily routines, and even furnishings. The case records add detail on patients' eating, sleeping and bathroom habits, and sites of work, and include mention of polishing banisters, cooking, doing laundry, growing vegetables, looking after pigs and even sleeping in the latrines.[31]

Then there are the buildings themselves. Although many Valkenberg buildings have 'learnt' several functions since their construction, their original function has left material traces: heavy doors and barred windows, observation hatches, high-ceilinged large spaces once used as dormitories and day rooms, clearly designed to accommodate 30 or more bodies at any one time, and even the polished banisters. The wood-paneled dining-room (now used as a boardroom) is testimony to the fine quality of materials used in the original construction. The imposing façade of the Administration building, with its tower, large entrance and tiled lobby must surely have carried the stamp of security and authority for those bringing in their insane relatives. Money had been spent on this substantial edifice. It was not homely however: it spoke of governance and docile bodies within, and imperial influence. Safety, perhaps, but also invasiveness. The main buildings of Valkenberg still cast a long shadow.

The other side of the imposing public façade of the Valkenberg buildings can be found scattered over the extensive grounds, and include utilitarian blocks once used to accommodate various groups of acutely ill, mentally handicapped or chronically institutionized patients, nurses homes, hydrotherapy or occupational therapy buildings. Over the Black River, where once the black insane were accommodated separately from their white counterparts is a similar scattering, now housing a community of small business enterprises (one that includes a pot-bellied pig). The buildings conform to a single (standard issue government) style on both sides of the Black River, and therefore they speak of *uniformity* in the creation of docile

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29 For various histories of these asylums see H.Deacon, 'Madness, race and moral treatment'; F. Swanson, 'Of unsound mind': S. Swartz, 'The black insane', and on the Old Somerset asylum, 'The great asylum laundry: Space, classification and imperialism in Cape Town', in J.Moran, L.Topp and J.E. Andrews, eds.,*Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* (New York:Routledge, 2007).

30 For an analysis of Valkenberg's buildings, see J.Louw and S.Swartz, 'An English asylum in Africa: Space and order in Valkenberg Asylum,' *History and Psychology*, Vol. 4, 3-23, 2001.

31 For a description of the lived reality produced by the arrangements of buildings in Colony asylums, with a focus on racial and gender segregation, work and 'humane care' see Swartz 'The black insane'.

bodies, regardless of their race. Their echoing dormitories, barred windows, narrow staircases, minimal provision in terms of domestic comfort – kitchen-space, bathrooms, toilets, gardens, views – are evidence more of a herding together for surveillance and incarceration, than rest, tranquility or release from stress.

Intertextuality and both/and narratives

However, the material traces of the buildings are a shell without surrounding text. What makes plans – even a walk through the buildings themselves – 'readable' as evidence is their location within a web of case notes, reports and official correspondence. The boundaries of this web are wide, and may expand to include documents about other local asylums, asylums in other colonies, provision for lunatics in asylums at 'home', and in fact the history of Empire itself. The use of different kinds of source material, produced by a range of speakers talking from contrasting class, gender, employment and even accountability positions is likely to highlight contradiction or tension, and creates the possibility of resisting narrative 'smoothing'. A superb explication of this as a narrative strategy can be found in Ann Stoler's account of one violent event at a Dutch Indies colony in 1876.[32] Her telling draws on a single thirty-page handwritten letter, which she embeds in multiple texts, producing a narrative replete with contradiction. She rejects however the notion of 'a multistranded set of equally plausible claims',[33] opting instead for

> a different kind of coherence, not one that elevates this text to master narrative, nor one in which only subaltern voices have truths to tell. Rather I have sought to recoup the inconsistencies of these narratives, to explore how subaltern inflections entered these stories retold in disquieted European voices, tangled by multiple meanings that could not easily be read.[34]

There are many examples in the Valkenberg archive of the kinds of narrative tensions to which Stoler refers. Under Dr Dodds, the superintendent and the colony's first Inspector of Asylums, provision for lunatics was transformed from grossly unsanitary, poorly regulated 'dumping grounds' into modern, efficient institutions; moreover, legislation was put in place to protect those identified as lunatics.[35] The legislative measures were taken directly from British law, and were marked by careful attention to 'humane care'. Many documents in the archive record Dodds as implementing the legislation meticulously, and also bolstering it with rules and regulations for the running of asylums that aimed to prevent abuse.[36]

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32 A.Stoler, ' "In cold blood": Hierarchies of credibility and the politics of colonial narratives', *Representations*,Vol. 37, 1992, 151-189.
33 Ibid., 183.
34 Ibid., 184.
35 Swartz, 'The black insane.'
36 For example he is on record as dismissing a nurse for hitting a patient with a slipper 'during a scuffle'. 'She has forfeited my confidence. She has been spoken to before for her sharp way of speaking to patients and I do not think she has the qualities necessary for a good mental nurse'. CO 7975, 30th August, 1905.

Under his superintendency, Valkenberg was regarded as a model asylum, and provoked a rhapsody from one official visitor:

> It was almost comical, if one could use such a word, to see a smiling young nurse approach a wild looking maniac of a woman, link her arm in hers and lead her away nothing loth with the rest, without a word or a push. Sundry visions of cement floored cells and dull back rooms with tied up howling occupants came before one's mental eye, and as one contrasted the old and the new, he would be a heathen indeed who did not say 'Thank God!'.[37]

There is a complaint from Dr Dodds about patients being brought to the asylum by police in uniform, because of the distress caused to inmates: '[i]n the weak state of their minds, the sight of the police escort troubles them; they think they have committed some crime, and I have seen it difficult to disabuse them of the ideas aroused'.[38] In similar vein, as Inspector of Asylums, he visited Grahamstown Asylum, and said:

> I regret that I have to repeat my strictures as to the sleeping of coloured female patients on the floor without mattresses. 25 coloured patients so slept last night. The sole contents of one dormitory were a large commode, and some rugs, several very much the worse for wear, stowed away in the fire place, ready for night use.[39]

Such commentary positions Dodds as vigilant about standards of humane care for all patients in the colony, regardless of their race. However, the narrative does get more murky. On a visit to Old Somerset Hospital he notes the mixing of white and coloured patients:

> No attempt seems to have been made, notwithstanding repeated recommendations in previous reports, to introduce a racial classification on the female side. There are three wards or sections, and in all white and coloured are mixed. I feel sure that this is very undesirable, and that it could be very much lessened, if not entirely obviated, and I hope an earnest attempt to do so will be made.[40]

The very next sentence betrays his ambivalence: he goes on '[a]t dances the white and coloured mix and are said to prefer it, if that is any argument in its favour'. Dodds was the presiding Inspector of Asylums when Fort Beaufort, an all black asylum, came into existence, and his notes on the plans show meticulous

37 Visitor's Report, Dr Jane Waterston, CO 7322, 11 January 1899.
38 CO 7178.
39 CO 1485, 19 November 1894.
40 CO 1524, 7 June 1892.

attention to detail and quality. At the same time it cemented a segregated regime in which unequal treatment (including diet scales) led to a situation in which more black than white patients became ill and died of opportunistic illnesses.[41]

So how does the archivist make a credible narrative around the substantial figure of Dr Dodds? It is an ambivalent, contradictory both/and narrative. He was concerned for the humane care of all the colony's insane and there can be no doubt that the Colony's asylums steadily improved, and were possibly the most advanced to be found in sub-Saharan Africa during his term of office. On the other hand he certainly regarded the black insane as different to and separable from the white insane, and ultimately less deserving of the best quality care. He was infuriated by what he seemed to see as careless attention to the black insane, and yet allowed a form of provision that issued in significantly deleterious consequences. The narrative must reflect both sides.

Postmodernist discourse analytic, deconstructive, subaltern and psychoanalytic methodologies have in different ways drawn attention to the archival reading of absence to detect resistance, unrecorded voices, 'truths' beyond the hegemonic, those structures that are imagined beyond regimes of expectation. Part of the construction of both/and narratives that read along and against the grain must consider absences. Here the challenge resides in the 'speaking for' the subaltern, and two examples will illustrate this problem.

The Valkenberg archive contains a set of letters written by patients to the colonial government – requesting release, or complaining of abuse, or reporting on various financial matters – some even warning of secret conspiracies against the government. Surrounding documents show that every letter was read and responded to, and in many instances the superintendent was asked for his comments. All of this was required by law, and seems to have been respectfully and meticulously implemented.

The absence lies in a similar set of letters from black patients. There is an issue of literacy here: some black inmates of colonial asylums did not read or write. However, it must be presumed that some did, and of those, some might have been moved to write to the Colonial Office: were they offered pen and paper? Did they write, and were the letters not sent? Embedded in this is a narrative thread that would need to be pursued through another archival source, one perhaps less empty of evidence one way or the other. There is an archive specific to the questions of colonial education, and it includes material about the perceived threat of literate black subjects. The issue of absence is then reconfigured as one of presence, but displacement, resistance and repression, not lack.

A different kind of absence is constituted in lack of voice. Apart from occasional direct or indirect quotations of their speech in doctors' notes (almost always used as illustration of delusional thinking or cheek), these letters are the only major archival source for patients' voices. Delusions amplify social, political, economic

41 Swartz, 'The black insane'; also see minutes of a meeting between Cape Colony superintendents 'to consider the question of dealing with the coloured insane', HFB 3, 26 April, 1907. For a far-reaching evaluation of Dodds himself, and also the systems he represented, see Marks, 'Every facility'.

and religious concerns and desires, especially when they affect matters of personal identity. It is not uncommon therefore to find examples of patients who believed themselves to be of royal birth, wealthy landowners, Christ, or even in the case of tortured melancholic men and women, Satan. There are also black patients who believed themselves to be white, although white patients believing themselves to be black have not yet surfaced. For example, Sarah S. was quoted as saying '[s]he is really white but for some reason became pale brown. Delusions of being of royal blood, that she is the Queen of England (…)'.[42] Similarly, where 'cheek' is reported, it carries a remarkably clear subaltern voice, speaking as it does in defiance of the manufacture of mad speech through doctors' notes. For example, Phillip D was described on one of his medical certificates as 'not the respectful boy I know him to be, he refuses to do what I tell him and says he is my "baas"'.[43]

There is a reading of historical interest here: a certain amount can be surmised about patients' existential anxieties from the content of their delusions, and the occasional defiance of the racialised social hierarchy affirms the strength of its existence, even under conditions of mental confusion and suffering. Moreover, patients often spoke of their wish to go home, to be freed, and they also climbed out of windows and absconded, surely a 'readable' subaltern text. It is however the leap from these suggestive passages to a broader picture of bullying and racist colonial psychiatric practice, or to repeated intolerable misreadings (by doctors) of rationality (or more appealingly, 'divinest sense') as 'nonsense' that the archive cannot sustain.[44]

In reading patient records either with or against the grain, they must be understood as discursively shaped by psychiatry as a discipline, with the purpose of accounting for an illness, with an aetiology, symptoms and a prognosis. Doctors cannot be held accountable for failing to produce biographies or for calling spades delusions. Secondly, alongside the doctors' commentary runs a second stream of observation – this time from relatives, no longer able to shoulder the burden of care. They too amplified symptoms, in order to secure the institutional care they had struggled to achieve, often for years. They colluded with the reduction of patients' life scripts to an illness narrative. Finally, there is a startling uniformity of narrative across all patients, regardless of their race, class or gender, and this in itself is a caution to those seeking the subaltern voice.[45]

Crossing disciplines

It is critical that asylums be examined as one form of social institution, with connections to many others; it is likely for example that asylum life had parallels in some respects with colonial prisons, reformatories and hospitals.[46] However,

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42 FC 201, 2 March, 1918.
43 Phillip D, MC 67.
44 Emily Dickinson, 'Much madness is divinest sense', *Selected Poems*, James Reeves, ed., (London, Heinemann).
45 S.Swartz, 'Lost lives: Gender, history and mental illness in the Cape, 1891-1910', *Feminism and Psychology*, Vol. 9, 1999, 152-158; and 'Can the clinical subject speak? Some thoughts on subaltern psychology', *Theory and Psychology*, Vol. 15, 2005, 505-525.
46 H.Deacon, 'Madness, race and moral treatment'; H. Deacon, H. Phillips and E. van Heyningen, *The Cape Doctor in the Nineteenth Century.*

lunatic asylums are extremely complex institutions, and are peculiarly suited to excursions into theory beyond the single focus of one discipline. For example, architects and geographers have made powerful contributions to an understanding of the ways in which asylums worked as institutional spaces, although not yet on colonial spaces; and anthropologists and psychologists have been major contributors to work on culturally-specific illnesses.[47] Moreover, the colonial madness/race narrative is produced in its least nuanced form in social historical accounts that engage with psychiatry as a particularly cruel form of 'cultural imperialism', with no benevolent intent or effect.[48]

In the period during which Cape colonial asylums were being reformed, psychiatry itself was undergoing a revolution: it was during this time that 'mania' was redefined into dementia praecox and manic-depression; the organic psychoses and their causes came more clearly into view; and the neuroses and personality disorders began to be described and identified. Diagnostic systems were the essential forerunner of differential treatment, and by the 1930s the course of some psychotic illnesses was being significantly changed by new treatments, including malaria treatment for general paralysis of the insane, and convulsive therapies for schizophrenia and mania. The possibility that chronic psychotic conditions could be alleviated by physical treatments transformed asylum life.[49] It is in the psychiatric, not historical literature, both past and present, that the lived reality of insanity is described in ways that begin to make sense of asylum social conditions – the gangrenous limbs of catatonic patients, the spread of enteritis through patients who played with their faeces, the noise and scuffles, the unstoppable violence.[50] The historiography of any asylum needs to incorporate an account of the practical management, in wards of 30 or more patients, some of whom were making violent attacks on patients and nurses, some who were silent and unmoving but incontinent, some tortured by their delusions. A patient like Harriet H, who 'knew' there to be 3000 girls kept in dungeon brothels between Sea Point and Newlands, and 'heard' them being beaten at night, who knew too that her own life was in danger as a result of what she could hear, needed extraordinary care.

The development of psychiatry as a discipline intersected with the colonial dispensation in complex ways. Colonial asylums were never sufficiently resourced to experiment with the more drastic new treatments (teeth extraction, tonsillectomies, frontal lobotomies) on the scale that was seen in Britain and the United States, and therefore the colonial insane were spared the unintended and unfortunate effects of these interventions, none of which proved effective. There is evidence that colonial psychiatrists 'tried' new treatments (such as ECT) on black

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47 See for example, C. Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815* (New Haven: Yale University Press, 2000); D.Sibley, *Geographies of Exclusion* (London:, Routledge, 1995); C.Philo, 'Foucault's geography', *Environment and Planning D: Society and Space* Vol. 10, 1992, 137 – 161;H. Ngubane, *Body and Mind in Zulu Medicine: An Ethnography of Health and Disease in Nyuswa-Zulu Thought and Practice* (London: Academic Press, 1977).

48 Jackson, *Surfacing Up*, 170.

49 For a description of the evolving psychiatric treatments in the Cape, see M.Carver, 'Racial discrimination in psychiatric treatment at Valkenberg Mental Hospital, 1933-1943'. M.A. Thesis, University of Cape Town, 2005.

50 For sensitive descriptions of the tensions between social historical analyses of colonial asylums and the reality of psychiatric illness, see Sadowsky, *Imperial Bedlam*, Ch 4; and Parle, *States of Mind*, Ch 2.

patients before they ventured to use them on white ones, possibly because there was less likelihood of opposition from friends and relatives should they result in death or serious debility.[51] This racially motivated strategy paradoxically resulted in some black patients receiving ground-breaking treatment and improving as a result, before such treatment was offered to their white counterparts.

On the other hand, there is evidence that in applying psychiatric knowledge to their patients, colonial doctors paid little attention to the family histories of black patients, possibly because they were unable to communicate with them, and the diagnostic patterns between the two patient groups, while similar in some respects, were also different enough to suggest that prejudice overrode diagnostic acumen at times.[52] In particular, the effects of racism, migrant labour, and poverty on mental health was simply unseen and only came into sharp focus during the WHO enquiry of 1979.[53]

The single case

Asylum histories are replete with extraordinary stories of individual cases, from James Norris and James Tilly Matthews from the early nineteenth century, through to Sylvia Plath's biofiction, *The Bell Jar.*[54] In the colonial asylum scholarly literature there are case studies used to illustrate both the typical and the singular; it is the tension between these *as method* that needs to be addressed. It is a slippery narrative structure: the extraordinary case is cite-worthy not only because it is a story worth telling, but rhetorically it becomes emblematic of a wider truth, a 'typical' case. So, for example, the extraordinary story of Nontetha Nkwenkwe, prophet, is told as a unique instance, but comes to represent both colonial oppression of dissent and colonial psychiatry's insensitivity to the expression of visionary experience except as a symptom of psychotic illness.On the other hand, van Onselen uses the case of Joseph Silver, who seems to have been a petty criminal, thief, pimp and psychopath, as an extraordinary tale of villainy and ingenuity, worthy of an extended narrative. The heroic status given to Silver would certainly have satisfied his own grandiosity, but fails to reflect the many others whose lives were similar to his.[55]

The case cited as 'typical' is rhetorically just as slippery. In the telling, the typical becomes extraordinary, lifted out of the archive, named and minutely examined, and losing in the process a weighty accumulation of detail 'told' in stories not picked. Illustrations, drawn from case notes, affect credibility equally – if not more – than statistical tables recording diagnoses, death and recovery rates, and

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51 M.Carver, Racial discrimination in the treatment of psychosis, in Cape mental hospitals, 1933-1956. (B.A Psychology Hons, diss. University of Cape Town. 2001).

52 Swartz, 'Changing Diagnoses in Valkenberg Asylum, Cape Colony, 1891-1920' *History of Psychiatry*, 6, 431-451; Swartz, S. and Ismail, F., 'A motley crowd: The emergence of personality disorder as a Diagnostic Category in Early Twentieth Century South African Psychiatry', *History of Psychiatry*, Vol. 12, 2001, 157-176.

53 A.Stone, C.Pinder-Hughes, J.Spurlock and J.Weinberg, 'Report of the committee to visit South Africa,' *American Journal of Psychiatry*, 136, 1979, 1498-1506.

54 See P.Allderidge, 'Bedlam: Fact or Fantasy'; M.Jay, The Air Loom Gang: *The Strange and True Story of James Tilly Matthews and His Visionary Madness* (London, Bantam Press, 2003); S. Plath, *The Bell Jar* (London, Heinemann, 1963).

55 C.Van Onselen, *The Fox and the Flies, the World of Joseph Silver, Racketeer and Psychopath* (London: Jonathan Cape, 2007).

lists of symptoms. For example, the Valkenberg archive contains the record of Engela F, a woman whose insanity took the form of racial attacks on her person: hallucinations of 'kaffirs hitting her over the head'; the 'idea that she is being "Malay tricked" by her husband and another woman'. The record notes that she was removed from laundry work because she attacked one of the 'native' workers there.[56] This is a case that could be used in a number of ways to illustrate a form of delusional insanity, the colouring of delusional content by a particular social and political context, and even white anxieties about incompletely segregated lives. She had tried to throttle 'an old coloured woman', her neighbour – in itself of interest to the colonial historian – and the record is also illustrative of incomplete segregation in the working life of the institution, as black and white women clearly worked together. Were her story to be pursued through the available sources and were the story of her childhood and marriage to be found, she would *become* extraordinary, at least in narrative.

Going to the narcissistic core of things, in a wry poem Stevie Smith sketches the murderous rage of a child, after he is told he is 'only one of many/ And of small account if any'.[57] This is the asylum case-study dilemma. There is something fundamentally difficult in the idea of personal suffering being regarded as a 'case'. It is equally problematic to dwell on the individual without keeping commonalities firmly in view. Psychoanalytic case studies have a significant contribution to make in this respect. In a theory/philosophy designed to study the nature of psychic conflict, it simultaneously celebrates the individual's suffering, and positions that suffering as the human condition. The historiographical art may lie in describing the collision of anomaly and institution, but also in giving the institution – especially one so saturated with human misery - the face of a person.[58]

The intersubjective archive

If the credible asylum narrative is not simply a matter of 'evidence' coherently linked in a recognizable plot, but is constructed in the interplay between writer/ historian, archival artefacts and reader, then archival methodology must take account of recent developments in the area of intersubjectivity, identity and readership positions. History's turn to subaltern voices has caused a parallel concern with evidence beyond/between the official archive, some of which is discoverable through unique experience of documents created by the researcher's own history. This in turn shapes the way in which stories are told, and its effects on the reader. Post deconstruction the element of subjectivity in historical narratives is taken for granted, in the same way that psychoanalysts seldom claim any longer to be a 'blank screen' onto which the patient projects her conflicts. I must assume, therefore, that the history I write will be the product of my gender, my clinical literacy,

56 Valkenberg case records, UCT Manuscripts and Archives.
57 Stevie Smith, *Selected Poem s*J.MacGibbon, ed., (Harmondsworth: Penguin, 1975), 65.
58 An excellent example of this strategy is Sadowsky's description of the extraordinary case of Isaac O, *Imperial Bedlam,* 78-96.

personal experience in Valkenberg working with psychotic patients, and further back, my childhood in a liberal colonial Zimbabwean family, at odds with white racist policies. The problem lies in the way this is reported.

Standpoint research, which places its ideological stance squarely before the reader, has long accounted for writership positions, and has been partly responsible for spawning a tradition of an obligatory paragraph on reflexivity in research reports. Only the best of this work weaves the issue of subjectivity through the entire report; the convention might be caricatured as 'now I have admitted my potential bias, read my report as objective'.[59] However, even standpoint researchers are parsimonious about the personal information they share, making judgments about narrative point of view a matter of hide-and-seek.

There is no simple formula to guide the intersubjective archivist; the only rule is to treat subjective experience – boredom, excitement, confusion, irritation – as evidence, pointing both to systems of expectation. Identity matters in an unstable dynamic way to readings of the material: reading about women as a woman (or man) for example is precisely what produces intuitive leaps, blindness and projections. Reporting these subjective experiences in historical narratives flies in the face of the history-fact paradigm with which we are comfortable, but it also offers the reader an interrogative space with the potential to move far beyond a simple true-not true version of credibility into the heart of the historical enterprise, which is perhaps to demonstrate its relevance to current lived experience.

An intersubjective approach to asylums – colonial or not – must confront eventually writers' desire to reason about madness. Of course there are a variety of potential motives, political and personal, and they range from reparative anxiety and hopes for solutions to one's own fragility, to voyeurism, to a quest for the 'divinest sense' that Emily Dickinson discerned in madness.

This paper began with Bethlem, iconic of a particular intersubjective space; so it is to Bethlem that we return. It used to host spectators who came to stare at the lunatics. We think of this as barbarous, but we feed a popular culture that relishes films and confessional novels about madness, that devours news reports about serial killers and psychopaths, and that even fosters a small academic industry preoccupied with asylum histories. We have, in a sense, become virtual spectators. It is precisely because of this that the historiography of asylums needs such careful thought.

Institutions that care for those identified as mentally ill are placed between private misery and public gaze. They ambivalently protect both in their material traces. I am sympathetic to Julie Parle's suggestion that colonial asylum histories might 'contribute to a lessening of the marginalization of the mentally ill'. However, the records both reveal and conceal private misery to the public. The erasure of patients' voices is partly to do with entrance into a private domain.[60] By contrast, asylums have always – still do – institutionalise, name, count, categorize and make

59 There is a similar disturbing rhetorical sleight of hand in intersubjective psychoanalytic literature, which claims to reject the notion of an objective analyst, and repeatedly describes the analytic dyad as unique and co-constructed, and yet speaks only of the patient's subjectivity, the co-construction in the dyad constantly being returned to the patient's intrapsychic conflict.

60 Parle, *States of Mind*.

the private public. The private misery often can only be imagined: the public traces must be seen for what they are – stigmatising in that they 'other' the insane; secretive in covering their professional traces; exhibitionist in their demands for money and thought and tales of anguish; violent, but containing violence; meeting it too, with violence of its own; but also ambivalently humane, standing by to be witness as the suffering that can only be imagined by the historian is endured.

Conclusion

To share an agreed-upon reality, a history of ourselves, is a common-sense part of cohesive social functioning. Those societies in which there is a disputed history and a contested archive are inevitably at war with themselves.[61] It is profoundly disturbing either when history is challenged, or when 'reality' turns out to be fantasy or delusion. So historians do the important ideological work of assuring us that history is discoverable, and that at some point there will be a past on which we must agree. In the same way, the insane– by being so patently out of touch with reality – assure us that there is one fairly solid reality in which we mostly participate, most of the time. Lunatic asylum archives neatly bring together these twin social concerns with a recoverable past and a sane and stable apprehension of reality.

Histories of colonial asylums are caught between two discursive structures: the one that underwrites 'the manufacture of madness', positioning colonial asylum doctors as agents of oppression, incarcerating and neglecting the black insane; and one that insists on both the inevitability of the asylum and its absent-minded, ambivalent disposition towards the sufferers within its walls. The colonial asylum archive has material that supports both and much more: the tension between the public and the private, tales of displacement and sea voyages, colonizers afraid of the sun, men and women struggling with their identities and skins, exploited peoples poorly understood and 'othered' even in their misery. Now seems the right moment to open the archive to this carnival of readings, and to use them to look outward, beyond our history of ourselves. Colonial asylum histories interrupt the discursive formations into which Western European asylum histories have fallen, offering new spaces, new words. They are histories that refract light between colony and 'home', the sane and the mad, local anxieties, the madness of Empire. They need to be carefully written so that their shadows and light continue to be alive.

61 Nations emerging from the effects of colonialism are in this position. The effects of colonialism on the construction of archives and the need to embed readings of them in contexts that illuminate their production has attracted a great deal of attention both before and after Derrida's *Archive Fever*. A cross-disciplinary perspective on this can be found in Ann Stoler, 'Colonial archives and the arts of governance'.