

# Colonial psychiatry and 'the African mind'

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# 1 Introduction

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In August 1938 a young British psychiatrist named Cobb was dismissed, following a scandal, from his position as senior medical officer in charge of Mathari Mental Hospital, Nairobi. His dismissal had left the colony without a psychiatric specialist and the director of public health had been forced to appoint, temporarily, a physician named J. C. Carothers. As a district medical officer Carothers had had no formal training in psychological medicine, and his appointment was consistent with the low priority given to mental health in the colony. Much to his own surprise Carothers showed such a flair for clinical psychiatry and hospital administration that he was to remain at Mathari for the next twelve years. The research papers he published during that period and after his return to England in 1950 made him the foremost authority on mental illness in the African. From the beginning of the 1960s, however, Carothers's reputation began to wane and by the end of that decade his work, along with that of his fellow ethnopsychiatrists, had been all but forgotten. Despite that demise colonial psychiatry has much to tell us about settler societies in Africa and about the preoccupations that sustained them.

Throughout the colonial period the term ethnopsychiatry was used both by practitioners and their critics to describe the study of the psychology and behaviour of African peoples. It occupied a small and uncomfortable niche between the disciplines of psychiatry and anthropology. In contrast to those two specializations, ethnopsychiatry never achieved the status of a mainstream science. In the mid-1960s it was supplanted by a broader transcultural psychiatry that acknowledged the shift in its clientele from colonial subjects to guest workers and ethnic minorities within Europe itself, and implied a desire on the part of psychiatrists to distance themselves from their discipline's own history. As was the case with social anthropology, it was European colonialism that provided the social setting for ethnopsychiatry and it is impossible to separate the story of the profession from the colonial enterprise. It is to that forgotten past that this book is addressed.

Ethnopsychiatry lasted from about 1900 to 1960, disappearing as the

social conditions upon which it rested were destroyed. Clearly demarcated from the adjacent sciences of social anthropology and mainstream psychiatry, ethnopsychiatry had its own subjects, its own plant, and its own areas of expertise. There were hospitals and research. On occasion that research influenced the thinking of other practitioners, perhaps even the decisions of government. In reviewing the history of the science it is important to remember that colonialism in Africa was itself short lived. The great African empires of Britain and France came into being at the end of the nineteenth century, but effective occupation took place only many years later and few peasantries were ever fully incorporated into either wage labour or comprehensive taxation systems. For indigenous populations the most important changes came with the new cities and with the urban culture they brought. It was within an urban context that the most intimate contact between white settlers and Africans took place. It was also from that setting that the majority of African psychiatric patients were recruited. The main science that attended European colonization was tropical medicine, whose role was to make the colonies safe for white settlement. This book traces the history of another science which accompanied the colonial enterprise, one whose history has so far been neglected.

The literature that can be included within the ambit of ethnopsychiatry derives mainly from the clinical work carried out among psychiatric patients by practitioners such as J. C. Carothers, Antoine Porot, B. J. F. Laubscher, Wulf Sachs and Frantz Fanon, who worked directly with indigenous Africans and sought to place them, however imperfectly, within the confines of the human family. As a symbol the primitive was important to successive generations of nineteenth- and early twentieth-century psychologists and social philosophers, among them Freud and the Hungarian-born psychoanalyst Géza Róheim and before them Karl Marx, Max Weber and Emile Durkheim, for whom the history of the non-West was important as a contrast to Europe's own past. Except for a handful of psychiatrists working in colonial areas, most of these academics speculated upon it on the basis of second- and third-hand accounts. Perhaps the best known of those who fashioned careers out of speculating about primitive mentality was the lapsed French philosopher Lucien Levy-Bruhl, a man with no direct experience of the African peoples about whom he wrote. There was indeed little incentive for European psychiatrists to travel to colonial regions. Travel was slow, difficult and hazardous, not least because of infectious diseases. Colonial states expanded slowly and the problems caused by mental illness among indigenes were far outweighed in importance by the need for public health programmes to control diseases such as malaria and cholera. When

asylums were established in the first two decades of the twentieth century, they were an adjunct to the penal system. As late as 1944 the annual reports on asylums for British West Africa, for example, appear as a subheading under prisons.

In the 1920s and 1930s few psychiatrists came into contact with Africans, and it was common for a colony as large as Kenya to have only one specialist. Physicians such as Carothers were isolated intellectually and in most cases had no colleagues with whom to share their professional concerns. That so much research was published is testimony to the endurance of these men (there was only one woman in the field) and to the importance that they attached to the pathologies they encountered among their patients. The authors of this literature worked in disparate settings, and the philosophical foundations of their work were heterogeneous. Some were qualified psychiatrists who worked directly with psychiatric patients, others physicians with an interest in psychological medicine but little clinical experience, others were psychologists, and still others gifted amateurs with a passion for a particular school of thought such as psychoanalysis or Adlerian psychology. What they shared was a specific position within settler societies and a desire to explore questions regarding human nature.

With the exceptions of South Africa and Algeria, white settler communities in Africa were small.<sup>1</sup> Faced as they were with armed resistance, drought, disease and fluctuations in world markets for their produce they were also fragile. Where the communities were largest the transition to political independence was most violent: almost one-tenth of Algeria's population of 10,000,000 was killed during the war of national liberation. Settler societies differed in terms of their histories, composition and size but were united by their opposition to majority rule and by their ambivalence towards metropolitan governments and their publics. Perhaps the best portrayals of their character can be found in Albert Camus's Algerian novel *The Outsider* and in Doris Lessing's quintet *The Children of Violence*, which depicts Zambesia (Southern Rhodesia) as the most claustrophobic of societies.

Algeria was first occupied by France in 1830, and by 1891 there were already over five hundred thousand Europeans living in the colony. At the outbreak of the revolution in 1954 about 10 per cent of the population was European. However, only a minority of Europeans or so-called *pieds noirs* were of French origin, and the settler community consisted of various factions including Spaniards and Corsicans. There was also a large Jewish minority. The attitude of the *pieds noirs* towards metropolitan France was resentment. There was no natural community of interests between them and the metropole, and they felt themselves to be misunderstood and

ultimately betrayed. After so many generations they considered Africa to be their home. In contrast to South Africa and Southern Rhodesia, Algeria had no official policy of segregation. The whites did, however, hold definite views about the Muslims who were in the majority, judging them lazy, criminal, incompetent and prone to committing rape. These views were strongest among those poor whites who were forced to compete with Muslims for work. In general wages were lower than in France, and for most *pièdes noirs* the only significant benefit of colonial life came in the services of cheap Muslim domestic labour.<sup>2</sup>

In comparison with that of Algeria, the white communities of Kenya and Southern Rhodesia were minuscule. At the turn of the century there were perhaps as few as thirty whites living in the Kenyan Highlands and at the outbreak of World War II there were only 21,000 whites in the whole of the colony. At that time there were 63,000 Europeans in Southern Rhodesia. In 1939 blacks outnumbered whites in Southern Rhodesia by twenty-five to one while in Kenya there was one white for each one hundred and seventy-five Africans.<sup>3</sup> Southern Rhodesia had a large South African-born minority, and its proximity to the Union was reflected in its civil service and its legal system, both modelled on South African precedent. In Kenya there was no white artisan class and a disproportionate number of settlers came from upper-middle-class and landed-gentry backgrounds. In the period after World War I many of those who settled there did so because they could not adjust to post-war life in Britain. Restrictive immigration practices generally kept out poor whites, and where that failed deportation was practised. Southern Rhodesia, in contrast, attracted lower-middle- and working-class Europeans like the doomed farming couple of Doris Lessing's *The Grass is Singing*. Despite such differences these settler societies had much in common. Both were driven by a desire for the segregation of the black majority, a desire which was compromised by a dependence upon black labour: in Southern Rhodesia in 1936, when the white population numbered 56,000, there were almost as many registered domestic servants.<sup>4</sup> To control that black majority, both necessary and feared, an elaborate structure of pass laws and masters and servants ordinances was erected. That structure was augmented by a system of petty apartheid which was well developed in both Kenya and Southern Rhodesia. There was, however, no such system in Algeria where the *pièdes noirs* were largely indifferent towards the Muslim majority. It is easy to identify any number of other differences among settler societies; even within a single colony white communities were riven by class, politics and temperament. There was, however, one issue about which settlers could and did agree: they alone understood the African and his fundamental inferiority to the white

race. It was this conviction that made them so sensitive to any outside criticism.

Colonial racism can be studied in any number of domains. In public policy its influence can be seen in the denial to the black majority of a voice in the affairs of government or the state. In political economy it is apparent in the low wages paid to African men and women and in the exploitation of labour of the kind until so recently practised in South Africa. In the sphere of the law it can be seen in legislation denying civil liberties, which in the cases of South Africa and Southern Rhodesia included prohibitions on sexual contact across racial boundaries. The direct expression of racist sentiments in each of these spheres was often compromised by a face turned towards an audience. Even in the most flagrant cases there was always a self-conscious desire to reconcile liberal ideology with the most illiberal of practices. This, however, tends not to be the case in science, where racism has on occasion found its most strident voice.

In scientific discourse the history of colonial racism has been played out between visions of the body and visions of the mind. The old racism was concerned with measuring the native's body: the literature from the nineteenth and early twentieth centuries is filled with attempts to discover a key to the African's backwardness in the size or structure of his brain. Some of the figures whose work will be examined belong to this tradition, one of the most enduring enterprises in the human sciences. Modern theories about race have tended to concentrate upon the mentality and sociability of colonial peoples, presuming to have found the reason for their backwardness in their personality or culture. While ethnopsychiatry shifted over time from physical to cultural modes of explanation, these approaches were often mixed, and it is not uncommon, within the space of a single work, to find a theorist referring to both. Debates in the ethnopsychiatric literature, however intricate and technical, invariably contain some notion of the imperfectibility of Africans.

Social anthropology and ethnopsychiatry have their antecedents in the same cluster of theories about race and human diversity. Those theories, which were prominent in the second half of the nineteenth century, accompanied Europe's colonization of Africa and the growth of the slave-owning economies of America's southern states. In the first decades of this century such theories, which discriminated between worthwhile and inferior peoples, found their apotheosis in the science of eugenics. Most social anthropologists have opposed this tradition and in so doing have prided themselves upon the liberalism of their science. Social anthropology shares with psychoanalysis a preoccupation with the past. It is no accident that the founder of psychoanalysis should so frequently have



compared the lives of European neurotics to the lives of primitives. Yet the relationship between these disciplines has been uncomfortable, and the few specialists, such as Géza Róheim and Georges Devereux, who sought to build a career in the narrow space between them struggled for recognition. For all these reasons it is somewhat surprising that ethnopsychiatry, the science which occupies that same ground, should have had its origins in an anthropological expedition carried out by prominent members of the British Academy.

Modern anthropology emerged after World War I, and it is tempting to take the year 1922 as its base line.<sup>5</sup> There is also good reason to take 1898 as the beginning of the British school. It was between April and October of that year that A. C. Haddon led an expedition to the Torres Strait Islands. Haddon took with him W. H. R. Rivers, C. H. Myers, C. G. Seligman and William McDougall, all of whom were to play an important role in the development of the discipline. While writers such as de Gobineau argued that non-Europeans, and especially primitives, were insensate, nineteenth-century explorers had often remarked upon the powers of visual and auditory perception they displayed. It was this impression that had inspired Haddon to undertake the Torres Straits research.

Rivers, McDougall and Myers lived on Murray Island, the largest of the Torres Straits group, for four months and carried out a range of experiments with a good proportion of its 450 inhabitants. These included studies into sensitivity to light, vision, hearing, sensitivity to pain, memory, mental fatigue and muscular power. In summarizing their results Rivers and Myers concluded that the visual acuity of the savage and the half-civilized was superior to that of the average European but not significantly so and that myopia was much more common in Europe. Native subjects were found to be able to distinguish objects from a great distance, but this was attributed to practice rather than to any innate ability.<sup>6</sup> The expedition's report was restricted to what we know as psychometrics; no attempt was made to reflect upon broad questions regarding mentality or intelligence. Despite its limitations, the expedition was the first attempt to apply the methods of science to an oral tradition about primitives. By legitimizing the study of the psychology of primitives, it could be said to constitute the opening chapter in the history of ethnopsychiatry.

The psychiatrists who worked in Africa had no training in anthropology, while psychiatric theory has never formed a routine part of the education of anthropologists. Although each discipline has often behaved as if the other did not exist, major debates have been conducted across their borders, among them Malinowski's work on the Oedipus complex, Margaret Mead's on adolescence and Ruth Benedict's on personality and

culture. Social anthropologists have regarded the ethnopsychiatrists and their research with suspicion, pointing to a lack of methodological precision in ethnopsychiatric studies and a characteristic ethnocentrism. It is true that ethnopsychiatrists eschewed fieldwork and made little effort to appropriate even the rudiments of their patients' exotic cultures. The most serious criticism of all has been that, unlike social anthropologists, the ethnopsychiatrists had no empathy with their subjects.

Ethnopsychiatry was very much a self-enclosed enterprise. What we know of it comes from papers, conference reports, archival holdings in former colonies and departmental correspondence on mental health. There has been little written from outside the discipline evaluating its research or clinical practice. The few full-length reviews by practitioners of the science's past achievements, such as those by Fernando, Littlewood and Lipsedge, are overly generous.<sup>7</sup> Unlike professional anthropologists, most of whom were outsiders, the ethnopsychiatrists tended to be long-term residents of colonial societies. The science they produced reflected all the tensions and peculiarities of the settler class to which they belonged.

Two groups of Africans were represented in the ethnopsychiatric literature: peasants and intellectuals. The literature about the intellectual failings of Africans was often directed specifically against the class of mission-educated men and women living on the fringes of colonial cities. It was from their ranks that the rising nationalist leadership was drawn and the majority of psychiatric patients were recruited. Criticisms of the intellectual and moral failings of urban Africans were therefore, to an extent, criticisms of African nationalism itself. In their relation to the new urban classes, the ethnopsychiatrists stood in a unique position. They were the one group of scientists that worked directly with urban Africans. Their position allowed practitioners to look back to the pre-eminence of their own class, the colonialist bourgeoisie, and forward to the rise of the class that would replace it. There was no other group so positioned, and its strategic location in time and place lent ethnopsychiatry a nostalgia for a colonialist hegemony which, by 1945, had already been lost. The ethnopsychiatrists knew better than their contemporaries the extent of the social changes which were taking place in the colonial towns and cities. They witnessed daily the flood of new migrants, and they saw in the lives of their patients the cost of the social dislocation created by the new economic system. Even though the evidence of approaching change was apparent in many of the texts they produced, with the exception of Frantz Fanon they refused to acknowledge the fragility of the colonial states they served.

In the period after World War I the devaluation of the African past which had accompanied the setting up of the modern colonial empires

came under attack for the first time from African nationalists. Many drew upon archaeological evidence which by the 1930s had established the existence in the pre-colonial era of social and political systems equal in complexity to those of Europe. Two other major bodies of ideas flowed into African nationalism: Negritude and the philosophy of the African Personality. Negritude emerged in the West Indies and Francophone Africa in response to European doctrines about African cultural inferiority. The philosophy of the African Personality served much the same purpose in British Africa. While there is no evidence that apart from Fanon any of the members of the nationalist generation were familiar with ethnopsychiatric research, in some respects Negritude is merely the mirror image of ethnopsychiatry, elaborated by the poets of Negritude as they struggled to create a positive value for precisely those traits which the ethnopsychiatrists deplored.