THE BLACK ASYLUM

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What do the inmates of apartheid's infamous black mental asylums have in common with today's refugees in camps all over the world, and slum dwellers in contemporary third-world mega cities? They all, argues James Sey, result from the operation of a 'state of exception' instituted by a powerful few; they live a 'bare life'; they are the 'living dead'.

There exists an important and revealing parallel between the nature of the pathologisation of patients in the institutional space of the 'mental asylum' in the segregationist and apartheid South African state, and the figures of the refugee and camp inmate in contemporary global society.

The first part to my argument requires a re-examination of the commonly understood context of the literal physical displacement of black people (a common enough feature of South African segregationism and high apartheid) in the light of the specific nature of mental hospitals, both in terms of the spaces they occupy, and the role, functions and characteristics of the people who inhabit them as patients and doctors. The larger political context for the institutions is that of white supremacist ideologies – in their colonial democratic and later fully-blown nationalist apartheid guises. These fashioned South Africa into the most sustained political and juridical form of what Giorgio Agamben terms a 'state of exception' outside of National Socialist Germany that the modern world has known.

Secondly I suggest that, with the advent of a 'hyper-capitalist' and virtual global economy (which in turn leads to a huge increase in itinerant and denationalised, largely poor populations) the figure of the refugee and camp inmate has become a more common one, and that these populations are also examples of the operation of a global state of exception. Ultimately the black South African mental patient, and the apartheid asylum, form a kind of template for the now much more generalised, and globalised, condition in which refugees and displaced populations find themselves – that of the 'living dead' or, in Agamben's term, *homo sacer*.

The physical and spatial history of mental institutions in South Africa is a microcosm of the separatist architecture of the country that was present from its very beginnings as an industrialised nation, as urbanisation developed after gold was discovered in the nineteenth century. The separatist policy was summarized in 1921, long before the high apartheid era, by the Stallard Commission into land use policy: "The native should only be allowed to enter urban areas, which are essentially the white man's creation, when he is willing to enter and to minister to the needs of the white man, and should depart there from when he ceases so to minister".

Institutional psychiatric medical practice had begun in South Africa in the early eighteenth century, with the establishment of a small hospital in Cape Town to cater specifically for mentally deranged persons in 1711. In 1846 the famous prison colony on Robben Island was converted into a hospital for lepers, lunatics and other chronically ill patients. By 1912, the Robben Island Infirmary housed 500

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mental patients. Around this period several other 'lunatic asylums' were built, ensuring that mentally ill patients were largely isolated from the community. These included the Town Hill Asylum in Pietermaritzburg, Fort England Mental Hospital in Grahamstown, Valkenberg Lunatic Asylum in Cape Town, and the Pretoria Lunatic Asylum. From the beginning these facilities were racially segregated. The country's first Mental Disorders Act was introduced in 1916, but no provision was made in it for neurotic and personality disorders, alcohol dependence or learning disability.

From its earliest institutional history psychiatry and psychology in the country had a fraught relationship with segregationism and apartheid, gradually coming to be seen as more and more collusive. By the end of the period of high apartheid in the late 1970s, psychiatry as a discipline was highly criticised by the international community. Psychiatric services were inspected by overseas groups and condemned. In 1978 the American Psychiatric Association compiled a report, published in 1983, after a committee of leading American psychiatrists

inspected psychiatric facilities in South Africa. They found that psychiatric care for Black people was grossly inferior to that for White people, that unacceptable medical practices had resulted in needless deaths of Black patients, and that "apartheid has a destructive impact on the families, social institutions, and the mental health of black South Africans" (American Psychiatric Association, 1983). Similarly, in 1983, a Special Committee on the Political Abuse of Psychiatry of the Royal College of Psychiatrists investigated the matter and found substantial evidence of racial discrimination in the provision of psychiatric services.

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Over the decades, regimes of treatment and programmes for rehabilitation rarely reached the majority black population. Instead they were separated out into largely carceral institutions, often incorporating a function as a camp for lepers, tuberculosis sufferers, and victims of other dread diseases.

That such spaces were not really designed to treat and rehabilitate victims of psychopathologies is discussed by Tiffany Jones, who in a 2003 essay entitled "Monopoly on Madness", uncovers the history of the Smith Mitchell company. She describes the way in which the company began operations in the 1960s, in collusion with the apartheid government, to move the majority of black mental health care patients into designated rural facilities, in order that state funds and resources might be concentrated on urban facilities for white patients. By the 1980s the company housed almost half of all black mental patients in the country. Highly profitable through a state subsidy system and the awarding of tendered contracts to provide beds and services, the company slashed costs and maximised profits – much of which went to Nationalist government ministers and MPs who sat on the board of the group of companies – by the simple expedient of not providing adequate facilities for patients. The locations themselves were barely converted abandoned mine workers' hostels in semi-rural or rural areas, often with limited sanitation and water facilities, and the patients slept on hard palettes. Medical care was rudimentary, with very few qualified nursing staff, and therapy was often limited to the manufacture of toys and other craft goods, which were sold commercially, the takings going to the hospital.

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This representative physical instantiation of the anomalous and carceral nature of the treatment of mental illness in South Africa might be understood, along with many similar large-scale medically eugenic phenomena such as the American Tuskegee experiment, as examples of what Giorgio Agamben calls the operation of a "state of exception".

In his 2005 book on the subject, Agamben defines this state as follows:

> Modern totalitarianism can be defined as the establishment, by means of the state of exception, of a legal civil war that allows for the physical elimination not only of political adversaries but of entire categories of citizens who for some reason cannot be integrated into the political system.
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> [T]he voluntary creation of a state of emergency (though perhaps not declared in the technical sense) has become one of the essential practices of contemporary states [in attempting to justify the operation of a state of exception], including so-called democratic ones.

This theory of the modern state of exception hinges on the creation of a "biopolitical" state, one focused on the ordering and understanding of the human being and its body as the essential productive unit motivating state power. It also hinges on a much older conception, analysed in Agamben's earlier work *Homo Sacer*, of the human being acquiring the status of a subject only if they can embody the political life of a citizen of a state by demonstrating the state's values. If not, then state power may operate on the body in a state of "bare life" – in order to decide on the continuing value of that life. In Agamben's formulation: "It can even be said that the production of a biopolitical body is the original activity of sovereign power" (*Homo Sacer* 1998:6). But the state of bare life is not the simple opposite of a productive biopolitical subject, according to Agamben – it acts as a limit condition against which the biopolitical subject can be delineated. Thus the conditions under which it is possible to conceive of a state of exception, he argues, is built into the epistemological fabric of modern democracy, through the appeal to the prevention or exclusion of the state of bare life via the imposition of exceptional state power.

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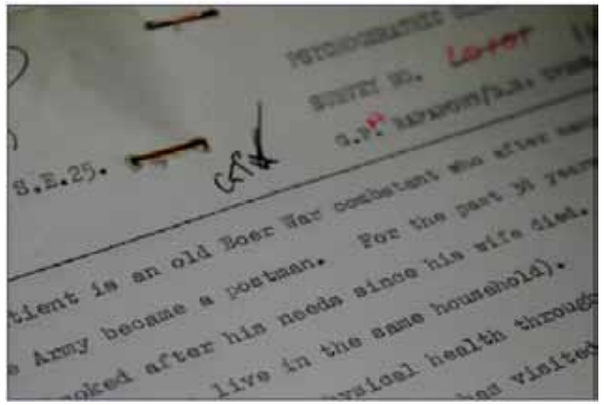
Michel Foucault had analysed the positive version of this conception in the different genealogical areas of key socio-political institutions as a convergence of political techniques with technologies of the self. In the institution of the asylum he traces these transformations in the juridical and medical view of madness and its treatment to a mutation in the form of power and knowledge in the early modern era, which is of a fundamentally spatial character. In tracing the shift in European societies from medical models of exclusion to those of inclusion, Foucault uses the emblem of the shift from medical models of leprosy to those of the plague. In older societies, lepers were excluded from society, both literally and symbolically, cast out to the notorious outsider 'colonies' in a diseased mirror image of the colonial empires of the European powers of the nineteenth century. This model is gradually replaced by that of the plague. Here, those afflicted are contained within a quarantined sector of the community, where movement in and out is strictly controlled, and the behaviour of plague victims is also closely monitored. This is symptomatic, in the field of public health, of power coming to be used in the positive mode of productive biopolitics, which characterizes modern identity formation and the organisation of power/knowledge.

The biopolitical system produces subjects whose modes of normal mental and physical functioning, as well as their pathological departures from such discourses and practices of normalization, are intensely observed and documented by forms of institutional power and knowledge. In his 1967 study *Madness and Civilization* Foucault marks out the origins of a shift in the treatment of madness in the asylum that sees it as a fall away from a moral order, one that was in the process in the West, dur-



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ing the eighteenth century, of becoming secular and adopting both a juridico-medical and an ergonomic character. The goal of treatment of the mad, first in houses of confinement, and later in the 'birth of the asylum', is to rehabilitate the insane prisoner into a moral order that restored him or her to health through their own true realisation of the transcendental nature of such morality and their voluntary return to it as a rational and labouring being. The key for Foucault in the development of such a normative model for the treatment of mental illness is the establishment of the juridical-medical power at the heart of the institution in the person of the doctor, and the restoration of the insane to a position of labour productivity.

This juridico-medical component of the biopolitical transformation of the state becomes more clear as the doctor-patient coupling takes shape over time. The doctor comes to occupy an important legislative position in gauging the ability of the psychopathological patient to return, cured, to social productivity, and acts as expert witness in judging the nature of psychological abnormalities and cases of diminished responsibility in criminal proceedings.

However, the spatial dimension within which the doctor-patient coupling solidifies is less clear – if we accept, with Foucault, that the origins of the relationship are conditioned by the originally carceral and then rehabilitatory nature of the asylum itself. In this view the space of the asylum solidifies as a moral space, restoring the mentally disturbed to normative society by re-establishing a responsibility to both a social identity and an over-riding religious principle – both of which are mediated by the figure of the doctor.

In Foucault's analysis, the doctor-patient couple thus takes its place at the juridico-medical centre of an institution that has a twofold purpose. On one hand it opens out to the rest of society, in that it has open access and outpatient facilities, and is geared to restoring an understanding of the higher principles of the social body to the patient. On the other hand the institution becomes more internalised in the nature of its treatment of the mad – that is, it is focused on the internal struggles of the patient to return to biopolitical productivity.

But, as part of this twofold process, the physical institution of the asylum itself becomes, in the architecture of the modern state, a "non-place" (an evocative term coined by Marc Augé in his 1995 volume *Non Places*): a concept that links the asylum to the slum, shanty-town or refugee camp. The world of the non-place, writes Augé, is: "A world where people are born in the clinic and die in hospital, where transit points and temporary abodes are proliferating under luxurious or inhuman conditions (hotel chains and squats, holiday clubs and refugee camps, shanty-towns threatened with demolition or

doomed to festering longevity) … (this world) offers the anthropologist a new object. Such non-places are opposed in a dynamic and fluid way to 'places', or more formally anthropological spaces.... Places and non-places interact like palimpsests on which the scrambled game of identity and relations is ceaselessly rewritten."

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Clearly the non-place of the black South African experience under apartheid, particularly those afflicted by mental illness or evil magic, impacts fundamentally on the ways in which identity could be inscribed and relations to the world established. These non-places include the shanty-towns and refugee camps that became definitive of South Africa's spatial organisation under apartheid – leaving the people in those non-places in the position of the subject in a state of bare life in Agamben's state of exception. In this conception, we should recall, refugees and other categories of people who do not bear the full biopolitical life of citizens because they somehow exceed – or demonstrate the limits of – the parameters of the state of exception are a symptomatic anomaly that has to be dealt with. The most representative means of dealing with the anomaly of the refugee – or any other excluded category of person – is to put them in some form of camp, where their 'rights', already attenuated by the state of exception, may be suspended altogether. There are numerous examples of the functioning of the state of exception in the camp, from Nazi Germany to Guantanamo Bay and Abu Ghraib. The camp is the spatial realisation of the state of exception.

In South African history, the nature of apartheid design turned the entire country into a type of camp – the sprawling ghettoes of the black townships cordoned off outside white owned and run cities, with controlled movement in and out for those with a temporary permit. At the very end of this spectrum of exclusion sat the black mentally ill, locked away in literal camps such as those run by the Smith Mitchell company. The South African state under the apartheid government imposed a political system that depended on a generalised use of the camp concept in the construction of blacks-only townships and homelands set apart from the resources and amenities of the cities.

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As apartheid approached its death throes and resistance grew stronger, the powers available to the state had to increase – in 1985 the first of two States of Emergency was declared, effectively imposing martial law. Agamben generalises such a tendency to the West as a whole:

> The Western political system thus seems to be a double apparatus, founded in a dialectic between two heterogeneous and, as it were, antithetical elements; … legal right and pure violence, the law and the forms of life whose articulation is to be guaranteed by the state of emergency. When the state of emergency becomes the rule, the political system transforms into an apparatus of death. (http://www.generation-online.org/p/fpagambensch-mitt.htm)

While it is relatively straightforward to understand the apartheid state apparatus as exemplary of Agamben's contention that the Western political system contains an apparatus of death as part of its democratic dispensation, this leaves several elements of the relationship relatively unexplored.

Firstly, and most clearly, the apartheid state was indeed an apparatus of death, and the deathly pallor of that apparatus lingers on in the traumatised and pathological populations of its transformed mental health institutions. The transformation of those institutions from the carceral to the rehabilitatory is by no means complete, and needs a careful theoretical examination. This needs to happen from the point of view of providing those institutions with proper resources and capacity to meet the needs of a modern democratic state with a public healthcare system. But it also requires an examination of the need for transformation in ways that reflect their not-entirely-Western medical model. This in turn requires an ongoing institutional engagement with non-Western modes of the understanding and treatment of mental illness – something that remains under-theorised and under-resourced in South Africa.

Secondly, the analysis of the history of South African mental health institutions needs to take place within a global context whose parameters are theorised by Agamben and others. Every day there are reports of the major Western democracies allowing more and more latitude to 'extra-democratic' offices, primarily military agencies, to operate in parallel – or even definitively outside – the rule of democratic law in dealing with refugee or perceived 'terrorist' threats. How does South Africa's commitment to

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democracy tally with this increasing tendency in the global political body? And how far do institutions like prisons and hospitals still demonstrate the carceral and punitive attitudes of the creation and control of bare life?

Further complicating these questions is, as I have suggested here, the extent to which the imposition of a state of exception is increasingly inherent in a globalised and highly mediated body politic. The concept of a global, free market-driven and largely democratic system that the fall of communism ushered in seems in fact to be constantly in debate with itself about the roles and function of supposedly universal democratic principles. The use of torture in camps is one such debate, but another is the increasingly attenuated right to privacy, which comes under threat from the rise of a globally mediated tabloid and surveillance culture.

In 2006, the *New York Times*' columnist Thomas Friedman published a representatively apologist book about this process called *The World is Flat*. In it, he describes how the global economy, then in a growth cycle, relatively easily overcomes the question of national difference and unequal power relations by appealing to the universalisability and mobility of the new world order. In this emblematic account, capitalism is made ubiquitous by information systems, and opportunity abounds as market forces overcome the traditional boundaries of time and distance through a global communications-driven logistics system.

But there is a very important by-product of the globalisation process that Friedman's proselytising examples of Indian call-centre success in the US market elides. This is the rise of the refugee and the slum. As Slavoj Žižek puts it in his 2008 book, *In Defence of Lost Causes*: "The explosive growth of slums over the last decades, especially in the Third World mega-cities … is perhaps the crucial geopolitical event of our times.... Since, sometime very soon, the urban population of the earth will outnumber the rural population, and since slum inhabitants will compose the majority of urban dwellers, we are in no way dealing with a marginal phenomenon. We are witnessing the fast growth of a population living outside state control. They are … not an unfortunate accident, but a necessary product of the innermost logic of global capitalism."

As Žižek goes on to point out, the key point that slum dwellers exist outside of state control in relatively unregulated areas of urban sprawl brings them into the same political category as refugee populations who present an administrative and macro-economic problem to national governments. Both populations exist in a marginal juridico-political state that is coterminous with the state of exception:

> [T]he defining feature of the slum-dwellers is socio-political, it concerns their (non-) integration into the legal space of citizenship with (most of) its incumbent rights … a slum-dweller is a *homo sacer*, the systematically generated 'living dead' of global capitalism.

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The general distribution and rapid growth of slums and refugee populations should lead us to the consider how the minority citizens of biopolitical states, party to the rights of such citizens, will dispense such rights over the majority of those existing in a state of exception in slums and refugee camps. We should also compare such a disparate dispensation of socio-economic and juridico-political power with the obvious disparities of capital and power in the apartheid state of exception, with its refugee populations in homelands, its township slums, and its *homo sacer* in the political prison and the mental asylum.

Lastly, there remains to be written a 'discontinuous history' of those asylums and mental health institutions themselves in South Africa – in the context of an anthropology of place, and 'non-place'. Such an history would naturally focus on the ways in which such institutions conceived of black mental patients' illnesses, and whether the replacement of a carceral model of bare life with that of a democratic and liberal humanism can in fact restore such people to the body politic and the *socius* – if, in fact, the turn to democracy can play a role, as the Truth and Reconciliation Commission process tried to do, in turning the living dead into citizens.