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Reviews


Previous studies of mental institutions in apartheid South Africa presented a simplistic historical narrative complete with obvious villains (the apartheid government) and helpless victims (the patients). The apartheid government committed political dissidents to institutions, and mental health practitioners were therefore coercive agents of the state who unquestioningly and uniformly implemented apartheid policies. Mirroring its national discriminatory policies, the apartheid state also institutionalized a disproportionate number of black, female, and homosexual patients. Moreover, patients in South Africa were reportedly subject to abuse by nurses and practitioners while being held against their will and under appalling conditions.

In her book, _Psychiatry, Mental Institutions, and the Mad in Apartheid South Africa_, Dr. Tiffany Fawn Jones critiques and expands upon this narrative. Jones, an assistant professor at California State University, San Bernardino, finds that while many of the aforementioned abuses and discrimination did occur in South African institutions, these were not always the result of a cohesive government strategy implemented by mental health practitioners. Rather, the conditions of South African mental institutions should be viewed as a complex and fluid interaction among several factors, including: changes and contradictions between practitioners’ beliefs and government policies; state funding; changes in the class, racial, and gender hierarchies ingrained in African society; international opinion; and patient challenges to psychiatric and state authority. Taking these factors into account, Jones offers a nuanced account of the conditions at mental institutions in South Africa from the late 1930s to the early 1990s.

Jones organizes her study chronologically and topically across seven chapters. The first chapter evaluates the effectiveness of the various progressive changes implemented by South African practitioners from 1939 to 1948. Although psychiatry came to be regarded increasingly as a legitimate and humane medical field
with strong community connections, Jones argues that a higher proportion of white males were institutionalized compared to other groups making up the majority of South Africa’s population. Jones concludes that racial segregationist policies caused practitioners to neglect black patients. The second chapter examines government mental health policies and their application in institutions from 1948 to 1973. Jones argues that while state mental health policies were discriminatory, they were not uniformly implemented at the institutional level due to the contradictory nature of the policies, as well as, a lack of funding and qualified staff for institutions. In the third chapter, Jones provides a rare glimpse of psychiatric history from patients’ perspectives from 1939 to 1961. Jones emphasizes patients’ unexpected connectedness with the outside world, although this freedom diminished as segregation policies gained influence in institutions. Chapter four analyzes attempts made by practitioners to challenge mental health practices from 1948 to 1990. Jones argues that the efforts of mental health practitioners to improve practices led, somewhat unintentionally, to increased fragmentation and segregation of mental health services for black patients. The fifth and sixth chapters respectively examine the psychiatric treatment of homosexuals and the South African government’s increased reliance on privatized institutions to perform mental health services from the 1960s to the 1980s. Both chapters conclude that patients and practitioners challenged state psychiatric authority on a limited basis. The seventh chapter illuminates the Church of Scientology’s shift from supporters to vocal opponents of apartheid and the subsequent international investigation of South African psychiatric facilities in the 1970s and 1980s.

 Psychiatric, Mental Institutions, and the Mad in Apartheid South Africa is a much-needed addition to the murky history of apartheid South Africa. Jones presents the disparate and conflicting viewpoints of previously voiceless patients, practitioners and officials to form a more cohesive account of what occurred both inside and out of mental institutions during and after apartheid. This account serves to explain why conditions and ingrained social inequalities have, in many instances, worsened in post-apartheid institutions.

Chris Moreland