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Generational Care: Psychology, Race, and History in South Africa

by

Stephen Robert McIsaac

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Joint Doctor of Philosophy

with the University of California, San Francisco

in

Medical Anthropology

and the Designated Emphasis

in

Critical Theory

in the

Graduate Division

of the

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Committee in charge:

Professor Lawrence Cohen, Chair

Professor Donald Moore

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Professor Ian Whitmarsh

Professor Irina Paperno

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“Generational Care: Psychology, Race, and History in South Africa”
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Abstract

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In contemporary South Africa, spatial segregation, racism, and economic exclusion remain trenchant features of everyday life twenty-five years after the end of apartheid. Based on twenty months of ethnographic research in the township of Khayelitsha and Cape Town more broadly, this dissertation tracks different post-apartheid approaches to mental health care, which attempt to address these ongoing legacies. Through extensive fieldwork at a community-based organization that provides therapeutic support in isiXhosa, I argue that therapeutic practices by black South Africans de-stabilize and experiment with the normative confines of the psychotherapeutic encounter. Rather than treat individual psyches, therapists' practices are oriented toward the relational space between generations, a political therapeutic driven by the affective force of the therapists' own history of struggle toward a different future for black youth, who continue to be marked by the legacies of colonialism and apartheid (what I call "generational care" throughout the dissertation). Second, I argue that normative psychology continues to assume a nuclear family configuration as the norm against which all pathology is judged and therapeutic interventions practiced. I suggest this is particularly so for theories of attachment and infant development, which assume that only a particular configuration of the family—biological parents who unconditionally care for a child in the same physical space as them—is productive of "stable" subjects later in life. By following the history of psychiatry in South Africa, narratives of care from mental health professionals working on the Cape Flats, as well as policy and research agendas, I track how discourses of "cultural difference" evade processes of racialization and consequential racisms in normative psychological theories and interventions. I argue that different practical and conceptual therapeutic experiments are necessary, ones that imagine forms of care adequate to the lived afterlives of the settler-colonial project, and particularly ones for those related outside the nuclear family form.

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INTRODUCTION
The Clinic of Elsewhere
Race, Space, and the Good Family

When you awaken an observation, a certainty, a hope, they are already struggling somewhere, elsewhere, in another form.

—Édouard Glissant, “Repetition,” *Poetics of Relation*, 1990



Figure 1. “Elsewhere,” 2015. Photo taken by author.

On Elsewhere

The clinic is about movement, as it defies space, being neither here nor there. Siting in the clinic’s conference room for the first time in 2015, one the of the first things I noticed were the small, square windows that had X-shaped bars across them that hadn’t been washed in some time, occluding one of the township’s busiest roundabouts. Beyond, swirling barbed wire and a gate, some green and an indiscernible mountain range. The dirt on the windows almost acted like a filter, dramatizing the colors, somehow, by making them duller. This prism on the inside of the clinic to the outside world held within it a startling suspension: the claustrophobic bars and militaristic barbed wire foregrounded, present and there, seemed out of space with the green just beyond, free and unencumbered from the securitization of urban life. Acoustically, the urban was unmistakable, with chaotic traffic, honking taxis, and the rituals of the urban palpable. But suspending the auditory, looking out the window, you’d swear you were somewhere else, if just for a moment. After a while, the disruption settles, when you realize that when you’re in the clinic, when you’re in the Location, here and elsewhere are always already the same place.

Twenty-five years since the end of apartheid in South Africa, the promises of liberation seem like a distant memory, a future now past. Amid the crisis of wage labor, the continued racial segregation of South African cities, and unequal access to healthcare and education, the legacies of apartheid’s racial project are omnipresent in nearly every feature of South African public and private life. Khayelitsha, the largest township on the outskirts of Cape Town, materializes this legacy. First constructed in 1983 as a response to mounting pressures on influx control measures, Khayelitsha is one of the last artefacts of the apartheid government’s attempt to control space, movement, and livelihood (Surplus Peoples Project 1984). Just three years later, pass laws—the apartheid legislation that required black people present in urban spaces to be “qualified” or “endorsed” to be there—would be abolished. However, even though it was established at this very late stage in apartheid spatial policies, the township houses between 1 (Brunn and Wilson 2013) and 2.4 million (Beyond Our Borders 2018) people today. How is it that one of the most supreme spatial techniques of apartheid control—the urban Location—continues, twenty-five years after its eventful end, to house the vast majority of black South Africans in cities across the country?

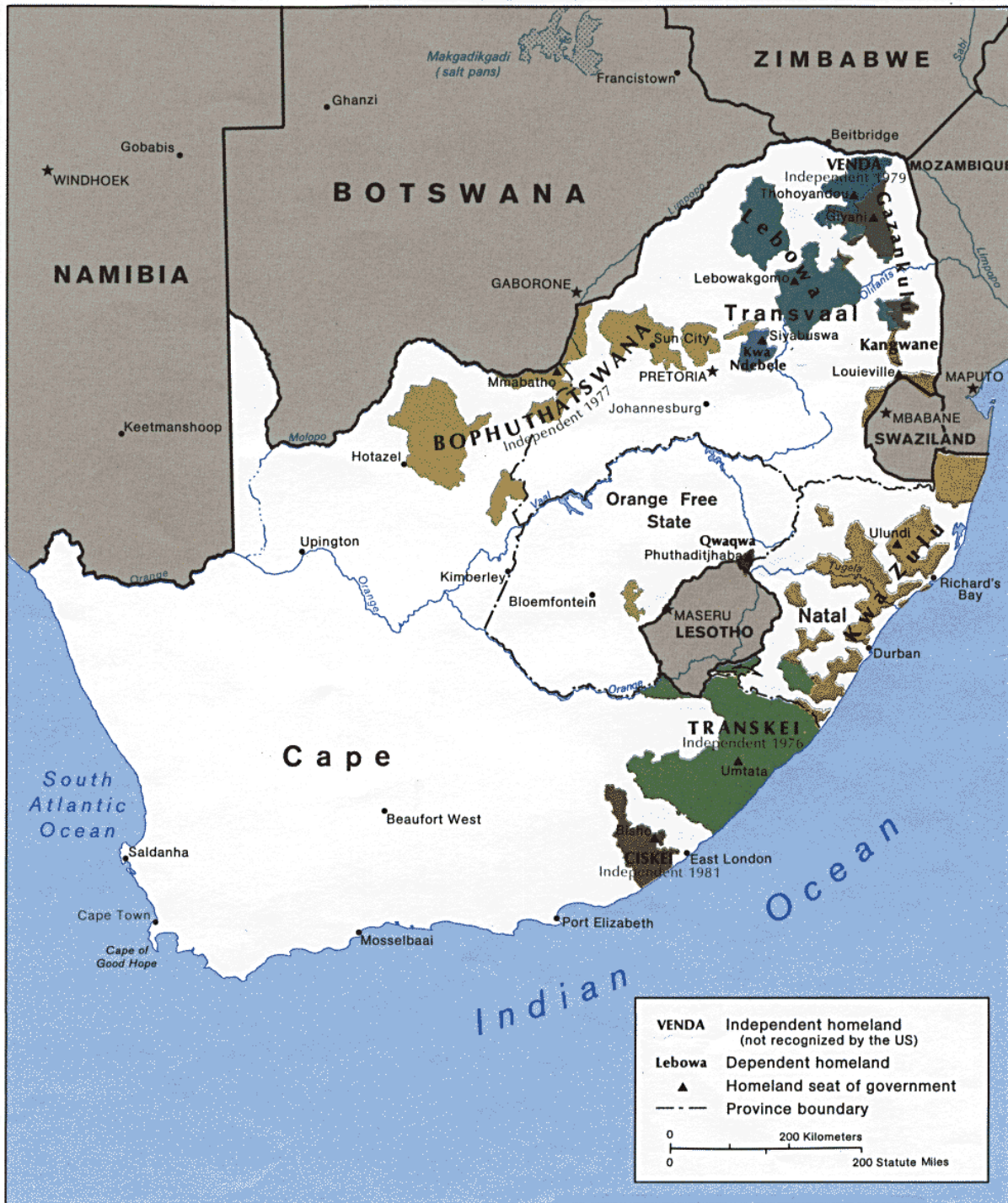
A friend once described the Location spatial form—in isiXhosa, *ilokshi*—as a “separate place, not in the city or in the country. That’s why we call say ‘*elokshini*’ [locative of Location].” The Location was engineered as just that—a separate place, elsewhere, neither in the country nor the city. Calling it *ilokshi*—the most common term for the space even today—is a daily practice of collective memory, one that presences a history materialized in space. No haunting, no specters: South Africa’s long history lives in the dirt and gravel, the formal houses and informal shacks, the sand dunes and the concrete¹. Creating a separate place allowed the colonial and apartheid states to house laborers in a condition of perpetual impermanence, until they were forced back to what was considered their proper homes, in the rural Bantustans. As my friend Viwe would put it, “the Location is on the outskirts [*ngapandle*] of the Eastern Cape.”² Materially on the outskirts of the city and mnemonically on the outskirts of the country, the fragmentation of space central to colonialism and apartheid—widespread racialized dispossession, the creation of self-sovereign “traditional states,” racial segregation for well over a century—finds its material, contemporary manifestation, as a living afterlife, in the Location form, a place that is always elsewhere than where it is. In this way, Khayelitsha is what Donald Moore (2005: 22) calls an “entangled landscape”—a place where “multiple spatitalites mingle. Neither serial nor successive, they are copresent, sometimes as hauntings, other times as explicit invocations, shaping a plural terrain where no single space prevails.”³

¹ Of course both specters and hauntings envelope the contemporary world in a multitude of ways. However, I say this to make the point that the legacies of historical violence are so often represented as phantasmatic—ethereal, invisible, unrecognizable—when very often the “imperial durabilites/debris” of our times (Stoler 2016) are not specters, but are materialized in space and time in very visible, recognizable ways. See especially Navaro-Yashin’s *The Make-Believe Space* (2012) for an ethnographic approach to space that also combines the fantastical and material, the affective and the concrete, simultaneously.

² All personal names are pseudonyms in accordance with UC Berkeley CPHS Protocol 2015-03-7376.

³ In a similar vein, I follow Gastón Gordillo’s (2004: 4) in *Landscape of Devils* who “merge[s] the experiential dimensions of space with the political economy that makes it possible by examining the materiality of memory, its embodiment in practice, and its constitution as a social force in the production of places.”

South Africa: Black Homelands



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Figure 2.
 “South Africa: Black Homelands 1986”
 United States Central Intelligence Agency Map No. 543001
 Courtesy of Perry-Castañeda Library Map Collection, University of Texas at Austin

At the clinic, the therapists have lived this history. Coming to Cape Town just after the end of apartheid, in the late 1990s, the therapists share an intimate history of segregation, racialized dispossession, and forced migration with their clients for whom they care. The clinic was established in 1994, the year of the democratic transition, after a study found a high prevalence of post-traumatic stress disorder in children and adolescents in the township (Ensink et al. 1997)—a symptomatic witness to the decade of political violence that brought apartheid to its end⁴. In this way, the clinic was constructed as a response to psychological effects of a violent history and its political resistances—a form of care, it was imagined, for the embodied remains of a violent history. Twenty-five years on, the clinic offers therapeutic counseling for children and adolescents struggling with a range of non-severe mental health issues (e.g., depression, anxiety, stress, behavioral issues, and addiction, among others). The therapists at the clinic all live in Khayelitsha, and provide therapy in isiXhosa, the home language of the township. They all completed a three-year therapeutic counseling course, followed by over a decade of supervised training by a white child psychiatrist and a white adolescent clinical psychologist. Seeing how the racial legacies of a violent history continue to affect children and adolescents born after the end of apartheid—with many of the therapist’s clients the same age as their own kids growing up in the Location—the therapists offer a form of care that is as much a political project as it is psychiatric, oriented towards these generational relations that straddle the promise of liberation and its ultimate failure.

I spent a total of twenty months in Khayelitsha, and Cape Town more broadly, tracking the everyday practices of mental health care as an entry into understanding the psychic and structural afterlives of apartheid. I spent the vast majority of my time at this community-based clinic with the therapists. During my time there, I acted as a driver, a grant writer, a fundraiser, a researcher, an assistant. When things were really busy, I screened cases, answered phones, took messages, followed up on referrals, made appointments, visited schools and other NGOs, went to clinical supervision meetings at district and tertiary hospitals. Three to four days a week, I drove each therapist on their weekly home visits, totaling over three hundred visits in a year and a half. I sat in on weekly (or, sometimes, bi-monthly) case supervision meetings, where a supervising psychiatrist or psychologist came to the clinic to monitor and help with the clinic’s most trying cases. Toward the end of my time at the clinic, I was frequently asked to contribute to the case presentations, as I was the only other person who, for instance, visited the home, was present in the assessment, or, in a few cases, sat in on family therapy sessions. In the last five months of fieldwork, I “interviewed” all the therapists—given the length of our time together and shared experiences with care, one of those took over four hours to complete. I also interviewed multiple generations of thirteen families whose care I had been directly involved in. Knowing that the experiments that were happening at the clinic were truly rare—offering therapeutic support in isiXhosa with therapists who are of the same race and class as the clients—I also interviewed over thirty traditional mental health professionals working in a variety of capacities on the Cape Flats.

⁴ The clinic is technically classified as a non-profit, community-based organization, though many times the only sources of funding come directly from the provincial government of the Western Cape, making it neither “non-governmental” nor “governmental.” I call it a clinic because that is what the staff call it. Many professional psychologists question my use of the term “therapists” for the clinic staff, noting that most do not have university-level qualifications, and that the term should be reserved for those only with such formal, privileged training. Given that I argue the therapists’ own embodied knowledge constitutes a form of expertise unattainable by most formally trained psy-professionals, I choose to call them therapists. Cf. Varma (2012).

This group included psychiatrists, psychologists, occupational therapists, psychiatric nurses, community health workers, interns, policy makers, influential mental health researchers, and academics. Because my interests were more on community experiments than institutional practices, the research is limited by the fact that I did not spend much time observing and participating in institutional care, and rely mostly on professionals' verbal conceptualizations of their work rather than their grounded, daily practices.

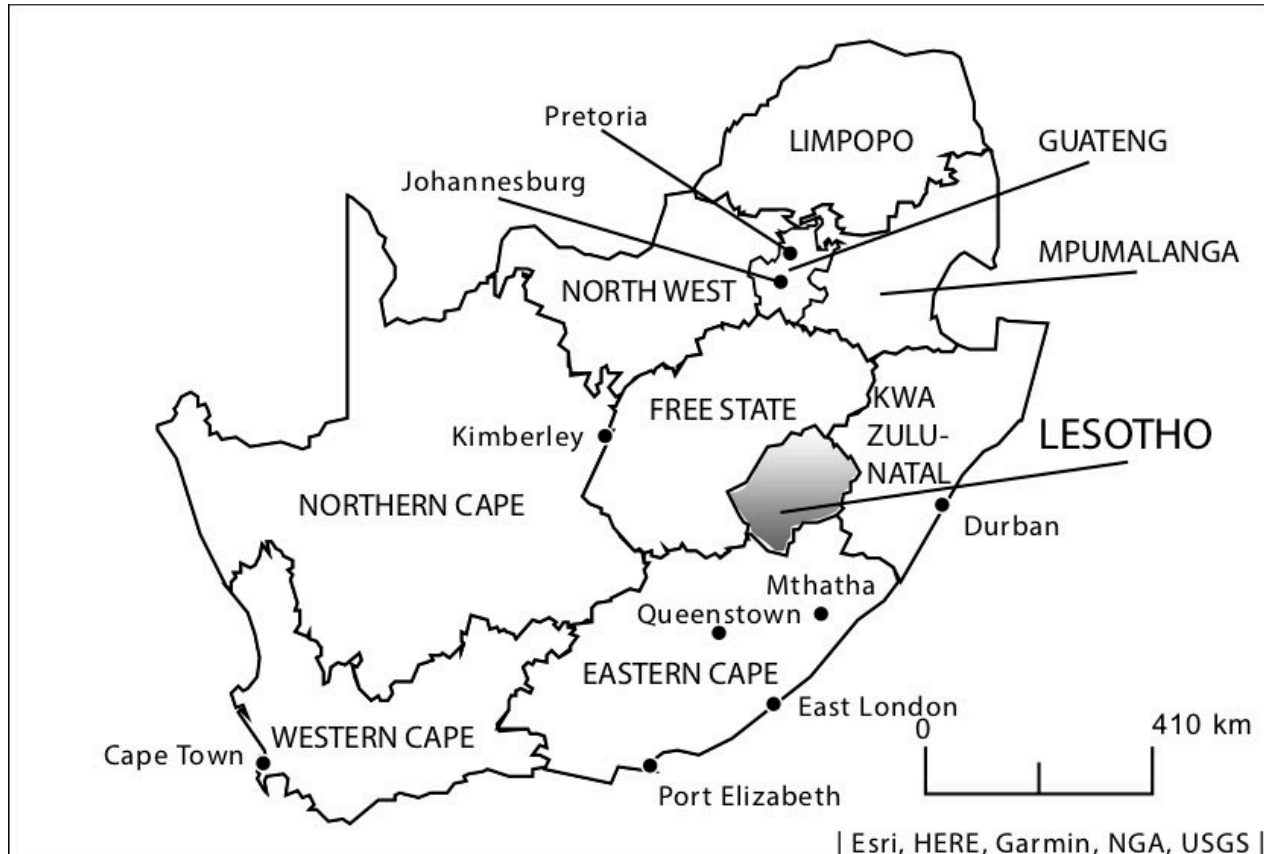


Figure 3.
“Contemporary South Africa”

Based on this line of inquiry, I make two central arguments over the course of this dissertation. The first is that therapists' practices at the clinic completely re-imagine and experiment with the normative confines of the psychotherapeutic encounter. Because they share an intimate history with the parents of the clients, as well as a detailed understanding of their clients' lives through their own children, the form of therapy they offer is based on what I will elaborate later as the affective force of recognition. That is, their impetus to care is based on the recognition of a shared history and a contemporary present in ruins. In this way, I argue that, based on the affective force of their therapeutics, they refuse to understand psychic distress as an individual phenomenon to be cured. Rather, their form of care is oriented toward the generational and social relations that bind a collective living in the aftermath of a violent history, or what I call “generational care.” I thus argue that the therapists' experiments represent a set of grounded practices that destabilize the notion of an “individual” subject of care. For them, all issues are relational, and, as such, care

should be directed to relations themselves, and not the individuals who comprise them. Further, I argue that rather than relying on maxims about proper therapeutic spaces (one in which a professional, detached, and subjectless therapist guides the broken patient through their pain and trauma, all the while policing their counter-transference), therapeutic experiments formed in the crevice of a shared history and present holds great potential in the contemporary moment.

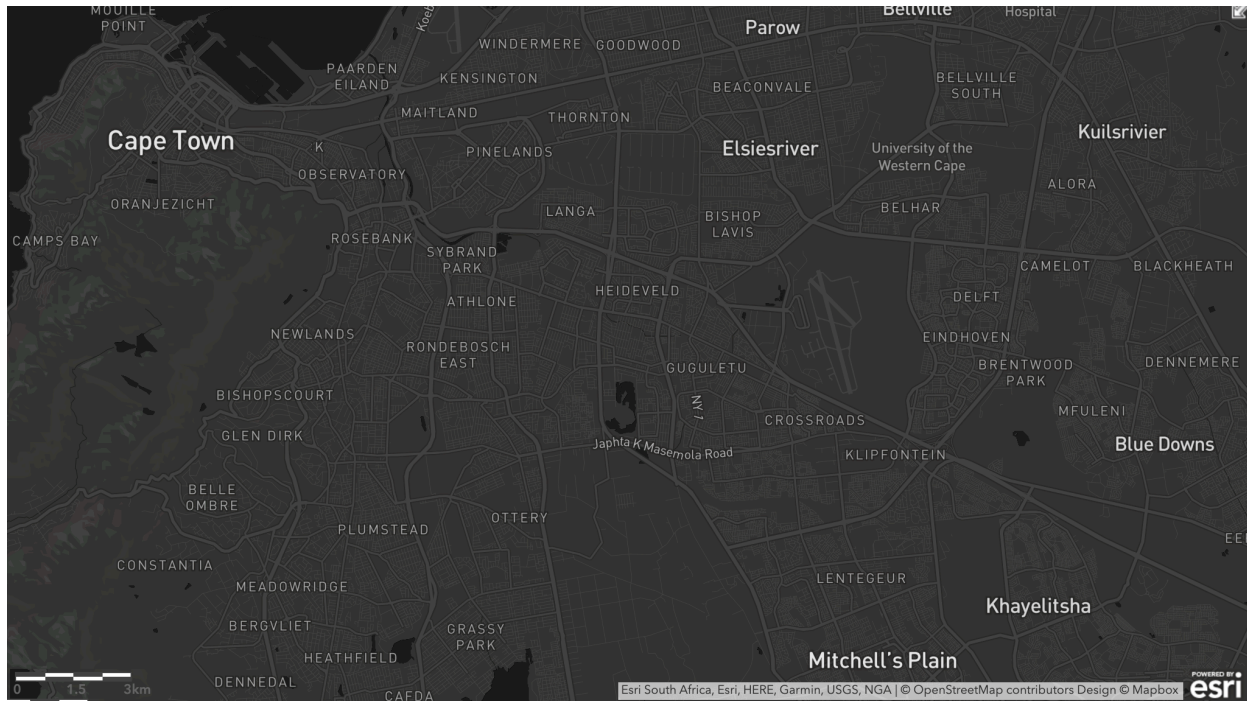


Figure 4.
“Cape Town”

The second major argument is that movements toward “cultural sensitivity,” a hallmark of contemporary transcultural psychiatry and global mental health, obscure more than they illuminate. Imagined as a response to the scientific racism that juxtaposed the inferiority of the “African mind” against the superiority of the “white mind,” the appeal to culture seemed an effective way to bracket discourses of essential difference toward an emphasis of alternative cultural expressions of experiencing and dealing with distress. The central practice of the transcultural psychiatric movement, then, is the attempt at translation between the (real) Euro-American diagnostic categories and their local idioms and expressions.⁵ I argue this is inadequate for two

⁵ Perhaps one of the most sensitive treatments of cultural translation in psychiatric care is found in Cristiana Giordano’s work, *Migrants in Translation*. Giordano (2014) reflects on therapeutic encounters between ethno-psychiatrists and (mostly African) migrants in Italy, arguing that rather than holding “culture” as a stable object of translation, ethno-psychiatrists engage a relational practice of translation, one that attempts a practice of acknowledgement, against normative practices of recognition. By acknowledgement, Giordano is pointing to a practice that does not attempt to render social worlds into a form legible to the state, but embraces a practice of not knowing, an act that disavows the need to know in favor of a more uncertain and amorphous space. Culture for her interlocutors, she argues, is not a stable substrate to “understand” and felicitously translate, but a figure through they embrace uncertainty in the acknowledgement of radical difference, a disavowal of possibility that a culture can be “known” in an objective sense.

reasons. First, much like Deborah Thomas' (2011) work in *Exceptional Violence*, the appeal to the value-neutral language of culture has the effect of erasing the historical conditions of contemporary practices. And second, Euro-American psychiatry, particularly for children and adolescents, has a tenacious inability to understand alternative forms of relatedness outside of what I call "the Good Family." In *No Aging in India*, Lawrence Cohen (1998) is interested in how "the Bad Family" was mobilized to describe an essential "cause" of senility in India; in effect, the Bad Family is the family who abandons their elderly. For Cohen, the Bad Family becomes a relational heuristic against which to understand how old age comes to matter—in voice, body, loss, text—for the very constitution of modern life. In *Khayelitsha*, the Bad Family, too, was offered as the prime causative agent for understanding everything—disordered families, dysfunctional families, families out of space and out of time, and the list goes on. Here, I want to ask: what are the defining characteristics of the Good Family—the family who is thought to produce stable, productive subjects? And, in the process, who gets to inhabit the Good Family and who does not? I suggest that the Good Family is not just the nuclear family, and thus a Euro-American form coercively forced on non-Western others. Such an argument once again relies on an appeal to "cultural difference"—and thus a relativism—that brackets the much more pervasive way in which the Good Family becomes the vehicle through which global white supremacy, quietly and in the shadows, is reproduced in the contemporary world. Being related outside of the Good Family—particularly by appealing to "failures" in the first years of life and psychological truisms about a child's proper relation to their caregiver—becomes the ultimate form of denunciation for "explaining" why certain racialized others are, through this lens, understood to not be "stable" and "productive" in late liberalism.

The assumption that all subjects are produced by The Good Family—the fantasy of a biological mother and biological father who felicitously procreate to have an individual child who is cared for in the same physical space as them—is present from everything from early psychoanalysis to contemporary global health discourses of epigenetics. And the impetus toward cultural translation, I argue, continues to assume this normative form of relatedness at the base of its assumptions and practices. I argue that alternative formation of subjects—especially those that include multiplicity of relation to formative humans and non-humans, outside of the triadic fantasy of the Good Family—require different conceptual and practical experiments, ones that do not constantly pit all forms of relatedness against the Good Family as kinship's proper (and only) form. Taken together, the discourse of "cultural difference" at once brackets the historical and political-economic conditions for contemporary configurations of relatedness, as well as forecloses the possibility that their alternative forms hold potential, and not simply lack, in their difference. Judging all forms of relatedness against the Good Family results in pathologizing relations that are simply non-normative—a form of pathologization that is, at least in South Africa I try to show, racialized as specifically "black."

In both cases—therapeutic experiments of generational care and the resulting pathologization of all forms of relatedness outside of the Good Family—understanding the historical and contemporary relationships between race, space, and labor is crucial for imagining and practicing forms of care adequate to the ongoing aftermath of the settler-colonial project. Throughout the dissertation, I trace how differing conceptualizations of space, race, and labor at various socio-political moments in twentieth century South Africa are the crucial matter through which

normalcy and pathology are rendered intelligible—and, as a consequence, cared for (or not). In the next section, I show how the Location as an urban form of segregation was made possible through medical discourse, tethering, I argue, questions of race, space, and labor to medical practice in profoundly important ways in historical and contemporary South Africa.

The Location Strategy

Or, Why Race, Space, and Labor are Inextricably Linked to Medicine in South Africa

As Rosalind Morris (2008: 96), following many others, reminds us: “the history of modern South Africa is... indissociable from the history of mining.”⁶ With the discovery of diamonds in the late 1860s in Kimberly and gold twenty years later in the Witwatersrand, the question of who would complete the massive amounts of extractive labor required to capitalize on the wealth became central⁷. With resources concentrated in circumscribed parts of the country, and the black majority largely dwelling in rural areas far removed from those resource-rich centers, an effective system of migrant labor became paramount to completing this world-historical extractive project. The history of migrant labor has thus been at the center of South African historiography. Especially for isiXhosa-speakers, the Glen Grey Act of 1894 marked a turning point in the modality of migrant labor. Passed by Cecil John Rhodes, the act imposed a labor tax by reorganizing land tenure to

⁶ Beginning with the history of mining is already a conceit for understanding the historical relationships between race, space, and labor in South Africa. Many would turn to the original colonization of the Cape in 1652 by the Dutch. Arriving in the mid-17th century, the Dutch originally settled to set up a port for the Dutch East India Company for ships traveling around the Cape of Good Hope to India. In Part II of *The Origins of Totalitarianism*, Hannah Arendt (1968[1951]) shows how slavery was the Dutch/Boer response to both what seemed to be infertile land and a large indigenous black population. Race, Arendt argues, was not simply about the encounter with differential skin pigmentation but rather with radical alterity, with the possibility that those encountered are both humans and yet subsumed by nature. The fact that nature was the only “reality” for the indigenous population—that is, that no “human” reality was constructed to complement or dominant such primacy of nature—was the event of horror through which race was congealed in the Cape. In Arendt’s words, they appeared to be “phantoms, unreal and ghostlike” (1968: 192). Jean and John Comaroff, in *Revelation and Revolution, Vol. 1*, show how such a state of affairs was disrupted by the arrival of the British and their constitutive liberal-humanist civilizing mission. In this work, the Comaroffs show how this moral economy—along with a philanthropic spirit of civilizing cultivation—formed the groundwork of the orientation of the evangelicals toward their mission in southern Africa. In so doing, “they were self-consciously acting out a new mission of global history, setting up new frontiers of European consciousness, and naming new forms of humanity to be entered onto its map of civilized mankind” (Comaroff & Comaroff 1991: 309). The imaginaries of Africa accompanying such an orientation represented Africans as the natural “foil” to the enlightened European. While such representational hierarchies endured, there was still a British assumption of “unity” among human beings that provided the impetus for civilizing: because humans are naturally the same, all should have the same opportunity and potential within the guise of the liberal-humanist European. This produced a contradiction within prevailing use of slaves (see fn. 6): if one was to posit the “unity” of humans, then the argument for slavery was effectively undone. However, as the Comaroffs (1991: 120) argue, “anti-slavery rhetoric gave voice to the notions of value and interest, humanity and society, civility and nature—in short, the ontology—integral to the triumph of capitalism.” Anti-slavery rhetoric, of course, did not place in question the opposition between civility and slavery, it simply reinforced the maxim of the missionaries who would travel to South Africa: “that the pursuit of enlightened self-interest contributed to the moral and material benefit of all” (Comaroff & Comaroff 1991: 125).

⁷ The entire history of mining and its requisite labor is too complex to cover fully here. For the history of migrant labor in relation to gold mines, see especially Jeeves (1985) and Moodie and Ndatshe (1994). See Packard (1989) for how health and the body were affected through the migrant labor system. For work on diamond mines and migrancy, see especially Turrell (1987) and Worger (1987).

individuals rather than communes, forcing Xhosa men into employment to pay the tax levied on their families (either in mines or in commercial farming). Because Cape Town was neither an industrial nor extractive center at the turn of the 20th century, there were few “African” migrants in the city, making their increasing presence both a novelty and a great source of anxiety for colonial officials.

In 1900, the bubonic plague arrived in Cape Town by sea, carried by a shipment originating in Asia. This was a particularly turbulent time in the Cape Colony, then politically controlled by the British Empire, as it was at war with the Boer Republics of the Transvaal and the Orange Free State in what is known as the South African War or the Anglo-Boer War⁸. In early 1901, the first human infections were identified, mostly among black dockworkers differentially racialized as “Coloured” and “African/Native.”⁹ At the time, Cape Town had about 64,500 inhabitants, of which about 7,000 were people racialized as “African/Native.”

As Swanson (1977) demonstrates at length, the Cape Town medical establishment immediately associated the disease with the relatively new presence of black “Natives,” particularly in the “slums” in which they dwelled. Interestingly, “Natives” were not contracting the disease at the same rate as either people racialized as “Coloured” or whites were. While the idea for a “Native Location” had been on the legislative agenda—similarly to deal with the “unsanitary” conditions of black “slums”—since the late 19th century, its implementation became a priority with the increasing numbers of infected people in Cape Town. Under the auspices of the Public Health Act, the first Location¹⁰, called “Uitvulgt” and later renamed “Ndabeni” to be “culturally sensitive,” was created on a sewage farm on the Cape Flats. People racialized as “Native” were moved on mass to Ndabeni to contain the infection their bodies threatened. It was one way that, as Willoughby-Herard (2015: 124) puts it, “public health fulfilled state mandates for producing and protecting white life.” The central technique of colonial and apartheid control—the Location, and its related strategies—was created to deal with the “infection” of urban space by black people racialized as “African/Native.” As Swanson (1977: 396) concisely argues,

⁸ The war’s origins are multiple and complex, and has captured the sustained attention of historiographers since its end. While the specificities exceed elaboration here, many agree that the war was a struggle over the future of political organization of the multiple colonies in what is now the Republic of South Africa, as well as control over the newly-discovered reserves of gold and diamonds in the Witwatersrand and Kimberly, respectively. See especially William Beinart’s (2001: 67-87) *Twentieth Century South Africa*; Leonard Thompson’s (2014: 110-153) *History of South Africa*; and Martin Meredith’s (2007) *Diamonds, Gold, and War: The British, the Boers, and the Making of South Africa*.

⁹ Most colonial documents at this time refer to all indigenous South Africans—including Bantu-speakers as well as Khoi and San—as “Native.” Black people racialized as “coloured” were differentiated, given that many were descendent from slaves coming from India, Indonesia, Angola, Mozambique, Ghana, and Madagascar, and shared the language of Afrikaans with Dutch (Boer) settlers. See, in particular, both Worden’s (1984) *Slavery in Dutch South Africa*; as well as his edited collection with Crais, *Breaking the Chains* (1994); and Shell’s (1994) *Children of Bondage*. Zine Magubane’s (2001) work, however, masterfully unpacks the instability of colonial racializations of indigenous South Africans, which were constantly in flux in the late 19th and early 20th centuries.

¹⁰ While Ndabeni was the first instantiation of a Location in Cape Town, Jennifer Robinson (1996: 50-53) has argued at length that the “location strategy” pre-dates even the mining revolution in the 1860s, tracing the first use of the term to the 1830s near the Kei River in the rural Eastern Cape. However, its urban expression is inextricably tied to biopolitical arguments about sanitation and the threat of miscegenation.

In effect, these guardians of the Cape liberal tradition seem to have been prepared from the outset to undermine for the sake of social and humanitarian concerns an already tenuous future for African liberties—the chance to enter a common society through the urban nexus. Their anxieties focused on the preservation of civilized society, which they believed was threatened with disorder and decay apparent to them in the festering ‘hordes’ of ‘raw natives’ at Cape Town and other urban centres. Their prescription included the major elements of urban policy as it emerged in the generations to come: that Africans should be considered as one category; that urban blacks should remain migrant labour segregated from white society lest they corrupt and be corrupted; and that the means to this end must be compulsory removal or expulsion to compounds and locations. The plague then catalysed this mixture with the fear of a medical disaster.

As the Magistrate for Ndabeni wrote about its establishment in *the Report of South African Native Affairs Commission 1903 to 1905*,

I certainly think that is advantageous from a health point of view to have the natives congregated out there, instead of allowing them to live in Cape Town. From an administrative point of view, as far as the natives are concerned, it is a splendid thing, and I think it is beneficial in every way to the natives themselves (W.G.W. Wright in Robinson 1996: 55).



Figure 5.

“Union of South Africa in 1914”

Courtesy of Ministry for Culture and Heritage, New Zealand History
<https://nzhistory.govt.nz/media/sphoto/map-south-africa-1914>

The objective medical discourse of “squalor” and “hygiene” was thus represented, in quintessential colonial liberal-humanist terms, as something that was good for all Capetonians, even those who now needed to be removed to sanitize the city center. As Parnell (1993) argues, this tradition of mobilizing public health as the ultimate good continued with the 1919 Public Health Act and the 1920 Housing Act. While the Public Health Act predates the 1918 influenza epidemic—resulting in 12,000 “European” deaths and 130,000 “non-European” deaths—it propelled the Act’s implementation into concrete urban strategies of segregation (Parnell 1993: 482). Wilson and Mafeje (1963: 5) argue that Langa and Nyanga, the next Cape Town Locations to be established after Ndabeni, “began because people were living in squalor and the medical authorities were pressing for slum clearance, but they were all also planned as *segregated* areas, to which Africans would be confined.” Thus, in the early days of institutional segregation, public health, as a value-neutral common good, justified the creation of Locations, which directly coincide with rapid urbanization of black people racialized as “African/Native” in these years¹¹. By 1936, Ndabeni was “deproclaimed” as an official government Location because it now encroached on prime suburb space for a rapidly increasing Cape Town population (Fast 1995). As a result, black people racialized as “African/Native” were forcibly moved to Langa, now considered the standard for the urban Location form. Removing black people from the urban center allowed for increasing policing, surveillance, and control, especially as laws tightened tethering urban legal presence to official work.

In many ways, the move from Ndabeni to Langa in the late 1930s would foreshadow half a century of displacement, from Location to Location, as the Cape Town population grew, and black people racialized as “African/Native” were moved further and further from Cape Town’s city center onto the Cape Flats. With increasing urbanization with the economic boom after the Second World War (explored more fully in Chapter 3), two further Locations—Nyanga in 1948 and Gugulethu in 1958—would be established in the first years of Afrikaner apartheid for the double purpose of surveillance and control. This became even more important for the newly elected apartheid government, which ushered in four pieces of legislation that greatly intensified influx control measures: the Population Registration Act (1950), the Group Areas Act (1950), the Native (Urban Areas) Amendment Act (1952), and the Colored Labor Preference Policy (1955)¹².

¹¹ In 1904, just after the creation of Ndabeni, Wilson and Mafeje (1963: 2) cite that there were just over 2,147 “Africans” in the Cape Town municipality; by 1921, that number had quadrupled. By 1936, there were over 14,000 “Africans” in the Cape Town municipality, compared to 173,412 “whites.”

¹² The Population Registration Act was a first step in solidifying the racial order: it required every individual have a racial categorization in a national register, and the dissemination of documents with each person’s categorization. At first, it included Bantu (black African), coloured (“mixed race”), and white; later, a fourth category of “Asian” was added. The Group Areas Act, based on the Registration Act’s racial categorization, mandated that different racial groups live in specific urban zones to allow exploitative labor practices while not contaminating the whiteness of Cape Town proper. The Urban Areas act attempted to differentiate urban Africans from rural Africans, in the simultaneously attempt to continue exploitative labor practices while attempting to thwart overall urbanization. In order to qualify to have legal residence in Cape Town, Africans had to demonstrate: (a) that the Cape was their place of birth; (b) that they had been continuously employed by a single employer for a period of ten years; (c) or had permanently resided in the city for a continuous period of fifteen years. Dependents of any of the above three classes were also authorized to stay. If a migrant did not qualify, they were required to obtain a permit, valid for only 72 hours, to enter the urban area to look for work.

If Ndabeni was the first urban Location created to further the settler-colonial project, Khayelitsha, the main Location of my fieldwork, was one of the last. Located about thirty kilometers from Cape Town's city center, Khayelitsha means "New Home" in isiXhosa. Established in 1983—just three years before pass laws would be effectively abolished in 1986—Khayelitsha was one of the hopes to enforce influx control, which were rapidly disintegrating at that time. If the Location form temporarily solved the "Native urban problem," one way black South Africans resisted the formalizing control of the Location space was by squatting, creating a new genre of urban settlement in the squatter camp. As Muthien (1995: 169) put it, "with the tightening of influx control during the 1940s and 1950s, squatting increased as a means to evade pass controls and to escape the omnipresent control over people's lives in the location." One of the most important squatter camps, and the one most closely tied to the establishment of Khayelitsha, is Crossroads.

Crossroads squatter camp was first settled in late 1974 and early 1975 in tandem with increasing militaristic demolitions of other informal settlements on the Cape Peninsula. As Cole (1987) shows, Crossroads drew a great diversity of "African" Capetonians—those who had been in Cape Town for decades, recently arrived migrants, women, multi-generation families, employed and unemployed people. By mid-1976, so many people had moved to Crossroads it was designated a "legal" emergency camp, quickly becoming "a symbol of black resistance" and the breakdown of apartheid influx control measures more broadly (Surplus Peoples Project 1984: 27; see also Makhulu 2010: 595). Increasingly militaristic plans to demolish the township were halted temporarily in 1978 when Piet Koornhof, replacing Connie Mulder as the Minister of Plural Relations, came to Crossroads to attempt to negotiate a political truce that would keep the settlement from being demolished. At first, Koornhof suggested the development of a "New Crossroads," with less strict control laws, especially in letting "illegal Africans" with employment to stay. However, with rising tensions between Crossroads groups collaborating with Koornhof, and the continuing raids and deportations that were supposed to be abolished in the agreement, a new plan was devised: to create another settlement, Khayelitsha. Not unlike the originary move from Ndabeni to Langa, the goal was to create a "black city" far away from the city center, and eventually displace people from their homes in Langa, Nyanga, and Gugulethu—formal Locations much closer to the city center—to Khayelitsha. In this way, Khayelitsha was the last push to implement influx controls, an attempt to control and surveil the il/legality of black migrant laborers. Once again represented as an act of benevolent care for the black urban population of Cape Town, the plan re-inscribed a familiar history that attempted "the removal of all Cape Town's legal Africans to Khayelitsha... [as a means to] ensure more efficient control of the population (and the labour supply in particular) beyond the city so that unrest may be more effectively quelled without disruption to the life and economy of the city" (Surplus Peoples Project 1984: 107). Further, As Dave Dewar and Vanessa Watson put it in the *Cape Argus* on June 30, 1983,

"The Khayelitsha proposal, therefore, is a recipe for social and economic disaster. The combined effect of high rents, high transport costs, high commodity prices, length and enforced daily commuting, inadequate social and recreational facilities and isolation from the rest of the city, on a group already experiencing severe social and economic problems, is hard to imagine."

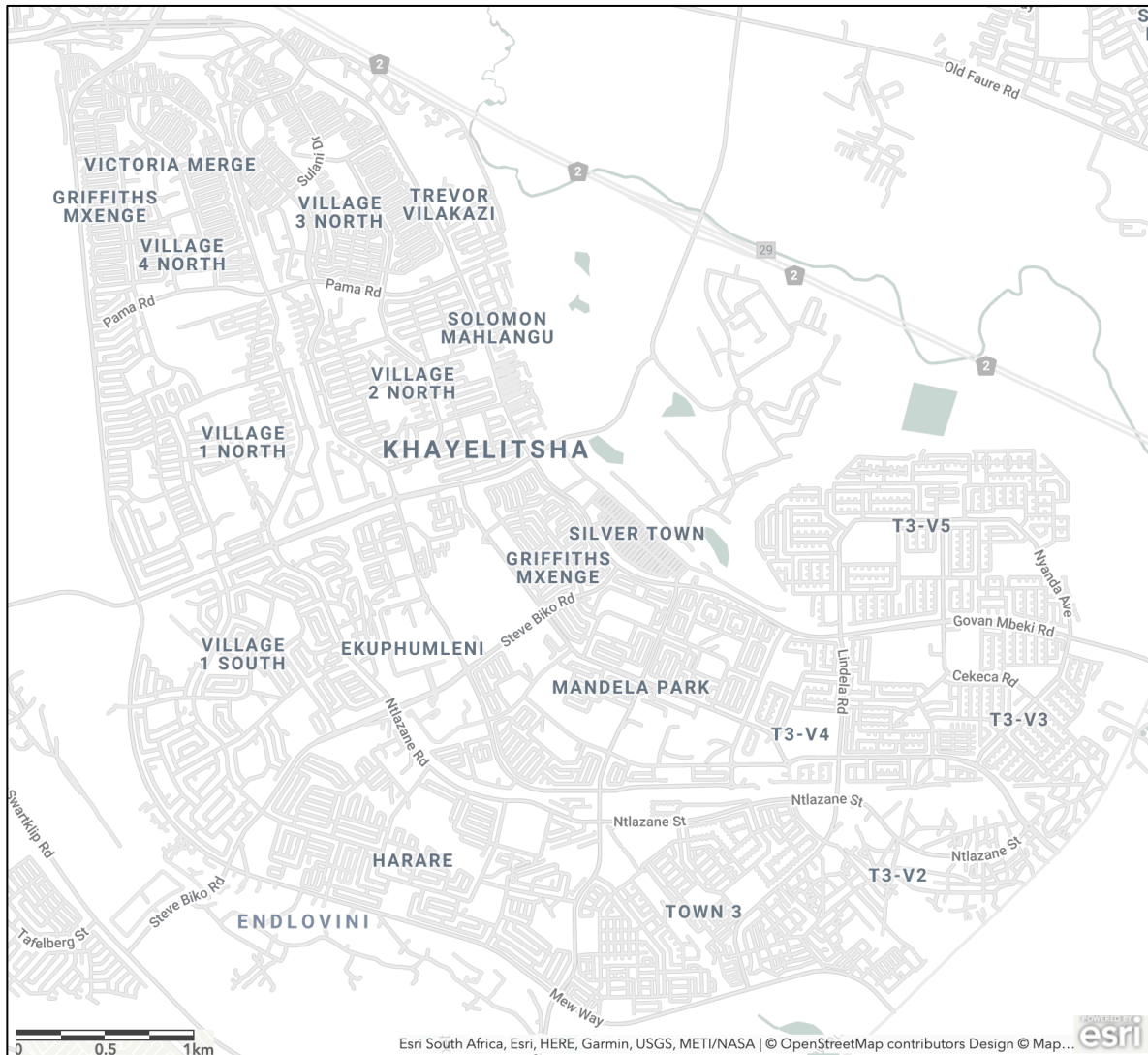


Figure 6.
 “Khayelitsha”

On my first day at the clinic in August of 2015, Viwe, the clinic manager told me, “Khayelitsha is so violent because it originated in violence.” Invoking Koornof specifically, Viwe told me that the space of the township is so laced with the history of “political violence”—referring to government raids, resistance and retaliation, as well as ongoing taxi wars—that it continues to profoundly inform the space. The Location is the material, palimpsestic expression of four hundred years of settler-colonial rule, racialized dispossession, and forced migration—a space that witnesses the sedimentation of history as it returns and is reworked in the present. The fact that urban Location in Cape Town was first legitimated through a biopolitical recourse to a “healthy” urban space is not an artefact of urban history. Rather, I suggest throughout the dissertation that medicine and medical interventions more broadly are inextricable from the interplay of race, space, and labor, both historically and in the contemporary moment. Surely, the history of South African psychiatry, I suggest in Chapter 2, is also a story of the anxieties of black urban presence—and continues to be crucial in understanding the contemporary psychic and structural afterlives of colonialism and apartheid.

“What Explains Everything?” The Good Family and Generational Care *Or, the Argument*

“We don’t actually know what man is, or just what is essential to him; whether it is money or sex or pride...Does psychoanalysis win out over Marxism? Does all depend on the individual or on society?...Psychoanalysis or Marxism must not, under the protest of having discovered the source or one of the main sources of human conduct, pre-empt all experience, all feeling, all suffering, all the byways of human behavior, and call them profit motive or Oedipus complex.”

—Albert Memmi, *The Colonizer and the Colonized*, 1957

Sitting in clinical supervision on the Cape Flats, a white South African psychiatrist was talking about the problem of diagnosis. He told us, “Psychiatric diagnosis is difficult because the diagnosis should explain all of the anomalies, not just some of them. Few solutions explain *everything*. In this case, what explains everything?” His answer—the consequences of which will be explored at length in Chapter 3—was the mother: the mother is erratic, the mother is inattentive, the mother is “abusing” substances. The failed mother could explain everything. This scene, in many ways, illuminates the central object of critique throughout this dissertation—discourses, and their consequential practices, that attempt to explain everything. It highlights not only the individualization that happens in psychiatric diagnosis, but the epistemological framework behind it: all cracks, cervices, and anomalies must be explainable, must fit together in the framework itself. In this dissertation, I am interested in the different ways psy-experts I knew attempted to explain everything—and, more broadly, the modern (psychological) frameworks that hold such tenacious power for generalized explanation of pathology and failure in individual, familial, social, and political life. As I explore at more length in the second chapter, anthropological research (and its predecessors, importantly ethnology) has had enormous influence on the development of psychological and psychiatric knowledge and practice. In different chapters, for instance, I show how contemporary attachment categorization originates from an ethnography of mothers in rural Uganda in the 1960s; how Boas’ liberal anti-racist orientation inaugurated a long-standing tradition of racism by appealing to cultural difference; how cybernetics, which has its roots in British social anthropology, became central to understanding the family as an “emotional unit” to be cared for in a need therapeutic genre called family therapy; or how British social anthropology’s theory of structural-functionalism was integrated into adolescent developmental theory, explaining everything from anti-social behavior to gang violence. Surely, Sigmund Freud’s archive for his developing theories were profoundly ethnological—something that Foucault, at the end of *The Order of Things*, argues should come as no surprise¹³.

While these are important precursors whose animation I explore in the present, the frameworks that tend to hold generalized, value-neutral power in explaining everything tend to be theories, discourses, and interventions oriented toward early childhood development. The modern world, and its forms of knowledge, is irrevocably attached to the first years of life. In a crude reading, the

¹³ See Foucault’s (1994[1966]) *The Order of Things*, Part V, “Psychoanalysis and Ethnology,” of Chapter 10 (“The Human Sciences”); as well as Chapter 2, “Freud and the Sacred Grove,” in Ranjana Khanna’s (2003: 66-98) masterful *Dark Continents: Psychoanalysis and Colonialism*.

history of the sciences of the mind has been the production of frameworks that, in many ways, explain everything from a person's inability to engage romantically to gang violence to genocidal war—all related to the first years of life. Because of this tenacious attachment to the early years of life, a series of techniques and practices have been implemented to control subject formation *tout court*—if only one can control what happens then, the hopeful-anxious discourse seems to go, then maybe we won't have problems later.

But, as with all forms of control, there is excess, slippage, deviations, that which inevitably escapes the attempt at control (Cooper 2019). As Ian Whitmarsh (2014: 866) puts it, “With authority relations—such as a mother or a sovereignty—what we seek is more convoluted than any need, and what we get is never quite what we asked, always less than we desired, and more than we bargained for.” To be crude, this is to say that all attachments fail in one way or another, that all formation is violent and non-felicitous. What if that is joyful, and not dangerous? How unlivable would life be if we weren't all broken? Taking seriously the claim that all attachments fail, the central problem for me is that, in many places around the world—from the United States (Spillers 1988, Stack 1974), to Jamaica (Thomas 2011), to South Africa—failed attachments are racialized as a specifically “black” phenomenon, quickly becoming something that can explain everything. Postcolonial violence? Poverty? Domestic abuse? Test scores? Because of failed attachments, because of the Bad Family. It does, in its monstrous beauty, seem to explain everything.

In this way, the attachment to early childhood as the formative duration that determines mostly everything later in life is profoundly temporal: the results of attempts at control are always delayed, and when there are problems, the solutions tend to rely on post-hoc denunciations of the ultimate culprit, that violent impression, scene, experience, or life that can explain a given failure, or set of failures, in the present. Much like Janet Roitman's (2014) intervention in *Anti-Crisis*, the post-hoc narration of “crises” (in this case, in early childhood: “unstable,” “absent,” or “non-devotional” care of an infant) provides the most spectacular alibi for “failures” in the present, and in the process tend to occlude a much larger set of circumstances, or the fact that almost anything can be made into a crisis in the right power/knowledge circumstance. Too much love, not enough love, the wrong kind of love from the right person, the right kind of love from the wrong person: the list of the failures of loving a child during these formative years is endless. What is so fascinating about theories about early childhood is that they explain everything through a complete inability to know anything for sure: the work of therapy provides the productive space of speculation about why, after all this, we are irreparably broken. But such speculation—the grid of intelligibility of what is proper, stable, unconditionally “present” love—is always based on a relational norm: the Good Family.

From early psychoanalysis to cutting edge epigenetics on childhood development, one thing remains the same: the assumption that subjects are formed in and through a nuclear family triad. The forming subject, the child, is placed in a triadic relationship with a biological mother and father. The circumstances of the forming—was there “unconditional” love, presence, care, support, money, opportunity, play, etc.—become the crucial ground through which later failures can be understood. However, I would suggest, such ideal, stable circumstances are a fantasy, which are never realized by any family, anywhere.

The tenacious assumption that all subjects are formed through this triadic relationship—one in which a broken, though autonomous, individual is produced through the violence of the parents—has been the object of critique for many anthropologists¹⁴. In *The Empire of Love*, Povinelli (2006) charted a theory of love's relationship to the settler-colonial enterprise, showing not only how the nuclear family form is a figure of cultural imperialism, but also how normative love is at the very core of the possibility of liberalism. Povinelli (2006: 182) writes,

“It is my contention that the phantom nature of the intimate event [the nexus at which normative love between two people is made possible through liberal fantasies of the self-determining individual on one hand and the presumptive discourses that pit structural constraints on an individual's self-determination on the other] is a critical mechanism by which the history of the liberal present is written, liberal life constituted and distributed, liberal forms of evil apportioned and punished, the good figured; and against which experiments in progressive mutual obligation beyond the conjugal couple and biological family are formulated.”

If one takes seriously (and as I hope has already been demonstrated at length in the discussion of the Location strategy) that liberalism and white supremacy are powerful, mutually-reinforcing, co-

¹⁴ The “new” kinship studies of the 1980s and 1990s has been crucial in this regard. In trying to find a way of writing and understanding relatedness outside of the traditions of objectivation and systemization of earlier studies of kinship, this very diverse group of anthropologists and critical scholars called into question questions of power, gender, race, sexuality, and political economy in enduringly important ways.

In *Modest_Witness@_Second_Millennium.FemaleMan@_Meets_OncoMouse™ Feminism and Technoscience*, Donna Haraway (2015[1997]: 265) puts the dissatisfaction aptly: “Ties through blood—including blood recast in the coin of genes and information—have been bloody enough already. I believe there will be no racial or sexual peace, no livable nature, until we learn to produce humanity through something more and less than kinship.” Gayle Rubin's (1974) “The Traffic in Women;” Carol Stack's *All Our Kin* (1974); and Rayna Rapp's (1982) essay “Family and Class in Contemporary America: Notes Toward an Understanding of Ideology” are all regarded important pre-cursors to what would later be solidified as “new kinship studies” through their differential emphases on gender, sexuality, race, and political economy as central to the study of kinship. Such an intellectual turn to the “new” is usually traced to David Schneider's (1984) work *A Critique of the Study of Kinship*, which provided a thorough re-thinking of the unquestioned place kinship has had in anthropology, pointing to the Western bias that enabled kinship to become an object of study at all. In 1987, Jane Collier and Sylvia Yanagisako edited a collection, *Gender and Kinship: Essays Toward a Unified Analysis*, that brought together a wide variety of scholars committed to a feminist analysis toward significant issues in kinship studies. A year later, Marilyn Strathern's (1988) *Gender of the Gift* made a watershed contribution in combining a renewed feminist politics as well as poststructural analyses of representation to re-think long-standing depictions of Melanesian social and cultural life; similarly, her *After Nature* and *Reproducing the Future* (both published in 1992) furthered this project. Other significant contributions to this literature in the 1990s included Kath Weston's (1991) *Families We Choose*, a major contribution in combining a burgeoning queer studies (perhaps following in the footsteps of Rubin two decades before) with kinship studies; and Sarah Franklin's (1997) *Embodied Progress*, which intervened by showing emerging place science and technology would have in a new kinship studies. The volume *Relative Values: Reconfiguring Kinship Studies*, edited by Sarah Franklin and Susan McKinnon (2001), was an important consolidation of these major contributions. In that volume, Michael Peletz's (2001) essay “Ambivalence in Kinship Since the 1940s” argues that it is ambivalence—the fact that kinship and relation frequently involves both violence and care, pleasure and pain, reciprocity and obligation—that marries both the “old” and “new” kinship studies. This is not meant to be an exhaustive list of contributions to kinship studies in this time, as I have left out many important works; rather, it is meant to give a sense of the kinds of contributions, orientations, and critiques that have laid the foundation for this work.

constitutive bedfellows, then this normative form of love—that which is felicitous in and through the production of the Good Family as fantasy—is also at the very core of the maintenance and reproduction of global white supremacy. But, the question becomes, how exactly does, given the quantitative difference in forms of relatedness, the Good Family become reproduced in this fashion with unquestioned force and quietude? Aside from blanket statements about imperial imposition and unequal relations of power, what gives the Good Family such tenacious purchase in the present? Perhaps unsurprisingly, the ethnographer’s answer is in the details—and, at least in South Africa, the questions of space, race, and labor are, once again, paramount.

The Good Family is a family who is in space with each other. Presence and unconditional attentiveness are the marks of care for the Good Family, both of which seem to assume that care for a child is primarily about being physically with them in space. However, what I try to show here is how absence is the ultimate form of care for many South Africans, and how such configurations of relatedness are completely unintelligible in psychological discourses that assume the Good Family at the outset. As detailed across the chapters, the forced spatial extension of families—inaugurated by British colonial forces and intensified by Afrikaner apartheid—is one of the most visible and enduring afterlives of the South African settler- and extractive- colonial project¹⁵.

I heard an exchange like this one almost fifty times over the course of my fieldwork:

- “*Were there disruptions in attachment?*”¹⁶
- “*No, the child lived with the mother and father uniformly since s/he was born.*”

vs.

- “*Were there disruptions in attachment?*”
- “*Yes, major. The child never met his father and his mother sent him to live with his aunt in the Eastern Cape, returning to Cape Town when he was eight years old.*”¹⁷

In the first instance, the fact of a family’s dwelling together—being in space with each other—assumes felicitous presence, care, and warmth. In the second instance, the nuclear family being out of space with each other assumes that the child never experiences formative, “true” parental love¹⁸. But what if unconditional *absence*—and not presence—is the most supreme act of love for a child?

¹⁵ Psychologists in South Africa and elsewhere have written about the limitations of the nuclear family form in relation to psychotherapy, which I explore at length in Chapter 2. However, as I will argue at more length there, much of this literature continually relies on understanding the nuclear family as a “cultural difference,” which evades the politics of race. See, however, Naidoo (1996) and Baldwin (1989) for two radical critiques of psychology in relation to the nuclear family that foreground race, rather than culture.

¹⁶ I follow Elizabeth Davis (2012) in using italics for narratives that are either substantive composites of many interactions or precise paraphrases of specific conversations. In this case, it is the former.

¹⁷ I would anticipate readers thinking such composites ungenerous, as many psy-experts would question the conditions of attachment beyond such technical facts. I would direct such readers to the completely under-resourced chaos and grounded realities of public mental health or social welfare provision in any major city.

¹⁸ See, in particular, Nancy Scheper-Hughes’ (1992) *Death Without Weeping* for a dense undoing of the modern universalism of the mother-infant bond.

In the past decade, medical anthropologists in particular have turned to “care” as a rich site in which to understand relation, violence, economy, politics, and the like¹⁹. Many of these works, such as Angela Garcia’s (2010) *The Pastoral Clinic*, have sought not to sanitize care as value-neutral good or source of uninterested altruism but as one intimately entangled with violence—perhaps a relational condition of care’s possibility. While the ambiguity of care has been thoroughly established, what constitutes “care” remains perpetually ambiguous. I would wager that almost all forms of care—such as the generational form I will discuss next—like the Good Family, assume active co-presence. However, given both the demands of the exploitative colonial, apartheid, and post-apartheid economies, presence has not defined care for many South Africans for some time. Surely, as my friend would put it, and as I will dwell on at length in one chapter:

— “If a man is around, in some ways he is not really a man, because how can a man not care for his family?”

While this utterance is particularly gendered, perhaps reflecting my interlocutor’s own generation of coming of age during apartheid, a similar, though different, dynamic is true for women, both before and after apartheid²⁰. Referring to the fact that the only way to endure the apartheid (and, for many, the post-apartheid economy) is to be elsewhere than where your family is, my friend was making a rather profound statement: that unconditional absence, as a coercive historical force that stretches into the contemporary, was the ultimate signifier of care. However, given that nearly all psychological theories and interventions cannot possibly *think* let alone *practice* a form of therapeutics which does not pathologize absence fundamentally, the Good Family is reinforced as *the* sovereign form of relatedness. Global white supremacy, in this way, is reproduced quietly through such pervasive psychological discourse precisely because the Good Family fundamentally obscures alternative forms of relatedness—and the historical conditions undergirding them—as well as their potential. By alternative forms of relatedness, I am referring to the formation of subjects where sovereign autonomy is not the end point; where dependence and not independence shapes relation; and where formative relation is not just a biological mother and father but also a

¹⁹ Arthur Kleinman’s (2006) *What Really Matters* mobilizes care as the site through which to understand a “moral life”—as those relations and things that matter most to people living in an occluding, chaotic world—particular through narrative and stories. Annemarie Mol’s (2008) *The Logic of Care* argued that care is not reducible to a liberal logic of individual choice, but rather is formed in a complex collaboration between contradictory desires, aspirations, and outcomes that characterize the relational encounter of caring and being cared for. Angela Garcia’s (2010) ethnography, *The Pastoral Clinic*, explored the lives and families of recovering heroin addicts in New Mexico, revealing how love, care, and violence are inextricable, and showed how a new ethics of care is necessary to capture such complexity and ambivalence. Miriam Ticktin’s (2011) *Causalities of Care* brought together the new humanitarian studies with the literature on care, further elaborating the violence of care. More recent work, such as Ian Whitmarsh’s (2014) essay “The No/Name of the Institution” showed the potentiality in applying to institutions the same values and categories we do humans and human practice; if the institution enacts violence, so, perhaps, it does love. Lisa Stevenson’s (2015) *Life Beside Itself* showed how care is perhaps not only violent, but actually murderous. Through an analysis of the psychic life of biopolitics, Stevenson (2015: 7) showed how the Canadian state’s “forms of anonymous care in the colonial/post-colonial context...exhort Inuit to live while simultaneously expecting them to die.” Again, this is not meant to be an exhaustive list but a set of formative work that shows the diversity in approaches to care.

²⁰ See especially the discussion of Sindiwe Magona’s (2009 [1991] *Living, Loving, and Lying Awake at Night* in Chapter 6, “Night / Time & Space.”

multiplicity of different formative others, both biologically related and not, both human and non-human. For instance, in Chapter 3, I show how diagnostic certainties about space and kinship (that the only way to achieve stable subject formation is through continuously nurturing environment through unconditional presence of a heterosexual parental pair) completely misunderstand alternative forms of relatedness, judging all family arrangements against the Good Family as kinship's proper form, resulting in an enduring pathologization of non-normative relation. Or how in Chapter 5 I show how assuming the individuality of the subject of care goes hand-in-hand with a certain theory of cyclical violence, which assumes non-normative relation is pathological and dangerous precisely because it is *not* the Good Family, creating a self-determining cycle that needs to be "broken" by normative therapeutic interventions.

In this way, I anticipate being read as being against psychoanalysis or psychology. Psychoanalysis as a *framework* foregrounds the fundamental relational nature of subjectivity, that no self is possible without relation to another; it undoes the modern fantasies of "knowing oneself," "intentionality," and "consciousness," focusing its efforts on the less-than-conscious that can never be *known* yet are formative of the self; it foregrounds the power of fantasy as that which makes life possible and livable, destabilizing the modern appeal to reality; it allows room for play in the realms of dream and myth, bracketing the modern fetish of the objective; and it refutes liberal periodization and progressive temporality by foregrounding the multiplicity of mnemonic temporality, and particularly how violence—intimate and historical—tenaciously lingers and returns, repeatedly, with great force. Psychoanalysis, even though it is a quintessentially modern form, paradoxically provides a refuge from modern life that leaves room for our inability to account, fully and in totality, for ourselves. That is all fabulosity—in theory. What concerns me is how the trace of the (most times African) other is embedded as a trace in psy-frameworks, which is later mobilized in practice to pathologize that other. And while an argument could be made that a "true" reading of psychoanalysis undoes the figure of the Good Family by its appeal to multiplicity of relation is important, that is not how it is mobilized in the practices I saw in South Africa. There is a stark difference from psychoanalysis' potential as a theoretical heuristic and its mobilization in grounded interventions (especially in the context of under-resourced public mental health care).

In juxtaposition to the Good Family, I trace the forms of care that are made possible through a shared history of struggle, as well as intimate understanding of precarious life in the Location in the present, or what I term "generational care." The clinic is about movement not simply because at least half of all therapeutic practices happen outside of the clinic's walls, but because the experience of moving between spaces, historically and in the contemporary, is a foundational condition of nearly every case. And this is not simply "known" by the grassroots therapists in an intellectual sense, but is a lived, intimate part of their own personal and collective histories. The clinic is elsewhere because the condition of being suspended in space, of being in-between here and there, is not just an artefact of their client's histories and presents, but is of the therapists' themselves. By generational care, I refer to a series of caring practices, techniques, and conceptualizations that are based on a shared history of struggle, dispossession, violence, and displacement. Practices of generational care profoundly understand the temporal juncture of the present: that is, how the historical violence of collective displacement articulates with a (much) less-than-liberated present. In doing so, such practices start from the assumption that generational

relations that straddle this moment—between the promise of liberation and its ultimate failure—is the ground of possible intervention and care, not the individual who is afflicted. Thus, I argue that the therapists’ impetus to care is formed by a complex history of recognition between their lives and their clients’. While I elaborate what I mean by “recognition” at more length in the first chapter, for now it is suffice to say that it is based on the affective force produced when the therapist recognizes a part of their history in the history or present of a client.

This poses particular problems for the normative Euro-American psychotherapeutic imaginary. This imaginary generally pits a subjectless therapist against a broken patient. The subjectlessness of the therapist is incredibly important for this imaginary: therapy should be a place that focuses on the thoughts, identifications, desires, and fantasies of the patient, not the therapist. The subjectlessness of the therapist also allows for one of the most important parts of the psychotherapeutic imaginary—transference. Not present as a person on their own terms, the therapist can be a field that a patient can fill with affective content, making the therapist their mother, lover, or other other as they work through a complex series of identifications, feelings, and desires through verbal engagement. Reading generational care through this normative lens would, I suspect, generate anxiety: that such recognition is dangerous and unprocessed countertransference; that therapy becomes just as much about the therapist as the client; that the possibility of catharsis is thwarted by competing, unpoliced identifications floating chaotically in the therapeutic space.

However, I argue that what emerges is not an over-identified or over-invested therapist, but one whose intimate understanding of history and its afterlives sets the ground for care between two generations who straddle a very complex political moment. In caring for a “born-free” generation, the therapists traverse a mnemonic landscape from which they (and their own children) are inextricable. In this way, I argue that because generational anxiety—the question of why history seems to be repeating itself on a generation who was supposed to be “born free”—sets the ground for the therapeutic process, the relationality inherent in “generation” is also extended to the practices of care themselves. Rather than caring for a distressed “individual,” the therapists cannot help but see the two generations as inextricable, which changes the subject of care—from an individual to the social and generational relations that bind a collective. In the process, a therapeutic experiment that enacts a form of decolonization not based on shared “culture” or “ontology” solely, but through a shared history. In this way, generational care is a political therapeutic (cf. Giordano 2018), one that is aimed at the intimate details of ordinary lives, as well as the possibility that a different future may be possible through alternative forms of care, especially forms that understand (and live) alternative forms of relatedness.

Given the fact that the clinic is based on a form of child/adolescent psychiatry, many might argue that all forms of family therapy or social work more generally shares the impetus to provincialize the individual toward the family/collective. In *The Policing of Families*, Jacques Donzelot (1979[1977]: 131) traces this orientation thoroughly:

“In the beginning, it [child psychiatry] was not tied to the discovery of a specific object, of a mental pathology peculiar to children. Its appearance derived from the new ambitions of general psychiatry, from the need to find a base, a ground in which to root all the anomalies

and pathologies of the adult, in the form of presynthesis; to designate a possible object of intervention for a practice that no longer wanted to limit itself to the management of confined individuals, but sought to preside over the whole social enclosure. *The space of child psychiatry emerged in the space hollowed out by the search for a convergence between the prophylactic cravings of psychiatrists and the disciplinary requirements of the social apparatuses* (emphasis in original).²¹

Donzelot is pointing to how the move toward the family/the social was not about attempting to de-individualize psychiatry, but to find a prophylaxis for adult pathology. In the process, the child is interestingly de-centered from child psychiatry, as the aim is to identify the pathology in the adult which expresses itself in and through the child. The child is thus not the proper object of intervention; it is the formative adults, their larger social world, that is responsible for such affliction. Thus, in pivoting away from the individual, pathological adult, child psychiatry—and, as Donzelot shows, in conjunction with social work—legitimated an opening for intervention for a collective. This is done in the hopes, much in line with theories of attachment and childhood development, that later pathology may be prevented by preemptive intervention and control.

In many ways the grassroots therapists are, even if indirectly, trained to think about pathology and family in this way (their official designation, tied to Western Cape provincial pay scales, is “social auxiliary worker”). And given that they are supervised by the psychiatrist and a psychologist, they are accountable to the clinic and the state—through assessment, documentation, judgment, diagnosis—to practice the norms of child psychiatry by the book. But just as Stefania Pandolfo (2018) shows us in *Knot of the Soul*, the institution and its violent therapeutics are not totally incommensurable with ethical practices of care amid an impossible present, ones that at least recognize the truth of history, even if they fail. In this vein, I want to stress how generational care is a series of therapeutic experiments, which refuse the normative confines of the psychotherapeutic encounter (even if quietly). And experiments fail. But I do think such practices help us rethink our commonplace assumptions about, for instance, the presumed a-political nature of therapy (where the patient only looks in and not out); the fantasy of an individual subject of care; the place of identification and recognition in therapy; the presumed importance of “culture” over history in “sensitive” mental health care; and the disciplining effects of the institution and its modes of subjection through diagnosis. A shared history and present predicament hovers over these forms of care, which profoundly destabilize those therapeutic truisms. And so throughout, I try to show the tension between the ideal of generational care and its limitations by the normative confines of modern knowledge, veracity, and truth. And so, perhaps, it is this struggle, this tension, this “friction” (Tsing 2005), that marks the space of analytic focus throughout.

Given that the majority of stories that animate this dissertation are those of the last generation that lived apartheid, generational care is also practiced from that perspective, one that in many ways clash with the lived experience of their subjects of care, the “born-free” generation. I show how the therapists’ forms of care—which can be disciplinary, judgmental, suspicious, anxiety-laden—also produce forms of violence in their mistranslation between the generations. I thus want to be careful to not romanticize the practices of the grassroots therapists, as if their forms of care are

²¹ Many thanks to Torin Jones for highly suggesting this text.

always felicitous, have no politics, or could be somehow free of misunderstanding or violence altogether. As human practices, they are subject to failure. And so, in tracing what I see as generational care through the dissertation, I also want to foreground its own ambiguities, in addition to what I see as its potential in the present.

The Black Atlantic in Africa, and Other Scandals

On Conceptual Archives and the Ultimate Object of Critique

In the third chapter, “When Attachments Fail,” which I have shared in various iterations and forms, I draw on Hortense Spillers’ (1988) classic essay “Mama’s Baby, Papa’s Maybe: An American Grammar Book.” In doing so, I draw attention to the resonances between discourses of failed attachments in South Africa and the perverse pathology of Moynihan report, which inaugurates Spillers’ analysis of the captive body. The response, almost uniformly for United Statesian audiences at least, has been incredulity at my audacity to mobilize Spillers in South Africa (and was told on multiple occasions that the only “appropriate” literatures to consult are those on migrant labor internal to sub-Saharan Africa). In doing so, I did not intent to smuggle a “transatlantic epistemology” (Wright 2015) to a radically different context, but to demonstrate the resonances—the aftermath of unfree labor, rural-urban dynamics, liberal forms of pathologization, the mistranslation of alternative forms of relatedness, and of course the profoundly gendered and racializing dimensions of such discourses—not simply to lazily note the “similarities” between two fundamentally and radically different contexts.

More broadly, throughout the dissertation I draw on a diverse archive of conceptual resources, some of which are American scholars writing about racial formation in the aftermath of the Black Atlantic—an archival decision that requires careful scrutiny. In many ways, the idea that the conceptual archive of the Black Atlantic would be selectively harnessed to understand the African postcolony does not seem all that scandalous. As a spatial concept, a mode of writing, and an orientation to the fundamentally racial structure of the modern world, the Black Atlantic is inherently relational: a material space that connects two continents through the irreparable violent history of transatlantic chattel slavery. And while “diaspora” remains a largely unidirectional concept—from there to here—many have started to question the singularity of diaspora, asking what happens when it is made multiple (e.g., Zeleza 2008). Other work, however, appeals so heavily to historical specificity that it ends up bounding and fixing diasporas in their place. While diasporas should of course be understood in relation to their specific histories, diaspora is also fundamentally relational because it refuses fixity, it connects multiple spaces and the structural, social, political, and lived elements of their connection. Relationality is never unidirectional, but dialectical. If this is the case, why is there such resistance to understanding racial formation in African postcolonial contexts with the conceptual help of US Black studies and vice versa? The argument is usually grounded again in historical specificity: the Black Atlantic is a resolutely singular historical experience—which of course it is—and as such it does not have purchase for other radically different histories. The afterlives of chattel slavery are circumscribed to the US context, they are fixed in space. What are the risks of leveraging US Black studies toward understanding race and racialization in Africa? What are the risks of appealing so heavily to historical specificity that the resonant solidarities produced in the face of global anti-Blackness are fragmented, divided and conquered, through such fixity?

Of course racisms and racializations are *not* transhistorical: the contours of racial discrimination and violence find their nuanced expressions not only in different places, but in different places at different times. An important task of ethnographers of race and racialization is to understand the intimate practices and processes of racisms and racializations that, as Kamala Visweswaran (2009: 60) put it following countless other scholars, “produce the objective reality of race at any given historical moment.” But does that mean because the specific contours of racialization are radically different in different places mean that their resonances cannot be captured to understand a collective concern—that is, at least for me, the reproduction and acceleration of global white supremacy? Perhaps no two places produce such amplified tensions as these than the United States and South Africa, two nation-states who imagine themselves as resolutely exceptional in the global community, and two places where racial formation in relation to capital have taken some of the most violent forms.

In his crucial essay, “Race, Articulation, and Societies Structured in Dominance,” Stuart Hall (1980) reflects on a similar concern. Occupied with the seeming Manichean division between different conceptualizations of race’s proper relation to capital, Hall shows how neither economic rationalizations nor sociological relativizations are adequate. The economic theory would posit that all racial formations, and the consequential racism produced, can be explained by political-economy: the structure of capitalism itself determines racial formation. The sociological theory, on the other hand, appeals so heavily to ethnographic locality and historical specificity that it ends up thwarting the possibility of a tentative, but more robust, theory of the relationship between race and capital as a global condition. The former’s determinism leaves no room for specificity, the latter’s myopia no room for relational and resonant connections.

Hall takes up South Africa as having particular salience for trying to understand this conceptual Manicheanism. Approaches to the political-economy of apartheid—which, as Hall (1980: 309) aptly puts it, is characterized by “drawing...on both ‘free’ and ‘forced’ labour”—reproduce the binary he is weary of. The economic rationales rely solely on class: race is simply the ancillary means by which the working class is fractured. Not only does this not account for the legacy of indirect rule under the British colonial regime, the engine for apartheid’s migrant labor system, but it also assumes no (racial) differentiation in the Marxist category of the “working class,” where black and white laborers are somehow thought to find themselves in the same relation to capital (which does not account for: 150 years of slavery as Dutch institution, indirect rule, colonial tax, spatial segregation, homeland sovereignty, pass laws, capital-pastoral articulation, and, and, and...). The sociological approach would focus so much on historical specificity of the expression of racial formations that only superficially, if at all, address the question of how Capitalism—and capitalisms—articulate with racial formations, and their consequential racisms.

Surely, the term “racial capitalism,” which would become a hallmark of US Black studies through Cedrick Robinson’s (1983) monumental *Black Marxism*, was a central term for understanding the apartheid regime. In fact, Robinson first heard the term while on sabbatical in England, when he was writing *Black Marxism*, while engaging intellectuals trying to understand the apartheid economy (Kelly 2017). Of course, Robinson’s central contribution was to try and account for the relatively underdeveloped place that race has in the Marxian story of capitalism and its future, and

in this way, was attempting the ambitious project of accounting for a global theory of capitalism where race was not simply an ancillary fracturing mechanism for what was truly just class struggle but rather at the very core of its possibility. Robinson's encounter with racial capitalism, however, was of a different order for the South African(ist) intellectuals: they, on the other hand, were talking about a specific theory—that is, one of capitalism's specific forms that has a distinctively racial character. Hall might ask: but are those two projects necessarily at odds?

The transnationalism of the Black radical tradition is well known: that Steve Biko would first encounter Fanon through the Black liberation theology of James Cone while *Wretched of the Earth* was still contraband in apartheid South Africa; that US civil rights invoked South Africa's situation frequently to foreground a global struggle; that Neville Alexander (1979, under the pen name of No Siziwe) would develop his crucial counterpoint to white Marxists' conceptions of capital and race through his engagement with the work of Oliver Cromwell Cox (1948) is of no small importance. They all demonstrate how radically different histories—transatlantic chattel slavery, colonial war in North Africa, apartheid in South Africa—share certain collective concerns about the worldly contours of racial capitalism, and about anti-Blackness as a global phenomenon. Their conclusions are different; the local political struggles are different; the forms of subjugation and violence are different: but there is a collective recognition that historically and spatially specific forms of racial formation are part of a larger structure of dominance, a recognition that I think is crucial for scholarship wishing to be simultaneously conceptually rigorous, historically grounded, ethnographically specific *and* grounded in praxis toward forms of substantive social justice in our contemporary world.

What is particularly interesting is that is not just the Great White Men Theorists—Marx, Foucault, Althusser, Gramsci surely come to mind—who are thought to produce theory so exceptional that, somehow, they are given a transhistorical pass to relevance everywhere. Great Black Men Theorists as well—Fanon, Césaire, Du Bois surely come to mind—are similarly not limited to historical context. Rather, it is particularly Black women's conceptual and historical work that is thought to be limited to the sites of their creations²². This is in no way to say that Hortense Spillers “explains everything”—as that psychiatrist so forcefully said—as there are definite limitations to the application of her work to South Africa. But some of the central questions of her work—the places and processes of pathology, kinship, space, labor, migration, rural-urban dynamics, and gender in the aftermath of the “freeing” of labor—have supreme resonances, which must be carefully unpacked, in South Africa. The point is not to claim that both places are the same, that race and racism has a transhistorical character, that difference is really just similarity in the end. Rather, it is to point to how the study of historically specific differences in racial formation, racialization, and racism articulate with a larger world structured in racial dominance—to emphasize the resonant solidarities amid the continued reproduction of global white supremacy²³.

²² I think of Alexander G. Weheliye (2014: 6) in *Habeas Viscus*: “Foucault's and Agamben's ideas are frequently invoked without scrutinizing the historical, philosophical, or political foundations upon which they are constructed, which bespeaks a broader tendency in which theoretical formulations by white European thinkers are granted a conceptual carte blanche, while those uttered from the purview of minority discourse that speak to the same questions are almost exclusively relegated to the jurisdiction of ethnographic locality.”

²³ My use of the “global” is particularly inspired by the work of Jemima Pierre (2014: 2), especially the *Predicament of Blackness*, which “links the continent's [Africa] current condition and predicament to a set of global cultural and

Outside the Door of My Mind: Positions, Spaces, Queer Style

Or, Why Everything is Bad, and Why that's Not Necessarily a Bad Thing

Finally, the question remains how I find my self, my body, and my experience in the spaces that animate this dissertation, and the constitutive ethical-political conundrums of my problematic positionality. In the introduction to *Of Mules and Men*, Zora Neale Hurston explains her choice to go to Eatonville, Florida to collect folklore. Justifying the decision to her mentor, Franz Boas, Hurston (2008[1935]: 1) said that “Florida is a place that draws people—white people from all over the world, and Negroes from every Southern state surely and some from the North and West.” Referencing the plethora of white folklorists and anthropologists who have collected black lore and written extensive, well-received works on the subject, she tells us that is it not as easy as it sounds, or looks. Hurston (2008: 2-3) writes,

You see we are a polite people and we do not say to our questioner, “Get out of here!” We smile and tell him or her something that satisfies the white person because, knowing so little about is, he doesn’t know what he is missing...The Negro offers a feather-bed resistance. That is, we let the probe enter, but it never comes out. It gets smothered under a lot of laughter and pleasantries.

The theory behind our tactics: “The white man is always trying to know somebody else’s business. All right, I’ll set something outside the door of my mind for him to play with and handle. He can read my writing but he sho’ can’t read my mind. I’ll put this play toy in his hand, and he will seize it and go away. Then I’ll say my say and sing my song.”

In anthropology today, uncertainty is embraced as an epistemological intervention, one that destabilizes the fetish of the certain in favor of dwelling in a more indeterminate space, one more adequate to the forms of life encountered²⁴. In this dissertation, I find it necessary to foreground my uncertainty as a political statement, not an epistemological one. As Hurston so forcefully articulates, my positionality as a white man in predominately black marginal spaces necessitates an acknowledgement of that which I can’t ever know—especially give my body’s status as an immutable sign of my enduring complicity with global white supremacy, a complicity I can never be outside of. No matter how perfect my language, how long I spent, or how much I read, my body places serious limitations on the knowledge that is being produced by these words. Surely, in the pages that follow, I will linger on a statement, an utterance, or a perceived practice at length, and consequently making—sometimes rather large—claims about them. Those moments may simply be that which was laid at the door of one of my interlocutors’ minds, a discursive toy with which to play, so I might finally go away. As my reader, I hope every word I relay from another will be met with the appropriate skepticism of the limitations of my possibility to know. This, however,

political configurations that include race as a key aspect of identity and community formation, as well as to histories of other similarly structured communities outside of the continent. My ultimate hope is to demonstrate the potential for a global theory of racial formation that has broad implications, in this age of extensive transnational interactions, for exploring and rethinking identities and communities as well as for challenging ongoing structures of race and power.”

²⁴ See, for example, Giordano (2014) and Stevenson (2015).

does not absolve me from the errors that will surely mark the following pages. Engaged in this work as I am, I am accountable for both that which I can and cannot know²⁵.

While questions of race are clearly central to my argument and analysis, I (at least try) to stop sort of making any claims about blackness—that is, the being of race. That I can never know, and should not try to know. Because of this, most of my analysis of race is confined to racialization—that is, the processes, techniques, and practices that tether immutable characteristics to a given race, which, in the process, become naturalized and discursively circulated as essence with profoundly material consequences. Thus, my arguments should not be read as claims on blackness, but rather how blackness is pathologized through intimate, localized, and grounded discourses and their practices. As a consequence, I anticipate that many readers will think my analysis of racialization is overdetermined at the outset, pointing to my lack of generosity in understanding the nuances of professionals' practices, my lack of sympathy (empathy?) for them, or lack of deep understanding of their very difficult jobs.

A theorist once wrote, “Wrong life cannot be lived rightly²⁶.” Detracting from the endless pursuit of the analysis of the “good life” in moral philosophy, he was pointing to the occlusion wrought by wrong life, that no anticipation of the good is possible when life is, itself, wrong. The task of critique, then, is a sustained, relentless examination of the wrongness of the contemporary world without necessary recourse to finding something recuperative amid the wrongness. That does not mean there is no potential and generativity—wrongness, after all, produces the things and relations that make up our lives. Rather, I engage the questions through what I call queer style, which is about saying everything is always bad—which, I think, isn't necessarily a bad thing. By queer style, I refer to a genre of engagement that foregrounds complicity as the condition of possibility for critique. In so doing, making everything bad is an ethical point of departure for critique, where the point of critique should always be to emphasize, in painful detail and sequins, why this world isn't enough, to paraphrase Jose Muñoz (2009: 1). Moderate critique is never adequate because it legitimizes this world. Everything is bad.

To say that everything is bad, however, is not ungenerous. Queer style is always about generosity, though that form of generosity may be veiled—or is in drag, if you will. There is no outside to wrongness, myself and this dissertation included. Queer style is relational in the truest sense: a trace of the object of critique makes the criticism itself possible. It is thus not about good guys versus bad guys, as I'm sure parts of this writing will be read. Rather, it is about dealing with the fact that everything is bad, that there is no outside to badness. I thus do not purport to hold a moral high ground over the colleagues whom I critique (some of whom I call friends) but rather think of it as one bad person (me) holding another bad person accountable for their badness in wrong life.

²⁵ In addition to making this statement in relation to my problematic positionality, I am also particularly influenced by John Jackson's (2013) re-evaluation of the unquestioned status of “thick description” in anthropology. In *Thin Description*, Jackson (2013: 14) writes, “Thick description, in a sense, has always been thin...Ethnographic spaces become dense with the swelling, the inflation, of resident anthropologists, and all the thicker, ironically, when they choose to shrink from view, omnisciently offstage, puppeteering things far above the storyline. It is a thinness invested in an occulted version of anthropology, one that would pretend to see *everything* and, therefore, sometimes sees less than it could.”

²⁶ Adorno (2005 [1951]: 18).

It is generous to tell someone why they are bad because it is a badness you, the critic, are always implicated in, a badness that you, too, make possible and enduring. It is much easier to not say anything at all. Telling each other why we're both bad in wrong life is an act of generosity (in drag).

In Summary, Then

The first chapter, “Who Do You Think the Patient Is?,” provides an ethnographic opening to the clinic, the people who make it possible, and the practices that occupy them. In doing so, I examine one case of a family who comes to the clinic to seek care for their depressed son, Luxolo. Exploring the historical resonances between Luxolo’s mother her son’s therapist, I show how clinic staff refuse to understand Luxolo’s distress in individual terms, and rather orient their care toward the generational relations between the two of them, or what I will call “generational care” throughout the dissertation. I track how the therapists need to meet the demands of psychiatric categorization and diagnosis, while nonetheless resisting its individualizing capacities toward a form of generational care. Overall, I argue that generational care is a political therapeutic, based on the affective force of recognition of a shared history of violence and struggle, and demands a re-thinking of the place of “culture” in purportedly sensitive mental health care.

The second chapter, “Mad Urban Areas,” is a predominately historical examination of how South African psychiatry has been constituted in various socio-political moments in the 20th century. By tracing the interplay of anthropological theory of the “nature” of the “primitive mind” and its mobilization in burgeoning psychological theories, I suggest that the relational interplay of race, space, and labor have been the ground upon which normalcy and pathology have historically been determined. Moving to how psychological theories of urbanization and “deculturation” exploded during apartheid, I show how the move toward “cultural sensitivity” did profound legitimating work for the apartheid regime’s project of separate development. Rather than drawing causal links between vastly different times in the country’s history, I suggest that race, space, and labor continue to be an enduring triad in which “healthy” psyches are rendered intelligible.

The third chapter, “When Attachments Fail,” explores the afterlives of the migrant labor system. Today, this spatial legacy of apartheid remains a part of kinship structure, with families spit between the space of the urban township and the rural village. As a long-standing consequence, children are raised largely in between the two spaces by a variety of caregivers. This chapter explores the knowledge practices that attempt to make sense of this legacy in the present. For psychologists working in the area, such a legacy becomes translated into the language of “failed attachments”—an attempt to explain the deviant child in terms of his or her failed attachments growing up between spaces, people, and worlds. I explore the tension between experts who disavow the spatial legacy of apartheid in creating what become known as “failed attachments,” who in the process pathologize the black family by framing non-normative modes of relatedness—those outside of the nuclear family form—only as a form of lack. I show how psy-experts appeal to “cultural” difference actually evade the politics of race and consequent racisms by judging all forms of relatedness only against the nuclear family as kinship’s proper form. In this way, I argue that the imposition of the nuclear family form is not best understood as Eurocentrism, but rather as anti-blackness legitimated through expert discourse and practice. The chapter calls for alternative

therapeutic experiences that can understand subjection and relation outside of the ideal of the liberal human.

The fourth chapter, “History as Image,” shows why drawing the kinship diagram (common to global child psychiatry, referred to as a “genogram”) is considered the “heart” of a case. I trace the history of genogram from early British ethnology at the beginning of the twentieth century, showing its emergence and deployment in Commonwealth colonial projects. I further trace the genogram’s shift from a focus on genealogical descent to a representation of a system, which gets picked up in a new genre of therapy in mid-century United States called family therapy. Harnessing the history of the visual form, rather than being a codification of kinship, I argue it is diagrammatic image of a collective history of violence that represents the relations that endure in spite of it—relations that can be drawn on as resources for recovery. As such, the image pictures a collective subject through history, which traces the dislocations, movements, and displacements that are constitutive of the lived experience of apartheid spatial policies and their aftermath. The genogram as “image” is, perhaps, a living archive of generational care.

In the fifth chapter, “It’s Strange When Something Doesn’t End,” I show how psychiatric theories about the nature of repetition—especially in assuming racialized communities are caught in interminable “cycles of violence”—pathologize intergenerational relations and assume there can be no “end” to violence until the cycle is broken by normative therapeutic interventions. I trace up widespread representations on the relationship between gang violence and masculinity, as well as discourses of “spaces of violence” in Cape Town at large. First, I argue that the spatial imaginaries of Cape Town—which are profoundly racial and racializing—further exacerbate the forms of violence they purport to police by assuming it is only such violence outside the institution’s walls. Second, and building on the second chapter, I argue that the Euro-American fetish of the first two developmental years of life—the time in which violence is inflicted that will be repeated later in life—is creating a new form of biopolitics, one that is oriented not to the non-normative body but rather non-normative ways of existing in the world such a body signifies, where intervention pre-dates birth. While “repetition” is largely read for its generativity in understanding the enduring return of violence, I argue that its application to racialized communities has a self-determining effect by assuming no future but a violent one. The task, I argue, is to carve out a theory of temporality and subjectivity that foregrounds the legacies of violence without a deterministic futurity. By taking up a different conceptualization of the “cyclical history,” I argue that holding the future in abeyance may hold potential.

The sixth and final chapter, “Night / Time & Space,” is a visual exploration of the conflicts that emerge in practices of generational care. I start by asking why staying out at night-time was frequently listed as a “presenting problem” or “symptom” for caregivers bringing their children for counseling. I show the differential affective charge of the night-time between two generations of South Africans who live in Location spaces—an older, who grew up in the countryside and a younger who grew up in the urban. Tracing the history of apartheid urban planning, stories about the transformative and dangerous potential of the night-time between generations, I argue that the night-time is a symptom because, as a space, it holds the affective intensities of different generations of memory as they are woven, worked through, and worked out in a dreadfully long present. The kind of generational care that is attempted in the present—the harnessing of a violent

past toward the possibility of a different future—finds its ultimate task in the space of the night-time, a space where intergenerational impasse plays out most visibly.

CHAPTER ONE

Who Do You Think the Patient Is? *Generational Care as Political Therapeutic*

When you arrive at the clinic, you are met with a twelve-foot cast-iron gate, guarded by a private security company. Inside: a waiting room, or more like a waiting hall, with four chairs facing a desk hardly ever occupied; three offices, two therapy rooms, and a small conference room with a kitchenette. The walls: brightly colored, lime green, yellow, pink—with few windows, having brightly colored walls, perhaps, gives the illusion of just a little more light. One day in January 2016, I was rushing to make the clinic’s weekly clinical supervision meeting. Every Friday, a psychiatrist and clinical psychologist alternate to supervise the most severe cases of the week, taking leave from their academic positions and private practices in the leafy suburbs just south of Cape Town’s city center. I arrive, sweating, the entire team—four therapists, a student intern, and the service manager—composed as ever, sitting at the conference table, making plans for the weekend, waiting for the supervisor, who, on this day, was unable to attend. The service manager, Viwe, sitting at the head of the table, decided that we should take the opportunity to review clinical supervision as a practice: what was its purpose? how was it helpful? how could it be improved? And so, we each took turns reading different parts of a Clinical Supervision Guide, which was type-written and photocopied at least 20 times, a palimpsest of marks, creases, and shadowing that kept the doubled document in circulation since 1994, the year of the transition¹.

We get to the “Personal History” section of the document, with Nobuhle, the third most senior therapist, reading. “This is the history of the identified patient (IP)...—” She keeps reading, but I stop for a second. “IP” means “identified patient?” Having been working at the clinic for six months at this point, I was used to calling our clients IPs, but simply thought it meant “Intake Patient,” noting that the top of the clinic’s assessment forms read “Intake Form.”

Nobhule continued to read:

This is the history of the “identified patient.” We use this term of signify that we know that sometimes the person who the family thinks is the patient with the problems is not really the patient at all. Many times it is someone else in the family who has problems and these problems may be causing problems in the child. So we are saying that we understand the family has identified this child as the patient but that we will keep an open mind about who has problems. EG: a father who is sexually abusing his daughter. Who do you think the patient is?

¹ This document, titled “Case Presentations,” was written by Kim Richardson in September 1994, but was not officially published to my knowledge.

—Silence, but everyone smiling, too: we sat with the question, all excited and uncomfortable.

Zoliswa, the most senior therapist, sitting right across from me, started: “Both are patients, but different kinds. The poor girl would be traumatized and would need treatment for that, while the father’s issues are likely deeper, and he may need to be institutionalized permanently.” Nobhule entered the conversation: “The IP is the primary person in need of the kind of care we can give. The father needs help, you see, but not psychiatric help: he needs to be incarcerated.” The third therapist, Nomakwezi, or Noma as I would begin to call her, the only clinician with a formal degree, is attentive and careful, always seemingly weighing the possible benefits from contributing versus not contributing at all. Noma agreed with the above two statements: that both were in need of care, but of different kinds, and that both problems weren’t for us.

Everyone nodded hesitantly, I think happy that silence was finally broken, that things were in motion.

Viwe, playing devil’s advocate, responded right away: “I hear you all, but... specifically, why do we *think* the father is also a patient? How do we come to that conclusion? Put another way, what makes it worth assuming that the father is also a patient?”

—Silence again, this time heads down. Finally, Nobuhle started discussing a case, saying that she could only answer the question by relating it back to her own clinical practice.

“We were just there, Steve and I, on a home visit. Mama lo, Makhaza section 44.” *The IP, age 14, was referred by the school for excessively aggressive behavior, who is also being bullied because of his weight, and who is dealing with the death of his biological father. His father, his mother’s husband, died of HIV/AIDS-related TB three years ago. His mother’s subsequent partner was stabbed to death on their block a year ago, a dispute over money. He is currently not going to school at all, as his mother is currently trying to get him placed at a different school, but the Department of Education is not making it easy. His mother was diagnosed with depression, and currently gets a disability grant for her mental illness.*

By marshaling her experience with this difficult case that we had been working on for over two months at this point, Nobuhle finally answered Viwe: “It’s worth assuming the parent is a patient because the child is only aggressive because the mother is depressed. The best way I could help that boy was to get his mother care for her depression. We all know what she is dealing with: you see, that is what is affecting the child.”

Many might read this response as a typical, even banal, insight of child and adolescent psychiatry: the identified patient in question should not be individualized, but placed in the context of their familial and social worlds. Surely, as Jacques Donzelot (1997) reminds us in *The Policing of Families*, child psychiatry was not originally developed to treat mental illness peculiar to children and adolescents. Rather, Donzelot shows how child psychiatry was created to satisfy a “prophylactic craving” of general psychiatry—that is, to prevent later adult pathology by widening the scope of intervention. In the process, child psychiatry aimed “to designate a possible object of

intervention for a practice that no longer wanted to limit itself to the management of confined individuals, but sought to preside over the whole social enclosure” (Donzelot 1997, 131). Child psychiatry’s emphasis on familial and generational context is thus not about appealing to a collective form of care as a way of provincializing the individual, but rather to target a larger, social pathology. In this way, Nobuhle’s answer represents the quintessential orientation of child psychiatry—that is, treat the parent in order to treat the child. But to leave it there would also miss something more profound: her unique positionality and that of her colleagues more generally.

In his work on colonial representations of reason and madness in the exploration of Central Africa, Johannes Fabian (2000, 227) reminds us that the English word “recognition” has three varying translations in German: “*Erkennen*, as in ‘I know these persons or objects when I see them’ (cognition), *Wiedererkennen*, as in ‘I know them because I remember them’ (memory), and *Anerkennen*, as in ‘I give them the recognition they deserve’ (acknowledgement)” (see also Fabian 1999). Fabian argues for a shift to recognition-as-remembering, a way of knowing that requires a mutual recognition of a shared past as a process of self-transformation that has promise for the post-colonial present. I will argue here that the therapists’ impetus to care is based on this second form of re-cognition (*Wiedererkennen*), or what I will call knowing-through-remembering, while nonetheless having to meet the demands of (re)cognition (*Erkennen*), knowing-through-seeing, imposed by the state and professional psychiatric practice.

I argue that while the therapeutic process here is played out in a normative psychiatric clinical space, the therapists’ practices elaborate a more nuanced political project, what I will call a “political therapeutic” (cf. Giordano 2018). Seeing how the post-apartheid era has only accelerated the reproduction of violence on black youth who were supposed to have a different set of possibilities after liberation, the therapists’ practices are not oriented toward individual psyches, but rather toward this generational uncertainty and its constitutive social relations, or what I will call “generational care.” I show how such generational care is caught in a double bind of recognition: between providing care as a political therapeutic by recognizing the reproduction of historical violence in the present on one hand, and the demands of the state to recognize affliction through concrete psychiatric diagnoses on the other. Thus, as I will try to show, what separates normative child psychiatry from generational care is a shared history of forced migration, racialized dispossession, enduring displacement, as well as a precarious present—that is, the way the therapists know both through memory (of their own histories and presents) and sight (through the disciplined standards of normative psychiatric practice).

In what follows, I track how the therapists navigate such competing forms of recognition—between the political project of thwarting the reproduction of violence on a post-apartheid generation, known through their own memory of the last decades of apartheid, and the normative project of providing such care through the psychiatric apparatus by collecting evidence and concretizing affliction into a clear-cut diagnosis. While the traditional move in the cross- and trans-cultural psychiatry movement has been to foreground the translation of “culture” as the vehicle through which to provide more adequate care might be practiced (Kleinman 1987; cf. Kirmayer 2012; cf. Giordano 2014), I argue that it is a shared history, and not necessarily culture, that enables novel forms of care. The therapists’ embodied knowledge of a violent history can be re-conceptualized as a powerful form of expertise that transcends and destabilizes the normative imaginary of the

psychotherapeutic encounter, as they attempt to intervene on a critical political moment. Rather than reduce such therapeutic encounters to the violence of psychiatry's modes of categorization, I suggest we see the subjectivity of the therapists as a form of potential in the present, as elaborating a political therapeutic amid the ruins of the liberation project and the continued reproduction of historical violence in the present. Enabled by an intimate relationship to a violent past, therapists' practices of generational care—mediated by these different forms of recognition—intervene as a political therapeutic in the present as an attempt to thwart the reproduction of historical violence on those supposedly “born free.”

The Spaces and Times of Clinic: Four Encounters

The spaces and times of the clinic are set up to help answer the question “who do you think the patient is?” As the child is only identified as a patient, the clinic employs different spatial and temporal arrangements to elicit different information from the different actors involved, a standard practice in child and adolescent psychiatry generally. By switching the spatial arrangement and the temporal contours of when certain information is asked, the presumed result is a more holistic picture of a given family's current circumstance. Because the therapists are trying to figure out who the patient really is—which I am arguing is a political question as well as a psychiatric one—four therapeutic encounters are arranged to try and draw a complete a picture as possible. In this way, the assessment is all about documentation, or as in the terms I've used above, a constantly shifting attempt to (re)cognize (know-through-sight) the “root” problem—that is, who the patient is and why in psychiatric terms—by changing who is seen and heard, by whom, and when.

Many assessments take up to three hours, and it is the task of the therapist to fill out the entire intake form, which is seventeen pages. Such information is not usually gathered in the sequence it appears on the intake form, resulting in the therapist flipping rapidly through the pages as the information is collected, trying to find the information's proper spot. The intake form is in English, and is the main document used for making diagnoses and plans of care under the supervision of an expert, a process that is also done completely in English (while all other clinic processes, including sessions, take place in isiXhosa). While collecting such information, the therapist must at once condense an extensive oral narrative into written form while simultaneously translating that narrative from rapid isiXhosa to succinct English.

Screening is the first step when a new caregiver² and child arrive at the clinic. Ideally, screening takes about ten minutes and is intended to get a general sense of the problems; to determine whether the clinic's services are best suited to those problems; and to determine whether or not the client is eligible (most importantly, the child must be between 5-18, who is still in school, and not currently involved in formal legal disputes). After screening, the caregiver and child are either referred to a more appropriate service, or are booked for an assessment.

² Throughout, I use the term “caregiver” as opposed to parent or guardian because in many cases the person “identifying” a child as a patient is neither a biological parent nor legal guardians of the child. I discuss this at length in Chapter 3, “When Attachments Fail.”

In the first encounter, everyone—the therapist, the caregiver(s), and the child—is placed at the table. In this encounter, the therapist asks one question, mostly only addressing the caregiver: “what is the presenting problem?” The caregiver responds either responds with a list of problems they experience (e.g., low mood, disrespectful, staying out late, aggressive, etc.) or by narrating a recent event in which something about the identified patient was discovered (e.g., stealing, being caught with drugs, etc.). In most cases the identified patient neither speaks nor interrupts the narrative of the caregiver—the child’s generational positioning mandates a deferral to his elders in the room. In my experience, even with the adolescents who were referred for severe behavioral problems, they never transgressed their generational positioning in front of the therapist: they agreed with the presenting problems (however foreign they may seem rendered in their caregiver’s understanding) and didn’t disrupt the caregiver’s narrative (however partial or inadequate to what the identified patient saw as his or her problems). An added difficulty in these moments was a difference in approach between the two expert supervisors. For the psychiatrist, what is recorded on the assessment is not that which is taken for face value based on what the caregiver says, but is the therapists’ interpretation of what is being said. That is, given the interaction—the cadence and tone of the caregiver, their perceived level of concern, their openness, their withdrawal, their hesitance—the therapists should translate a broader impression of what they think is going on, rather than just recording what is being said by the caregiver. The psychologist’s style, on the other hand, was to have the therapists record what is being said as directly as possible, with the interpretive translation happening in clinical supervision, based on the group’s input and questions about the encounter itself.

In the second encounter, the child is placed at another table in the same room. Given the lack of space in the clinic, this usually meant they were about seven feet from the main table, where the therapist and the caregiver sit. The therapist then asks questions the family’s social, economic, and medical history and the possible ways in which they might affect the IP; the child’s developmental history and milestones; his or her progress in school, etc. While the caregiver is answering the therapist’s questions, the child is asked to do an exercise at the table they are sitting at, just there. For this portion of the assessment, the child is present to hear exactly what his or her caregiver is saying both about him- or her-self and their larger family. This second clinical encounter thus operates in multiple spaces and times at once: the narrative of the child from the caregiver, as information for the therapist to determine what is going on; while, simultaneously, the child is both privy to that information but excluded from its production. The space demands a specific kind of multi-tasking, a practice of writing about yourself, as asked, and listening to, but pretending not to, what someone else says about you—about trying to reckon with the different versions of yourself in a space you are present for, but not a part of. The IP must, however, pretend to not know that which is so acoustically proximate to them, as the IP witnesses the knowledge produced about them, in their present-absence just a few feet away.

In the third encounter, the caregiver is asked to leave the room, and they sit in the lobby, waiting. The therapist then reviews the exercise completed by the child or adolescent while the therapist and caregiver were completing the bulk of the assessment. If the IP is a child, they are asked to draw, and also to write down three wishes they have for their lives. If the IP is an adolescent, they are asked to write a brief story of their life, followed by a series of questions (“Write the story of

your life. What is happening in your life? What do you think are the issues? What makes you happy? What makes you unhappy? What is bothering you? What are some possible solutions?”). One day when Zoliswa (the more senior therapist) and I were reviewing the intake forms, she looked at me and said, “Steve, have you noticed that we ask five versions of the same question?” I looked at her and smiled, asking her what she meant. She explained to me that, in many cases, the problem the child or adolescent *think* they have is not the actual problem—for example, longing for a parent they never knew. Rather, she said, in asking the same question in different ways, you push them to articulate something that isn’t totally conscious to them, a better indicator, she argued, for what is “really going on.” The therapist first tries to make the IP feel comfortable, and then starts to ask about the exercise: “Why did you only draw your aunt instead of your mom? (*I don’t know where she is.*) Why do you wish to be a policeman? (*Because I want to be able to protect people.*) Why do you say you’re a failure in your personal history? (*Because I failed Grade 9.*) I’ve seen a wide range of responses by the child. Sometimes they are automatically comfortable, but, for the most part, they seem embarrassed and withdrawn, feeling, I imagine at least, like a stranger in their own history, and sometimes finding it difficult to contradict things that their caregiver said. Out of respect for the professional who is also their elder, they answer their questions, but it not until much later that a spark of connection is formed. Sometimes, however, the child directly contradicts their caregiver’s assessment of the problem, and reveals family dynamics that were withheld by the caregiver.

In the final encounter, the caregiver is brought back in, and depending on what was revealed by the IP in the caregiver’s absence, the therapist attempts a narrative cohesion of the previous three encounters. With all parties back at the main table, a part of the same space, the therapist generally tries to ease the caregiver, who almost always comes in with a look or a statement: *what did she say about me? what did she say about us?* As proof that nothing negative was said, even when it was, the therapist offers the exercise, a document—*look, see, she is just worried about her grades; or, he is being bullied by this person, that is why he is upset.* But if any conflicts arose in between the narratives of the child and caregiver, which were not directly written on the paper, the therapist has to make a decision. *He spoke to me about your boyfriend’s drinking, and he doesn’t like it, it scares him.* The therapist is constantly trying to weigh the benefits and dangers of putting this on the table at this early phase in the therapeutic process. *What if she mentions that to her boyfriend? Is he violent?* Unless there was a major risk evident from the child’s narrative, in my experience, the therapist keeps that narrative of the child for the team, who later advise her on how to address it. The IP, thus, knows what their caregiver said about them, but the reverse is not true, which is an attempt to create a space in which the IP can share their thoughts somewhat freely with the therapist without fear of transgressing their generational positioning in front of their main caregiver. As with the first encounter, the child is always purposefully seated between the caregiver and the therapist. In addition to the assessment, a home and school visit is scheduled by the clinic for the therapist to see the home and school environments and their dynamics. During this time before the formal therapy/counseling starts, the therapist might also follow up with any other medical or social professionals who have been involved with the family.

With information collected in different registers and from a variety of different actors, the therapist takes the full case to the interdisciplinary team at the clinical supervision meeting under direction of the psychiatrist or psychologist, where a tentative diagnosis is set, including a general

determination about who the patient is, and how best to address the specific circumstances of the case. After completing an assessment, a case number is recorded and then reported to the provincial government, who measures organizations' targets for care. In the eyes of the state, a completed assessment in this way counts as a case fully cared for. Much like Donzelot's (1997) assessment, the spaces and times of the clinic are oriented toward the IP's social world as the proper object of future intervention. By shifting the spaces and times of narrative and assessment, the clinic is able to capture a fuller picture of the IP's social world from different perspectives, as the therapists create their own narratives and impressions of the case. In this way, such an orientation toward the "social" is not about de-individualizing care, but about more precisely identifying perceived pathology in that social world.

In the end, the assessment—seen as a document, a record—becomes the central container of knowledge produced about a given case. Clinical supervision, plans of care, future therapy sessions, referrals all become based on the knowledge concretized in the assessment record, which also acts as formal documentation for the state to continue funding the organization. The record in itself is, however, always more excessive than its confined contents, known to the therapists in a less bureaucratic, more mnemonic way. However, the assessment form itself becomes *the* site of sight, the definitive record of knowledge about a family and their predicament, a site from which the rest of the psychiatric process follows. In this way, what is contained in the assessment is that other form of (re)cognition, a discrete set of information that can be (re)cognized, known-through-sight, by the psychiatric apparatus as a normative form of knowledge intelligible to that apparatus. The mnemonic excesses of the case—the identifications between the therapists and the families through a shared history and present—are left out, keeping only the information that is intelligible to the psychiatric apparatus, and the supervising psychiatrist/psychologist in particular. In the following section, I will sketch the contours of these mnemonic excesses through one case in particular, showing the resonances between a collective history of struggle and the ways its legacies stretch into the present, marking the "identified patient." Following this, I will return to the spaces and times of the clinic to see how the therapists navigate completing forms of recognition—particularly through suspicion and judgment. Finally, I consider how the therapists understand their own histories in relation to this care-work, foregrounding the political and generational contours of this form of care.

Who Do You Think the Patient Is?

I wasn't there the first day Zodwa came into the clinic, but I heard the story of her entrance many times in the following weeks: a distressed woman entered abruptly, incomprehensibly crying, her braids roughly chopped, asking that her 15-year-old son be seen immediately³. On that first day, Zodwa presented a set of drug test results from another NGO in Khayelitsha, which said that her son, Luxolo, tested positive for THC after being caught with marijuana at school, with an appended referral note that requested evaluation and counseling by the clinic. The case was reviewed, and they were scheduled for an assessment later in the week, which was particularly quick, and meant

³ Throughout the dissertation, cases, client stories, and some clinical dialogues are slightly modified in the attempt to protect the confidentiality of the clients and therapists.

that certain risk factors were identified as needing urgent attention. The top of the case file, next to the risk assessment section, read: “HIGH: Physical Abuse of the IP.”

Zodwa was born in 1978 in rural village outside of Butterworth in the former homeland of the Transkei under apartheid, in what is now the Province of the Eastern Cape. After Zodwa finished high school, she migrated to Cape Town in 1996 to look for work, just as her father and grandfather did under apartheid. Upon arrival, Zodwa stayed with her mother’s extended family in Philippi, a mixed suburb on the Cape Flats known for its agricultural production in the region. Zodwa first worked intermittently as a domestic worker in Rondebosch, a predominately white suburb ten kilometers south of Cape Town’s city center. Today, domestic work continues to be one of the only sources of employment for black women in Khayelitsha and the Cape Flats more generally. The majority of black domestic workers in Cape Town work for white households who live in affluent suburbs around city center. In many cases, this means a domestic worker must be up by 4am to prepare for the day and to get to work in time for the morning rush, a dangerous time to leave one’s home and move around the township. Many women I knew reported feeling incredible vulnerability and the threat of danger on a daily basis to get to and from work. Because the work is largely informal, white patrons ask domestic workers to do a variety of (sometimes questionable) tasks, which can include childcare, manual labor, cleaning, dog walking, grocery shopping, meal preparation, and errand running. The wage is usually set on a monthly basis with little detail about what the work constitutes or its limits. Many domestic workers are subject to varying kinds of abuse and unremunerated labor, but are left with little leveraging power due to the informality of the work, their gendered and racial positioning in relation to their white bosses, and their uncompromising need for work to support their family .

Luxolo, Zodwa’s first son, was born in 2000, four years after her arrival in Cape Town. Luxolo spent the first year of his life with his mother in Philippi. In 2001, Zodwa moved Luxolo to live with her mother in the same village in which she grew up in the former Transkei, while she stayed in Cape Town to work. Luxolo would only see her, as is incredibly common with this migrant route, during the December holidays, when she finally had some time off—for many families in Khayelitsha, the only time an entire, extended family is together. Five years after Luxolo moved to the Eastern Cape to live with his maternal grandmother, Zodwa was let go of her job. She was unemployed and living with Luxolo’s father, both of whom had great difficulty finding work of any kind, straining both their living conditions as well as their ability to send remittances to the Eastern Cape for Luxolo. Around this time, in 2006, Luxolo’s father was arrested for his alleged participation in a robbery in a generally wealthier section of the township, in which one person died. Luxolo’s father was sentenced to thirty years in a maximum-security prison. After Luxolo’s father was arrested, Zodwa moved to Khayelitsha with her brother, his partner, and their children. Still unable to find work, Zodwa began working in a shebeen (an informal township bar) in Makhaza, a section of Khayelitsha widely known as one of the most dangerous places in the township, where she met her new partner. They married in 2007. Two years later they had their first boy, Sive, and moved into a small shack in Site B, a predominately informal settlement in Khayelitsha. In 2011, Luxolo moved back to Cape Town to be with his mother, stepfather, and new half-brother.

Zodwa and her new husband continued to work in the shebeen, but it took a toll—she was frequently dealing with dangerous situations, mostly late at night, and sometimes on her own, but was used to such vulnerability given her years as a domestic worker. Her new husband began working less and less there, and one day announced he had received a calling to become a sangoma, a Xhosa traditional healer. Zodwa was at first supportive. However, when he started his spiritual training, his behavior began to change: he would disappear for days at a time, come home in what seemed like to Zodwa as a trance, and became increasingly aggressive toward her. After a certain point, the physical abuse was daily, many times after working late, dangerous shifts at the shebeen and in front of the kids, with Luxolo’s attempts to defend his mother usually escalating the conflict. Zodwa told her husband that if he continued to treat her like this, she would leave him; his continual response was always that if she did that, he would kill himself. The evening before Luxolo was found smoking marijuana at school, his stepfather took a spade and cut off Zodwa’s newly done braids—a chaotic scene that the children were forced to witness.

Upon discovering that Luxolo was smoking dagga, the principal referred them for drug testing, who was then referred to a marital/family conflict counseling center in Khayelitsha, where the counselor told her that “nothing was wrong with her husband’s behavior,” and who referred them to a social worker at the Department of Social Development, who in turn started the process of getting a restraining order, and who then referred her to another non-governmental organization in Khayelitsha geared toward victims of physical and sexual abuse, who then finally referred them back the clinic I worked at with the original set of drug results. From the clinic I worked at, Zodwa was again referred to the psychiatric nurse at the community health clinic (or CHC, where public primary care is offered), which was the suggestion of our supervising psychologist after the case was reviewed. At the CHC, Zodwa was then prescribed anti-depressants (like the other case previously discussed, fluoxetine or generic Prozac) and further referred to the district hospital for a formal psychological assessment and psychotherapy with a clinical psychologist. In the over 300 cases I was involved with during my time at the clinic, being bounced around through so many organizations—both public/governmental and non-governmental—was a consistent experience for families, whose means usually preclude them from following up on the multiple referrals they are given. During Luxolo’s assessment, his life story exercise read:

Write the story of your life.	My name is Luxolo. I am 15 years old. I grew up in rural areas and came to Western Cape when I was 8 years old.
What is happening in your life?	There are many things that are happening in my life like I have a stepfather and my father is in prison I cannot even remember the last time I saw him not inside the bars.
What do you think are the issues?	a) My problems are that I have my stepfather are fighting with my mother. b) My father is in prison.
What makes you happy?	Having fun with my friends. Living as a happy family.
What makes you unhappy?	When my stepfather yells and insults my mother, and beat her. When my mother drinks alcohol, and leaves the house.

What is bothering you?

My stepfather when he beat my mother.

What are some possible solutions?

If my family could stay in peace.

After the assessment, the therapist in charge, Nobuhle, decided on a diagnostic impression for both the mother and child, to be presented at clinical supervision. Luxolo was tentatively diagnosed with “attachment issues, relational issues, and substance abuse;” his mother was diagnosed with “depression, possible substance abuse.”

Who do you think the patient is?

Apartheid Syndrome: Generational Care as Political Therapeutic

Eight months after Zodwa initially showed up to the clinic, we sat down to talk about the whole process. She had separated from her husband, and moved in with her brother in a formal house in one of the oldest sections of Khayelitsha. Luxolo was doing much better, and Zodwa had started a part-time position with the Postal Service in Cape Town’s northern suburbs. We talked about her recovery—her word—particularly through her experiences in therapy at the district hospital.

She started,

“The psychologist didn’t prescribe anything because my doctor had already prescribed anti-depressants, so I am coming from him, he says I must take it as a chronic illness. But when I started therapy I wasn’t even taking the pills anymore because I am not getting any better. I am drinking them, I am calm, but at the end of the day, that thing always comes back—the sort of thing I needed to deal with the matter to go on because I can’t be on the pill forever.”

The compartmentalization of her history and present into the clear-cut diagnosis of depression is familiar to medical anthropologists: it was, as I suggested above, another act of (re)cognition (knowing-through-seeing), a condition intelligible to the psychiatric apparatus and state. The sedimentation of her history of migration, racism, violence, and economic precarity is then translated as a condition to be treated as a chronic illness. However, Zodwa resisted the expert’s injunction to think of her condition in terms of chronicity (cf. Garcia 2010). Rather, even with the medication, “that thing” always came back, the intimate and inescapable return of history, both personal and collective.

In discussing her time with Nobuhle at the clinic in comparison to her therapy at the district hospital, Zodwa told me:

“We had problems with my husband, but I did not take note that it was also bothering him [Luxolo], because he was not like hitting them, or harassing them, or whatever he was doing, he would only do those things to me. He would shout me, we would fight all the time, fight,

like physically fight, so it affected them...If Luxolo didn't have this bad behavior, we would all be in the same situation. It made us see what was going on, because you cannot see when you're just living."

Luxolo became an indicator, the identified patient's condition identifying a situation in need of (generational) care. For Zodwa, the entanglement of her own history as it emerged in the present clouded the possibility of knowing how she affected her child—but was something, I suggest more fully in the next section, that was re-cognized (known-through-memory) by her therapist, Nobuhle. Such knowing-through-remembering opened a space for a form of care that redirected attention away from a pathological social world affecting an individual child toward the larger relational history that binds Zodwa, Luxolo, and their therapist, Nobuhle.

Thus, in the process of collecting this history, Nobuhle had to navigate her own identifications with Zodwa's history. Nobuhle was born in 1976, two years before Zodwa, in the large Eastern Cape settlement of Cala, 150 kilometers from Zodwa's place of birth. Nobuhle's mother returned to Cape Town a few months after giving birth, leaving Nobuhle to live with her grandmother in Cala until she was 18, much like Luxolo's own childhood in the post-apartheid era. Nobuhle only saw her mother during the December holidays intermittently, and considered her maternal grandmother—whose partner worked his entire life as a migrant laborer in Cape Town—as her mother. While in high school, Nobuhle's grandmother died and she moved in with another maternal aunt, unable to find her biological mother. Upon graduating, Nobuhle came to Cape Town in 1999 to look for work, staying with another maternal aunt, also a domestic worker, until she found her grounding. Nobuhle's aunt encouraged her to pursue a three-year therapeutic counseling course, something that her aunt had always wanted to do herself, and helped Nobuhle pay for it. One day while visiting a maternal uncle in Enkanini, another predominately informal settlement in Khayelitsha, Nobuhle met her future husband who lived close by. Today, she still lives in the same informal shack with a leaky roof in Enkanini with her husband and two children. Nobuhle is the only breadwinner in her household, and even though she wishes to pursue university-level education, the material needs of her family as well as her gendered, generational, and racial positioning makes such a goal nearly impossible. The near impossibility of what should seem to be an attainable goal for a black woman in post-apartheid South Africa is telling, as Nobuhle would be considered privileged by her peers given her stable, though menial, paycheck, as well as her proximity and access to (mainly white) professional and expert contacts in her field. Nobuhle's and Zodwa's shared histories of racialized dispossession, forced migration, economic and spatial exclusion, everyday racism, housing and environmental precarity, and gendered and generational vulnerability, were amplified and reworked in this therapeutic encounter through the shared identification of a more collective experience. In October 2016, Nobuhle and I sat down to talk. The conversation begun discussing Zodwa and Luxolo's case in particular and then morphed into her more general orientation toward her therapeutic work:

"I thought these cases are hitting me in a way because, growing up, I had so many losses in my life. The loss of my mother was the first one, but I was still young. The loss of my granny, the loss of my grandfather, the loss of my uncle, my father for a while. So, I was thinking: Yho, I have these cases of losses, and while I am helping these children...I was still in the process of grieving because in some cases I would think of my loss."

I asked her why she thought there was so much loss across the generations. She told me:

“I think, Steve, because of the unemployment, first. Because lots of mothers they do not have jobs, so they will go from the Eastern Cape and coming here and saying they are seeking from work, or for job, and the other thing is that they come, the children grew up without them, most of the children are raised by the grannies, some of them they are neglectful, some of them they come and look for jobs.”

Nobuhle characterizes her past as a series of losses, a list of the individuals she lost as a consequence of her history. Such losses are not the contingencies of life, but the grounded, intimate, and lived effects of generations of precarious migrant labor, racism, economic and spatial exclusion, and her gendered and generational positioning therein. Seeing how a post-apartheid generation continues to suffer familiar forms of losses—losses she re-cognizes, knows-through-memory, from a different time—sets the stage for a practice of care for her peer generation as a way of attempting to disrupt such familiar repetitions of loss for a new generation in the present. Viwe, the clinic manager and Nobuhle’s colleague, had a term for this: *apartheid syndrome*. In a four-hour conversation with Viwe in September of 2016, he told me:

“Taking you to, from specifically my background, where I come from, how things were before. Because we are coming from an apartheid situation, apartheid syndrome, where it has affected us in many different ways, where you don’t know how to parent a child, because you have never been in that setting, your father only comes from Joburg in mines, just to create a child and vanish. When the father came back, the child is running away because she is not familiar with her father who is arriving... And then looking for women or a girl child at that time where one who is made to be in a sort of domestic working attitude. And a man is also groomed as this soldier, as this hard worker, specifically in the mine or in the farmyards. You don’t know...how to look after one another because at that time we were not allowed to look after one another. We were not [allowed to be] formed in groups or close families. Apartheid was a syndrome...”

In many ways, Nobuhle and Viwe condensed the material effects of 150 years of British colonialism and Afrikaner apartheid in a few sentences, both foregrounding in their own way the history of migrant labor as well as the gendered relations of labor and livelihood in the homelands under apartheid. The coercive conditions of work—made possible through widespread racialized dispossession and the migrant labor system—displaced black families in more than one way: in addition to the prolonged spatial extension, it also completely reconfigured relations of care to endure the peculiarly apartheid form of racial capitalism. Viwe continued, localizing such dynamics of apartheid syndrome in his own personal history. Talking specifically about his mother in the 1970s (also, like Zodwa, a domestic worker, though under apartheid), he told me:

“She would leave very early and come very late. It was hectic. You don’t have this parental involvement, you will only have sometimes to sit with your mother on the weekends. She will wake up very early and come back very late. If, for me, that is what also, what gave me the desire to become who I am, to care. Right through this process, I started to realize that

something sparks in my head, that I wonder what life could be like for the children who are coming after us, like the young brothers and sisters, because of the hardship. Not only for food. But you suffer in terms of emotion because you lose touch with your own parent arrangement.”

Describing the intimate effects of the apartheid economic and social world on his relationship with his mother “sparked” something for him, an impetus to practice a particular kind of care for those who might come after him—a form of generational care. Viwe’s language is strikingly similar to Nobuhle’s description of how historical resonances between herself and her clients “hit” her. It is this “spark,” this “hitting,” that differentiates generational care from normative child psychiatry—that which makes generational care a political, rather than solely psychiatric, therapeutic.

In *Omens of Adversity*, David Scott (2014) shows how different “generations of memory” imagine and propel forward different political futures. For Scott, “generation” is not to be understood as an age cohort with clear-cut periodization, but as a concept that holds generations in relational tension as they experience, and act on, a shared history differently. Writing on the Grenadan Revolution, Scott argues that while the pre- and post-Revolution generations have different experiences of the same violent history—one experiencing it first-hand, the other only as a “post-memory” (Hirsch 2012)—they both nonetheless experience the aftermath and its continuing legacies. In this way, the present is a shared time that multiple generations straddle, with different experiences of the past, and, by consequence, different imaginations of political futures. For Scott, such political action for the pre-Revolutionary generation is driven by the “affective force” of the lived experience of a tyrannical regime, the embodied memory of such violence. I suggest it is precisely this “affective force,” based on the therapists’ history of struggle, that drives practices of generational care as a political therapeutic: the “spark”—rather than the feeling or thought—that “hits” Nobuhle and Viwe. In helpfully describing the difference between feeling and affect, Hirschkind (2006, 53) articulates the latter as a kind of “pulsation,” as that which is outside of stable linguistic referents. It is based on this his affective force, this knowing-through-remembering, that the therapists attempt to intervene on the current political moment and its generational uncertainties by caring for their generational peers as a form of care for a younger generation. Generational care thus attempts to harness the embodied knowledge of a collective history of violence toward the ultimate goal of stopping its reproduction on a new generation of South Africans in the ruins of the present.

In normative psychotherapy, many might see Nobuhle’s and Viwe’s reflection on their histories internal to therapy as unprocessed grief and (possibly) problematic counter-transference, obstructing their ability to evacuate themselves for the higher good of their clients’ care. In the Euro-American psychotherapeutic imaginary, the therapist should be, in a way, “subjectless”—purposefully holding in abeyance their own personal history and feelings in therapy—and hyper-policing about their own counter-transference in relation to the client. Instead of framing these moments as a therapeutic failure, or as a moment of reflection their counter-transference, I suggest we see this affective “hitting” and “sparking” as precisely that which propels forward their practices of generational care as a novel experiment in care, a particularly political therapeutic. This is not to say that this form of therapy then de-centers the distressed client from their own care, paradoxically re-focusing therapy on an over-invested therapist. Rather, generational care is so

powerful because it is formed and practiced in the affective force of a shared history, a form of expertise that calls for a radical re-evaluation of the normative confines of the psycho-therapeutic imaginary—for instance, the assumed a-political nature of therapy (where the client only looks in and not out); the place of transference and counter-transference in radically different settings and practices; and the assumption that psychiatric practices are solely about “seeing” individual or social pathology.

“The Child of My Child Will Rise:” Provincializing Culture in (Global) Mental Health

The field of transcultural psychiatry has been dedicated to the theory and practice of providing more sensitive, adequate, and care-ful forms of mental health care (cf. Bains 2005). In doing so, its varied approaches have tended to foreground the power asymmetries in Euro-American psychiatry, where Western cultural categories of distress, illness, and dis-ease were (and continue to be) inappropriately imposed on non-Western others. The field has grown tremendously, finding different ways to practice forms of mental health care internal to the categories and idioms of local cultural forms—practices of cultural translation, which Giordano (2014) has demonstrated, that have had both pitfalls and potentialities. In the context I have elaborated above, I find it necessary to question the enduring centrality “culture” has in decolonial approaches to mental health care.

As I will show at length in the next chapter following other scholars, the place of “culture” in South African transcultural psychiatry has had a tenuous history, particularly because the apartheid project of “separate” development was based on a distinctly culturalist justification (see, for instance, Mandela 1956, Biko 2002, Mamdani 1996). Aside from this distinctly South African history, anthropologists have shown how discourses of “cultural difference” have the distinct effect of erasing the historical, geographic, and political-economic conditions of contemporary practices (Thomas 2011, Viswesweran 2010, Scott 1997). In a world of enduring racial and economic inequality, taking the practices of the clinic team seriously demands a re-evaluation of normative assumptions about expertise, care, and the place of the political in therapeutic work. Rather than seeing a shared history as a marker of an over-invested therapist, I suggest that practices of generational care open a space to imagine forms of care adequate to the afterlives of a violent history, both in South Africa and elsewhere. Rather than continually attempting to translate culture, I suggest that therapeutics like generational care, practiced in the relational and affective interplay of a shared history, hold great potential in decolonizing global mental health.

Of course, “culture” cannot be completely disregarded such settings. The fact that Zodwa’s former partner was training to become a Xhosa traditional healer is case-in-point. But such a fact did not need to be translated for the clinic team: it did not indicate for them psychiatric abnormality but rather a very real cosmological calling that was, in the end, rather banal. The point is not to erase culture, but to de-center it as the ultimate vehicle through which to provide more care-ful, decolonizing therapeutics. However, in doing so, I do not want to romanticize practices of generational care as if they could somehow be totally free from violence—as human practices, as experiments in care, they are subject to failure. Surely, as I sketched above, such practices still play out in a normative mental health setting, one that, even with generative positionality of the therapists, creates its own pathologies and violence.

While discussing the idea of generational care with the team on my return to Khayelitsha in 2018, Viwe responded by saying, “If we are vigilant with this care, the child of my child will rise.” This utterance describes the exact aim of generational care: staying vigilant in caring for their generational peers, like Zodwa, is a form of care oriented toward a future rising, a future liberation. In addition to helping community members find peace amid a chaotic and enduringly violent ordinary, generational care is also oriented toward the possibility of a different future, one where the collective losses of past violence are not so profoundly reproduced in the present—a political therapeutic practiced in the relational space between generations.

CHAPTER TWO

Mad Urban Areas

The Racial Politics of South African Psychiatry, in two parts

In contemporary global mental health discourses, the question of labor—usually couched either in terms of “poverty” or “overwork”—is increasingly connected to the prevalence of “common mental disorders”¹. As explored later in the chapter, South African mental health professionals have been at the forefront of this call. This is perhaps unsurprising given the intersection of post-apartheid crisis of wage labor and a tiered medical system, where the former largely affects the black majority, who continue to have unequal access to medical services, particularly in the realm of mental health. In this chapter, I trace why this contemporary convergence of mental illness and labor has a particularly profound significance in South Africa. Overall, I suggest that South African psychiatry has been, for the past century, constituted through the (mis-)apprehension of the relationships between race, space, and labor. In doing so, I also foreground how anthropological theories about the “nature” of the “African mind” continue to be important to understanding contemporary therapeutic dynamics.



The history of psychiatry in South Africa is largely a history about whiteness—at first, failed whiteness, and later, whiteness under siege. Understanding how that came to be is contingent on framing emerging psychiatric knowledge and practice across the British empire, and how such imperial trends find unique expression in the settler-colony of the Cape. At the turn of the twentieth century, British imperial forces were profoundly liberal-humanist: they sought to civilize the uncivilized, educate the uneducated, cure the ill the proper way, and spread the Christian word to those otherwise considered cosmological pagans². Slavery was abolished across the British empire in 1833—at least from the far away British metropole in London—in keeping with such a mission. Thus, problem of the “insane” became a particular conundrum for colonial governance, especially among settler populations. Sally Swartz (2015) shows how concerns over the conditions in particular asylum in Kingston, Jamaica foregrounded the need to ensure humane care for the mad across the British empire in the 1860s, tarnishing the ideal image of “humane” colonial governance.

¹ See, for instance, Weich and Lewis (1998), Patel and Kleinman (2003), Lund et al. (2010), Lund et al. (2011).

² In tracing this history, I thus start with what Lynn Gills (2012) calls “the Psychiatric Hospital Phase” in the 19th century. However, as Gillis (2012), Swartz (2015), and Jones (2012) remind us, there were also various forms of mental health care under Dutch settler-colonialism from the mid-17th century onward, particularly in regard to the Dutch East India Company.

The Cape Colony is exceptional in terms of provisions for the mad at this juncture, having a robust institutional network of asylums by 1910—a total of eight—in comparison to other colonies across the empire. While many scholars trace the first psychiatric institution to 1876³, in Grahamstown in what is now the Eastern Cape, Swartz (2015: 31) shows how institutional psychiatric care was being provided as early as 1818 in Somerset Hospital. A striking component of early institutional care in the Cape was the lack of discrimination or admission of patients across race and gender lines—something that would profoundly change by the end of the nineteenth century as the segregationist order intensified⁴.

In the last decade of the nineteenth century two institutions opened up that are indicative of this increasing trend toward segregation in psychiatric services, and colonial society more broadly. With a large and growing settler population in the Cape by the turn of the twentieth century, anxieties about racial miscegenation began to grow in unprecedented ways. The first was Valkenberg Asylum, established in 1891, just outside of Cape Town. Valkenberg was the first white-only psychiatric institution until it admitted a few black patients in 1916⁵. The second was Fort Beaufort Asylum, northeast of Grahamstown, in what is now the Eastern Cape, established in 1897. Fort Beaufort was the first black-only psychiatric institution, catering to under one hundred patients at that time. Fort Beaufort had increasing space issues, and so it developed what its superintendent called a “hut location’ annex” (Swartz 2015: 38). Building huts outside of the institution’s walls was legitimated not solely as a last resort, but as a culturally appropriate space in which black patients could be cared for. Swartz (1995: 403) shows how, before unionization in 1910, institutional documents differentiated race through a “European/Coloured” binary; after, they were expanded to include “Native,” “Indian,” and “Coloured”—the categories that, for all intents and purposes, would be mainstays of apartheid classification thirty-eight years later.

The way labor figured into the “treatment” of black people with mental health issue is paramount, even at this early stage. As Swartz (1995: 408) explains, “The mentally disturbed black men likely to come to the attention of authorities were likely to be having difficulties with work, or to be unemployed and behaving in ways which could be construed as a threat to public safety.” A public outburst coupled with lack of unemployment could be grounds enough for a black man to be

³ There is a discrepancy as to when the Grahamstown asylum was opened: some point to 1876 (Jones 2012) and (Minde 1974), for example, while others to 1875 (Swartz 2015).

⁴ There is a great deal of scholarship on the relationship between madness, colonialism, and psychiatry in Africa more broadly. See McCulloch’s (1995) *Colonial Psychiatry and the “African” Mind* for a thorough examination of how assumptions about “African nature” influenced the development of colonial psychiatry; Sadowsky’s (1999) *Imperial Bedlam* on the relationship between colonial governance and the implementation of psychiatric institutions in Nigeria; Jackson’s (2005) *Surfacing Up*, which explores how psychiatric practice was productive of social order in colonial Zimbabwe; Parle’s (2007) *States of Mind*, which explores early mental health provision in Natal at the time of the mining revolution and its aftermath; Keller’s (2007) *Colonial Madness* for a theoretical account of both the forms of madness colonialism propels as well as the colonial forms of intervention in North Africa; and Flint’s (2008) *Healing Traditions*, which traces the collision between African medical practices and burgeoning colonial interests from the mid-19th century to the beginning of apartheid in South Africa. Vaughn’s (1991) *Curing their Ills*, particularly her work on mental health, is explored at more length in this chapter. See also Westley (1993) *Mental Health and Psychiatry in Africa*, which collates much of the different scholarly writing on psychiatry—particularly of the transcultural variety—in sub-Saharan Africa, with temporal focus on the (latter half of) 20th century.

⁵ See Swartz (1995, 2015), Minde (1974).

institutionalized. Fear of the “Loose Native” was also tied to fear of sexual transgression against white women. In this way, the “Loose Native”—one who is present in the urban area but not laboring for a white patron—was a mad threat to the safety and functioning of the urban space, conjuring fears of physical and sexual violence. However, at this time, cutting-edge psychiatric care was predominately reserved only for whites, with only about 1 in 1,994 of the “other than white” population institutionalized versus 1 in 678 of the white population institutionalized (Swartz 1995: 408). The relative lack of psychiatric care for those racialized as “other than white” reflects a larger discourse in the first decades of the twentieth century, which saw the “Native” as primitive and child-like, and thus not sensitive enough to the world to be afflicted by a mental illness like their white counterparts were. Such differentiation in both space and form of treatment was increasingly bolstered by emerging psychological and anthropological theories about the “nature” of the “African mind.”

Historian Saul Dubow (1995) points to the 1904 publication of Dudley Kidd’s *The Essential Kaffir* as one of the strongest expressions of the essentially child-like nature of the “Native.” Kidd’s ethnography is based on his fieldwork in the South African interior in an attempt to understand the “Native’s mentality.” Kidd concluded that there is an unmistakable difference between the “Native” and “white” mind, the former arrested in a childhood developmental state throughout their adult years. Rather than developing their intellect in their adolescent years, they were thought to focus their energies on the sensual. Additionally, while they do seem to have a moral conscience, Kidd argued such morality does not rise to the level of reasoned reflection; further, they were thought to have higher pain tolerance than whites, which also explained, for him, their propensity for violence. Perhaps even more so than racist arguments about bodily difference, discourses about the “Native mind” bolstered the segregationist’s order to withhold political franchise particularly because of the assumed inability for the “Native” to reason—stuck, as they were, in a state of perpetual childhood.

The intersection of anthropological and psychological work on the topic further entrenched such ideas through a value-neutral discourse of “scientific research.” Lucien Lévy-Bruhl, a French ethnologist, was particularly important in solidifying the essential difference between the “native” and “white” mind. His 1910 *Les fonctions mentales dans les sociétés inférieures* (translated in 1926 as *How Natives Think*) and 1922 *La mentalité primitive* (translated in 1923 as *Primitive Mentality*) were incredibly consequential in this burgeoning literature, and the latter was discussed at length in colonial South Africa specifically. In fact, Dubow (1995: 204) suggests that Lévy-Bruhl was particularly influenced by anthropologist H.A. Junod’s (1920) work among the Tsonga in developing his ideas included in *Primitive Mentality*. Lévy-Bruhl held that the European and native mind were fundamentally different: primitive peoples were only capable of pre-logical thought, unable to distinguish between reality and the mythical realm. Contradiction, anathema to scientific reason, could not be discerned by the primitive’s mentality, and thus causal links were drawn incorrectly⁶.

⁶ For a comprehensive account of the “African mind” across colonial Africa, see John McCulloch’s *Colonial Psychiatry and the African Mind* (1995).

While Lévy-Bruhl's ideas were heavily criticized in Europe, America, and South Africa, there was one psychologist who would take them up with great, uncritical force—Carl Jung⁷. Jung traveled to east Africa in the mid-1920s, during which he developed his theory of the “collective unconscious.” Jung's (1961: 269) perception of “Africa” is worth quoting at length:

There is a sadness in animals' eyes, and we never know whether that sadness is bound up with the soul of the animal or is a poignant message which speaks to us out of that still unconscious existence. That sadness also reflects the mood of Africa, the experience of its solitudes. It is a maternal mystery, this primordial darkness... In reality a darkness altogether different from the natural night broods over the land. It is the psychic primal night which is the same as it has been for countless millions of years. The longing for light is the longing for consciousness.

Reproducing perhaps the most quintessential trope of colonial paternalism, Jung represents the African as a sad animal shrouded in the darkness of the Dark Continent, and her (the African and the continent's) need for European Enlightenment⁸. Drawing directly on Lévy-Bruhl's work, Jung (1921: 10) argues in *Psychological Types* that “if we go right back to primitive psychology, we find absolutely no trace of the concept of the individual... instead of individuality we find only collective relationship or what Levy-Bruhl calls '*participation mystique*.” *Participation mystique* refers to Lévy-Bruhl's idea that the “primitive” person is incapable of differentiation between self and object (such as a totem). The lack of a crystalized version of the “individual”—European Man's fundamental unit of both humanness and political franchise—indicates, for Jung, the primitive status of Africans.

The European has evolved out of the stage of *participation mystique*, being able to differentiate between the subjective and objective. From here, Jung develops his theory of the “collective unconscious,” which argues that the European mind contains the remnants of such primitive participation and collectivity, but has, through evolutionary development, repressed it. Thus, the “longing for light” as a “longing for consciousness” representationally pits the African in a constant state of unconsciousness as their only form of consciousness. The consciousness of the African, in other words, is equated with the unconsciousness of the European—much like the European child, who eventually grows up to have consciousness. Jung's ideas will be taken up most profoundly by psychological anthropologist Vera Bührmann's *Living in Two Worlds* (1984), based on fieldwork with Xhosa people in South Africa, which will be discussed at length in the next section. Returning to Cape Town, it is important to foreground how the cross-pollination between anthropological and psychological “research” in the first two decades of the twentieth century bolstered the colonial administration's increasing institutionalization of segregationist legislation. The aftermath of

⁷ Importantly, the Boasian school in New York was very critical of Lévy-Bruhl's ideas, the epitome of their salvage, anti-racist project, which is discussed at more length in Chapter 2. Dubow (1995: 204) speculates that a 1923 critique of *Primitive Mentality* in the *Cape Times* was penned by A.R. Radcliffe-Brown, whose work in Cape Town is discussed at more length in Chapter 4.

⁸ Two enduring representations are Hegel's (2000 [1837]: 106-120) racial geography in the section “The Elevated Land” in his *Lectures on the Philosophy of History*; and Joseph Conrad's (1999 [1902]) depiction of the Belgian Congo in *Heart of Darkness*.

World War I will bring a new era in such policies, and particularly to psychiatry, with the problem of the “poor white.”

As Dubow (1995: 170) suggests, speaking of the immediate post-World War I moment, “Concern over the moral and physical degeneration of urban blacks was primarily motivated by its effects on whites.” The aftermath of the First World War, and the subsequent economic depression South Africa underwent in the interwar years, raised unprecedented anxiety over whiteness. The psychological sequelae of war coupled with high rates of poor white people in the country resulted in a widespread problem over the presumed degeneracy of South African whiteness, a palpable threat to the intensifying white-supremacist order. In this way, the “native question” and the “poor white problem,” particularly in the urban space, were increasingly seen as connected. Urban black South Africans were frequently blamed for the poor white problem because they would perform “unskilled” labor at lower rates than white people at the time. In this way, and as will be discussed at more length in Chapter 3, the urban area posed a particular problem for a segregationist regime: the necessity of having black people in the urban space for unskilled, underpaid labor, while anxieties soar about how urban black people would infect the whiteness of the urban center—and, in particular, the effect they would have on the degeneration of white people. It is no coincidence that it is exactly at this juncture that Jan Smuts will push the first version of segregationist legislation through in 1923, also known as the Native (Urban Areas) Act. This piece of legislation inaugurated a long legal tradition of making black urban presence illegal unless the person was gainfully employed by a white patron.

While the poor white problem would only become a national dilemma during the Great Depression in the late 1920s and early 1930s, rumblings of the problem of poor whites as a peculiarly psychiatric problem was longstanding, culminating in 1916 with the Mental Disorders Act (Swartz 1995). This act included a categorization for (white) degenerates called “feble-mindedness.” This referred to those “incapable of competing on equal terms with his normal fellows or of managing himself and his affairs” (Jones 2012: 31). This is delicate wording, which uses the imagery of “equal competition” among “normal fellows,” particularly because the poor white problem was predominately among Afrikaans-speaking whites, compared with his “normal fellows”—that is, English-speaking whites. The “feble-minded” diagnosis, as Swartz (2015: 44) puts it, “was centered on spectre of a corrupted white population ‘going native’ or backsliding into nervous degeneration, which would elide the difference between themselves and the indigenous population.”

During these years (unionization in 1910 to the Great Depression in 1929), hereditarianist thought reigned supreme, and was diametrically opposed to the non- or pseudo- sciences of behaviorism and psychoanalysis⁹. Seeing mental deficiency as an essentially genetic, heritable problem propelled a series of eugenics projects, though they were never fully realized (Klausen 2018). Perhaps unsurprisingly, hereditarian claims were more likely to lodged against black people, discursively trapping them in a form of biological determinism; white degeneracy, on the other hand, was more likely to be traced to environmental factors, and were thus understood to be

⁹ See particularly Jones (2012: 28-32); Dubow (1995: 166-196); Klausen (2018); Rich (1990); and Levine and Bashford (2010).

remediable¹⁰. Once again, the racial politics of urban space—intimately tied to the labor question—was crucial in the development of psychiatric theories at this time. As Dubow (1995: 181) argues, “Fear of racial mixing spoke directly to white anxieties about their vulnerability in the face of the ‘vigorous’ and ‘virile’ mass of Africans said to be ‘flooding’ into the cities¹¹.” The Carnegie Corporation, whose report, *The Poor White Problem in South Africa*, was published in 1932, for instance, refuted the biological determinism of the eugenicist line of inquiry, suggesting social and economic causes for the existence of the poor white problem¹². As Tiffany Wiloughby-Herard (2015: 9) asks in *Waste of a White Skin*: “In what ways was white vulnerability meant to guarantee black suffering as natural and reasonable while simultaneously rendering black racial resistance as unthinkable?” Rather than fragmenting whiteness based on status, concern over poor whites actually bolstered the white supremacist project by correlating black urban presence with the presumed degeneration of poor whites—which, in the end, helped the colonial order “insist on greater white solidarity” (Wiloughby-Herard 2015: 8)¹³. While the genetic inferiority of the black South African would continue to have felicitous force in psychological thinking for decades, the eugenicist impetus toward poor white would lose favor in the 1930s, and particularly so toward the beginning of the Second World War.

The next section deals with how the essential differences between the African and white mind become eclipsed by mid-century, particularly through the value-neutral language of cultural difference. However, I want to stress how the interplay between race, space, and labor was crucial to the development of psychiatric practice in the Cape in the first decades of the twentieth century—a theme that continues well into the rest of the century. Maintaining a burgeoning white supremacist order meant safeguarding the urban space from the presumed degeneracy propelled by black urban presence. The fact that “the mentally disturbed black men likely come to the attention of the authorities were likely to be having difficulties with work” (Swartz 2007: 408); the anxieties propelled by the black urban presence and consequential intermingling with proletariat whites; and the possibility of miscegenation and its consequential genetically deleterious effects all center around the relational interplay between race, space, and labor in the constitution of early psychiatric practice. As urbanization will intensify in the next decades of the twentieth century, a new concern, centered around cultural difference, will come to the fore—now the urban space will be seen as deleterious for the “Native” not because they will infect the whiteness of the urban space, but rather because it rips them from their “cultural” traditions.

¹⁰ There is a fascinating history of colonial writing on the bodily suitability of settler-colonists to the (mostly tropical) environment of the colonies they controlled: see, in particular, Huntington’s *Civilization and Climate* (1915); and Price’s (1939) *White Settlers in the Tropics*.

¹¹ Another part of this moment of scientific-psychiatric racism is the question of educational capability, the introduction of IQ testing, and the enormous legacy of Binet. For an overall history of the intelligence quotient, see Gould’s (1996 [1980]) *The Mismeasure of Man*. In South Africa, see in particular Dubow (1995: 197-245).

¹² See also Zine Magubane (2008); and Dubow (1995: 179-85).

¹³ As Hannah Arendt (1968: 86) would put it half a century earlier in “Race and Bureaucracy:” “South Africa’s race society taught the mob the great lesson of which it had always had a confused premonition, that through sheer violence an underprivileged group could create a class lower than itself, that for this purpose it did not even need a revolution but could band together with groups of the ruling classes, and that foreign or backward peoples offered the best opportunity for such tactics.”

The Ghost of Black Hamlet: Race, Culture, Apartheid

It became crucial to flip the narrative of degeneration. Rather than blaming urban black South Africans for the degeneration of urban Afrikaners, by the time of the Great Depression and its aftermath, it was black “tradition” and “culture” that were degenerating due to the intermingling occurring in urban spaces. While the political-economic changes of post-Depression South Africa will be explored in more detail in Chapter 3, the 1930s in urban South Africa was a time of great economic growth particularly in industry, which required unprecedented amounts of labor in the urban-industrial spaces. Such a narrative was already present in the Carnegie Report in 1932:

“Feigning concern for black culture and the peasant mode of production, *Poor White Study* researchers claimed that black people’s urban industrial employment destroyed African culture. African urban workers had been “detrribalized,” it was claimed, and suffered “cultural degeneration” in the cities” (Wiloughby-Herard 2015: 27).

The discourse of cultural degeneration, deculturation, and detribalization will become central legitimating logics of apartheid fifteen years later. The double bind of apartheid—requiring urban labor but considering black urban presence anathema to the development of white society—was already being fomented far before its formal instantiation.

The move away from biological essentialism as the ultimate arbiter of difference between the “Native” and the white mind was accomplished through an incredibly efficacious discourse: that of culture. With mounting pressures on eugenicist thinking with the creeping fascism in Europe in the 1930s, cultural difference offered a beautiful alibi for the great liberal-humanist colonists. Rather than focus on the essentialism of biology, increasingly associated with Nazism, differential treatment, segregation, and lack of political franchise could be legitimated through the value-neutral and liberal discourse of “cultural difference.”¹⁴ It is here where the liberal humanism of the segregationist regime is so well illuminated: segregating different “cultures” was an act of benevolent care for the Native, who was losing her culture by being exposed to “Western civilization” in the cities¹⁵.

Such a shift toward cultural difference—and its effective bracketing of the interrelated issues of race, space, and labor—is central to psychiatric work at this time. Unsurprisingly, such work

¹⁴ I want to be careful to not reproduce a historical determinism, which would posit that it was “necessarily” culture that propelled these dynamics, nor that such historical developments were “intentional” in the classic sense. Rather, such historical developments represent a complex and contingent set of historical conditions that congealed at a particular place and time, in a particular milieu. Similarly, I do not want to reproduce a “stagiest” model of historical development, particularly with regard to race, as if heredity and blood simply disappeared in this moment. Rather, I seek to emphasize the shift in prominent discourses at different historical moments, which also operate in and with previous iterations—such as that of blood and heredity—of what Arendt (1968) called “race-thinking.” As Stuart Hall (2000: 223) puts it, “Biological racism and cultural essentialism constitute not two different systems, but racism’s two registers.” (As with many of the formative references in this dissertation, this essay and quote was brought to my attention by the formidable Donald Moore).

¹⁵ See Chapter 5 of Meghan Vaughn’s (1991: 100-128) proleptic *Curing Their Ills*, where she traces the “deculturation” thesis of madness in colonial east Africa: “The Madman and the Medicine Man: Colonial Psychiatry and the Theory of Deculturation.”

continued to be incredibly influenced by anthropological work at the time, and particularly Bronislaw Malinowski's emerging framework of "culture contact."¹⁶ Perhaps one of the most important contributions to South African psychiatry—and, in wider sense, global transcultural psychiatry a few decades later—was Wulf Sach's *Black Hamlet*, first published in 1937, and then revised as *Black Anger* in 1947.

Sachs was a Lithuanian physician and psychoanalyst who moved to South Africa in 1922, first opening a practice and then later working at the Pretoria Mental Hospital by 1928. In 1933, Sachs was introduced to John Chavafambira, a traditional healer, in a slum he calls "Swartyard," by an anthropologist named Ellen Hellman, who was then a Masters student at the University of the Witwatersrand. Hellman was a student of Max Gluckman, a prominent South African British Social Anthropologist trained at Oxford. Hellman's ethnography in "Swartyard" was later published as *Rooiyard: A Sociological Survey of an Urban Native Slum Yard* (1948), the year that ushered D.F. Malan into the position of Prime Minister of South Africa—the effective beginning of the apartheid era. Hellman was a known proponent of Bronislaw Malinowski's emerging paradigm of "culture contact," with her ethnographic work attempting to understand the processes of "detrribalization" that were occurring in South African cities at this time of profound economic growth. As Saul Dubow (1993: 520) reminds us, Hellman was very influenced by Monica Wilson's work in the Eastern Cape, and thought of her own study as an urban elaboration of Wilson's work, particularly in *Reaction to Conquest* (1961 [1936])¹⁷. As Hellman (1948: 114) put it in *Rooiyard*,

Urban residence, which brings with it a multiplicity of contacts with Natives of numerous tribes, widens the horizon of the Native, who, in tribal life, is inclined to be insular in outlook...it is my belief that this widening of perspective and increase of knowledge has created a Native with divided loyalties. He feels his unity with the Bantu people as a whole; but he has not emancipated himself from feelings of tribal superiority which has caused each tribe in turn to call itself "The People." These divided loyalties—the outcome of an inner resolved conflict—manifest themselves in diverse and often contradictory ways."

¹⁶ In *Methods of the Study of Culture Contact in Africa*, Malinowski (2012 [1938]) explored the various methodological possibilities in studying how colonial rule was "transforming" indigenous Africans traditional "cultures" and ways of life. However, in addition to contributing to anthropological-academic discussions on methods, culture, and colonialism in Africa, Malinowski was also a prominent colonial "applied" anthropologist, who thought anthropology could be leveraged toward more effective colonial rule. See fn. 18 in this chapter. In it interesting to note that one of Monica Wilson's first contributions to the subject, "Methods of Study of Culture Contact" (1934) does not cite Malinowski, even though it is widely known she was greatly influenced by his burgeoning anthropological method-theory nexus of participant observation and (bio-psychological) functionalism. Wilson, who in Malinowski's (1938) text is referenced with her birth name of Monica Hunter, would contribute ethnographically to Malinowski's (1938) overall project in her essay entitled "In Pondoland."

¹⁷ As a profound intellectual inspiration for Max Gluckman, Ellen Hellman, and Monica Wilson in different capacities, Bronislaw Malinowski's enduring interest in South Africa also had profound impacts on the development of knowledge that legitimated apartheid policies. While a longer explication of this claim is clearly due, see for instance: "Practical Anthropology" (1929) in *Africa*, "The Rationalization of Anthropology and Administration" (1930b) in *Africa*; "Race and Labour" (1930a) in *The Listener*; "A Plea for an Effective Colour Bar" (1931) in *Spectator*; "Native Education and Culture Contact" (1936) in *International Review of Missions*; as well as *The Dynamics of Cultural Change: An Enquiry to Race Relations in Africa* (1945). See also Foks (2018) and Niehaus (2017) for two different intellectual histories of these applied interventions.

Hellman's account, now framed in terms of cultural contact and not biological difference, foregrounds, in Ranjana Khanna's (2002: 241) words, "this (well-meaning) assumption that the human is ultimately the same in mental structure, with contexts creating only slight variations, she [Hellman] presents a very particular concept of the human and of personhood, which is then generalized." The increasing move away from racial difference framed in biological terms toward cultural difference is a paradigm that was emerging in many anthropological traditions at the time. At a time where biological essentialism was being read in terms of the aftermath of the Holocaust, the appeal to culture provided a way of denoting difference without (apparently) essentializing it. It would also become the driving term of the apartheid regime's project of "separate development."

Meeting John Chavafambira, Sachs' veritable Black Hamlet, through Hellman is telling in more ways than one: it, once again, foregrounds the cross-pollination between anthropological theories of difference and their integration into emerging psychological and psychoanalytic frameworks. In addition, Hellman's argument about detribalization forms the basis of much of Sachs' analysis. *Black Hamlet*, when it was published, received a wide readership and much attention. It defies genre in many ways: part biography, part autobiography, part ethnography, part psychological study, *Black Hamlet* is written in an accessible, plot-driven style that draws the reader in. John's story is a complicated one, with many movements—both spatial and intellectual—that exceed a full exegesis here. However, like most of the stories that animate this dissertation, John's is one of migration, dislocation, and displacement. John migrated to the Union of South Africa—staying in Johannesburg townships such as Sophiatown and Orlando—from a rural village in colonial Zimbabwe (Rhodesia) in 1921. While in South Africa, too, John makes many moves: from Johannesburg to the Transvaal and back again more than once. By detailing John's history—the death of his father, the suspicion of his uncle for poisoning him, his inability to separate from his mother, his lack of success with romantic relationships—Sachs draws a direct analogy not only to Shakespeare's *Hamlet*, but also importantly to Freud's interpretation of it. John's "indecisiveness" can be linked to an unresolved Oedipus complex reanimated by the death of his father and his place taken by his uncle. Sachs concludes that the "black mind" is of identical construction to that of the white mind, and psychoanalytic theory and Euro-American mythology was thus applicable to the African. Psychoanalysis, until now considered a pseudo-science in South Africa, would be scientific in its universal applicability.

Sachs' intervention was controversial at the time, breaking from the universalism of hereditarianism. Similar studies, like that of B.J.F Laubscher's *Sex, Custom, and Psychopathology: A Study of South African Pagan Natives* (1937), centered on the Tembu in the Eastern Cape, sought again to demonstrate the fundamental similarity of the mind and its ills between black and white, but concluded that the main difference was cultural perceptions of the cause and cure of mental illness. Unsurprisingly, for Laubscher, the Tembu saw mental illness to be caused by spiritual strife, explained by traditional cosmology, while for white people, causes of psychic affliction were explained by more rational means. As Tiffany Fawn Jones (2012: 29) argues, Sachs and Laubscher paradoxically universalized the Euro-American psyche, while also seeing their interventions as evidence against the universalism of eugenicist explanations.

Moving from one universalism to another, however, would paradoxically bolster the aims of the apartheid regime. Almost in total unison with Hellman, Sachs (1947: 168) writes,

John, moreover, had an additional tragedy which shadows the life of almost every African. The circumstances of his life, the clash of his two worlds, constantly caused inner division. Every African leads a double life in the full sense of the psychological concept. For there is no remotest kraal but has its contact with European civilization; missionaries, government officials, traders, and labor recruits have spread European influence. The lure of money-earning possibilities, of European settlements, has brought the African men and women to the cities from the remotest corners of the continent.

While Sachs' writes with liberal sympathy for the plight of the African—his progressive ethos in many ways read as being against racist explanations—his argument is bread and butter for a nationalist project of separate development. The “tragedy” of urbanization and its consequential deculturation causing an “inner division” is a potent argument for keeping the African in her proper place—the “remotest corners of the continent,” which we could read as a generalized rural, also known as Bantustans under apartheid. As Khanna (2002: 251) aptly puts it, *Black Hamlet* holds within in it a “story of incest:” “a betrayal of affiliation rather than of filiation, one that marks the distinction between the tribal and the secular modern.” Once again, the psychic affliction of the African is rendered intelligible in psychiatric discourse through the shifting relationships between space, race, and labor. The fragmenting apparatus of colonial control and profit at once sets the conditions for strife and affliction for black South Africans by forcing them to urban centers, and then mobilizes that strife as legitimating evidence of the necessity of their urban impermanence and segregation more broadly. Not unlike the “idle” African admitted to Valkenburg in the late 1910s, the colonial and apartheid situation of protecting and proliferating whiteness is legitimated through the sciences of the psyche—at once, creating the conditions for madness, and then using psychiatric knowledge to legitimate the nationalist project.

By the late 1960s, the psychoanalytic language of “double life” and “inner conflict” will be replaced with an overt psychiatric discourse of mental health. Eugene Toker's (1966) publication in the *American Journal of Psychiatry*, “Mental Illness in the White and Bantu Populations of the Republic of South Africa,” is indicative of this move¹⁸. Toker (1966: 56-57) writes,

In the writer's personal experience, the few cases of neurosis and psychopathy encountered in the Bantu were among city dwellers. This would suggest that with the urbanization of the Bantu one would expect an increased incidence of neurosis and psychopathy... Furthermore, the fact that Bantu males go to the urban areas for work contributes to the breakup of their traditional family life. Large numbers of Bantu are employed in mines which are situated in or near large towns. The Bantu male is frequently compelled to come to these areas alone, leaving his family behind in the rural areas. Among urban Bantu there is

¹⁸ Moross (1960) and Cheetham (1964) make similar points in their pieces on mental health policy planning, and would continue well into the 1970s and 1980s with the work of Minaar (1976), Le Roux (1979), and Holdstock (1981), for example.

increasing delinquency, and illegitimate births, promiscuity, and prostitution are very common (28) in urban Bantu women.

Mental illness is represented as a resolutely urban problem: for Toker, the only forms of mental illness among black people he encountered were in the urban space. Urbanization of the “Native” is thus responsible for madness, which could otherwise be unavoidable if they were to stay in the rural areas, or, perhaps more sinisterly, only present in the urban space for a circumscribed, impermanent period of time. What is fascinating about this depiction of migration is how leaving the rural for the urban is represented as one choice among many, when in fact it is longstanding relationship of force. As I will explore throughout the chapters, the rural for many contemporary black Capetonians is a space of paradox: at once understood as their ultimate home, while simultaneously being economically inhospitable in the colonial, apartheid, and post-apartheid eras. The “breakdown of the family” as the ultimate consequence of the “choice” to migrate to urban centers continues to be the primary explanatory factor among most contemporary psychologists, explored at more length in Chapter 3. One hundred years of extractive colonial governance refined techniques of stabilizing impermanent urban migration, and through a striking representational reversal, such a legacy is legitimated through psychiatric discourses as the ultimate plight of the “Native” in the breakdown of his or her tradition. Importantly, the form of mental illness is not value-neutral, but is coupled with an enduring racialization of the “Bantu” in the last sentence. For Toker, the result of Bantu urbanization is criminality among men, and promiscuity among women. The conditions for mad urban areas are set by the exploitative accumulation of capital, and then consumed by apartheid racializing representations that depict migration as a choice, and individualize pathology among the “Bantu” who are uniformly racialized as criminals and sexually impious¹⁹.

What I want to stress here is that this is not an artefact of the intellectual history of scientific racism: the ghost of *Black Hamlet* is alive and well in contemporary psychiatric interventions on black South Africans in at least two ways. First, the idea that mental illness among black urban South Africans is a result of urbanization and its discontents is alive and well, particularly so because of the “breakdown of traditional family life.” As I will explore at more length in Chapters 3 and 5, rather than privileging the structural, forced spatial devastation of apartheid, psychologists continually rely on “family breakdown” as the ultimate cause of pathology. And second, while it has been politically-corrected, polished, and refined, the general premise that all human minds are the same and all that is different is the cultural expression of affliction is the general party line of transcultural psychiatry and global mental health more generally. And much like how privileging of cultural difference evaded pervasive racial discrimination under apartheid, I argue that

¹⁹ In their essay, “The Madman and the Migrant,” John and Jean Comaroff (1987) present the scene of a psychiatric inpatient in a hospital for Tswana patients outside of Mafeking. The patient is wearing standard-issue mineworker boots, a bishop’s mire made from garbage bags, a cloak, and a sash that read “SAR”—the acronym for South African Railways, which had a stop just outside of the hospital. They contrast this patient with a migrant, who differentiates in Tswana ‘work’ (i.e., cultivation for oneself/one’s family) from ‘labor’ (working in the mines, alienated). As a pair, the two illuminate the constitutive contradictions of what for the Comaroff’s is a form of “historical consciousness,” a poetics of history. The “madman’s” clothes, his disposition, his condition become a microcosm of a political moment enduring the apartheid economy between the country and the city, the migrant’s utterance a linguistic clue to how such endurance is experienced in the form of historical consciousness.

contemporary discourses of “cultural” sensitivity evade the politics of race and processes of racialization that continue to be a constitutive feature of universalizing psycho-therapeutic theory and practice in Cape Town, particularly through automatic relational recourse to the standard of the Good Family.

The history of making “cultural difference” stand in for racial difference is a hallmark both in the history of anthropology and the history of South Africa’s racial policies. In her crucial book, *Un/Common Cultures*, Kamala Visweswaran (2010) shows how the anti-racist turn toward cultural relativism by Franz Boas and his students actually bolstered the possibility of racial discrimination by tethering race to biology. The argument was not that there are innate biological differences in capacity among races—surely, the Boasian imperative was to debunk the schools of social Darwinism and biological racism of his predecessors by showing that race does not correlate to intelligence²⁰. Rather, what is different among people is their environment, or what will come to be called their “culture.” The argument went: it is not that other cultures are inferior, it is simply that they are different, and that difference should be respected relatively. However, race was not taken out of the picture altogether; rather, race was tied to biological phenotype. For Boas and his people, there are biological differences between different humans—skin pigmentation, hair texture, etc.—but those differences do not correlate to differential capacity. For the Boasians, tethering race to biology made race a neutral, scientific fact—and, being science, it could not possibly have social afterlives, in the domain of discrimination, for instance.²¹ In Visweswaran’s (2010: 60) words, “Despite the differences between the Boasians...they do agree on two fundamental points: that race historically implied negative valuation, and that race was not a meaningful explanation for human differences. For these reasons, [Ruth] Benedict sought to separate race from racism, to separate race from negative value” by appealing, of course, to the value-neutral language of biology. The problem with this, as Visweswaran (2010: 60) states, is that such a position obscures “how racism produces the objective reality of race at any given historical moment.” To put in other words, the task is not to replace culture with race, but to understand how intimate and structural practices of racialization produce *the reality of race*—which is what, I argue, has marked the history of South African psychiatry, particularly under apartheid, and as I show in the next chapter, continues to mark the contemporary moment.

Such a history tracks across the Atlantic from Boas’ Columbia to the rooms at Stellenbosch University where apartheid was conceived. While it is clear that apartheid is an intensified form of British indirect rule, replacing “culture” for race finds its most sinister iterations in apartheid planning policies. As Mamdani (1996) has forcefully shown, the answer to the native question—how can a white minority control a black majority?—was clear: ethnicity expressed through the figure of the tribe. Rather than attempt to control a black majority in solidarity, British indirect rule instantiated tribal difference—most times tethered to language—as a way of fragmenting a black collective. Apartheid ideology harnessed this history by justifying its racial segregation and

²⁰ While this may be the case, it is important to note Boas’ commitment to miscegenation as the cure to racism: for him, if phenotypic differences disappear, so would racism.

²¹ See also Bains’s (2005) essay “Race, Culture, and Psychiatry: A History of Transcultural Psychiatry” for an elaboration of how the Boasian move toward culture also profoundly influenced the transcultural psychiatric movement.

systematic economic exploitation by appeal to a multicultural logic: to preserve “Native” cultures, it is paramount that they develop separately—surely *apartheid* translated from the Afrikaans literally means “apartness.” The creation of the Bantustans, or homelands created as sovereign political units, governed by chiefs, and were held as the “natural” home for a given “African culture²².”

Such an obfuscation was clear to the great South African intellectuals of the time. As Nelson Mandela (1959: 75) said in “Verwoerd’s Tribalism,” while he was still radical²³:

“Economically, the ‘Bantustan’ concept is just as big a swindle as it is politically. Thus we find, if we really look into it, that this grandiose ‘partition’ scheme, this ‘supremely positive step’ of Dr Verwoerd is like all apartheid schemes—high-sounding double-talk to conceal a policy of ruthless oppression of the non-Whites and of buttressing the unwarranted privileges of the White minority.”

In a similar spirit, Steve Biko (2002 [1978]: 84-86) wrote eleven years later that the purpose of the Bantustan system was

“[t]o boost up as much as possible the intertribal competition and hostility that is bound to come up so that the collective strength and resistance of the black people can be fragmented...At this stage of our history we cannot have our struggle being tribalised through the creation of Zulu, Xhosa and Tswana politicians by the system.”

The neutralizing language of culture effectively evaded what was systematic racial domination of black South Africans. Such a technique of mobilizing culture as a way to evade the politics of race continues to be central to the contemporary paradigm of transcultural psychiatry. As Leslie Swartz (1986: 27) incisively wrote in his masterful review of different paradigms of cross-cultural psychiatry, “the concept of ‘cultural diversity’ cannot be anything but value-laden in South Africa, as it forms the basis of justification for apartheid policies.” As a global phenomenon, transcultural psychiatry emerged in the 1950s in the McGill University Department of Psychiatry under the guidance of Eric Wittkower, and had particular resonance in South Africa²⁴.

²² While European variants of social anthropology bolstered scientific claims about difference that legitimated apartheid, a resolutely South African variant of ethnography was particularly effective in this sense: *Volkekunde*. More here. See Ivan Evans (1997) *Race and Bureaucracy: Native Administration in South Africa*; and Sharp (1981) for an early tracing of the development of Boer anthropology.

²³ See especially Frank B. Wilderson III’s (2015) *Incognegro: A Memoir of Exile and Apartheid*.

²⁴ On race, culture, and psychiatry, see Fernando’s (1988) *Race and Culture in Psychiatry*; Bains (2005); and Thomas, Sillen, and Hammond’s (1972) “Racism and Psychiatry” for some important historical accounts. See also Stocking’s (1982) *Race, Culture, and Evolution* for a thorough tracing of this line of inquiry in the anthropological tradition—which, Ruth Benedict’s *Race and Racism* (1983 [1942]), Margaret Mead’s “Mental Health in World Perspective” (1959), and Edward Sapir’s “Cultural Anthropology and Psychiatry” (1932) (all students of Boas) argued should be integrated into psychology and psychiatry specifically. See also Delile’s (2016) recent piece on a different history of cultural psychiatry, particularly through the work of Henri Ellenberger and Georges Devereux.

Leslie Swartz (1986) divided cross-cultural psychiatric work at this time in South Africa into three domains: Personality, Social Context, and Psychological Theories. The first approach, “Personality and Worldview,” recuperate the longstanding tradition of pitting the “African mind” against the Western mind, exemplified perhaps most influentially by David Hammond-Tooke’s *Boundaries and Belief: Structure of a Sotho Worldview* (1981); a previous, condensed version of this argument, “African Worldview and its Relevance for Psychiatry” (1975) was widely taken up by psychiatrists at the time (Swartz 1986: 275-276). Lévy-Bruhl and Jung return with great force: Hammond-Tooke’s work foregrounded the categorical difference between scientific reason and pre-scientific thought as the basis to his approach to cross-cultural psychiatry. Swartz’ second ideal type of transcultural psychiatry, “Social Context,” groups work that were in direct opposition to the “African personality” approach, and, once again, was very influenced by anthropological studies at the time. Citing such work as A.I. Berglund’s *Zulu Thought Patterns and Symbolism* (1976) and Harriet Ngubane’s *Body and Mind in Zulu Medicine* (1977), Swartz (1986) argues such approaches rejected the relativist essentialism of the personality school in favor of exploring the social and ecological context in which mental illness was understood and cared for. The last approach, “Psychological Theories,” represent for Swartz those few approaches that attempted to integrate psychoanalytic understandings of African affliction in tandem with a mode of “cultural sensitivity” toward the local context. This interesting juxtaposition—the universality of psychoanalysis coupled with an appeal to cultural difference—is perhaps most clearly expressed in the work of Vera Bührmann.

Building on fieldwork with Xhosa diviners in the Eastern Cape throughout the 1970s, Bührmann advocated for a culturally sensitive psychoanalytic psychiatry. Writing more toward a psychiatric audience in her article “Western Psychiatry and the Xhosa Patient,” Bührmann (1977: 466) argues,

We cannot and should not abandon our Western methods, but we can add to them, by having greater understanding of the language, society and culture of the Black people. Our respect for and attitude towards their beliefs and customs must be sincere, for they are highly perceptive and intuitive people who will not respond with trust and confidence to an insincere attitude on the part of the doctor.

Bührmann’s argument here reads much like Wulf Sachs’, who, fifty years earlier, argued for the essential sameness of the black and white mind through the universal applicability of psychoanalysis while also foregrounding a form of cultural sensitivity toward the local context. Bührmann’s (1984) ethnography, *Living in Two Worlds: Communication Between a White Healer and her Black Counterparts*, clearly illuminates the legacy and re-inscription of colonial psychiatry I have been trying to trace as it is elaborated in a radically different socio-political moment. At once, *Living in Two Worlds* combines the Jungian collective unconscious, Sachs’ universalizing psychoanalysis, and the transcultural move toward cultural sensitivity. In this regard, it is important to note that while Bührmann did her fieldwork in what was then the Bantustan of the Ciskei at the height of separate development policies in the 1970s, the word “apartheid” does not appear once her text. In *Living in Two Worlds*, Bührmann argues that black South Africans straddle two worlds—between the scientific, rational world of the West and the cosmological, non-rational world of African tradition. Because Bührmann sees Bantu people as closer to nature, she argues that they organically practice psychoanalysis in the Jungian tradition by “acting” rather than

“talking”²⁵. Again, Jung’s dark continent is not an artefact of past scientific racism but reformulated and adapted to a different socio-political context. The representations and ideas that drive the history of colonial psychiatry in South Africa are certainly not the same in any straightforward sense, but the task of historical ethnography is to illuminate the long-durée historical connections of ideas and representations to which practitioners continue to be tenaciously attached. It is not to draw casual connections between radically different historical moments, but to understand how the legacies of concepts, ideas, and representations continue to haunt, inform, and articulate with a resolutely contemporary moment.

Thus, much like apartheid itself, this era of South African psychiatry was incredibly attached to “cultural difference” as a new discourse that did away with the biological essentialism of early hereditarianist work—now interestingly understood as “properly” racist—but still foregrounded a foundational difference between settler-colonists and the indigenous populations they attempted to control. As Tiffany Fawn Jones (2012: 109) puts it in her important historical monograph, *Psychiatry, Mental Institutions, and the Mad in South Africa*:

The intellectual basis of cross-cultural psychiatry played an important role, albeit mostly inadvertently, in implementing the government’s strategy to increase self-government in the homelands in the late 1960s and early 1970s...On the one hand, it recognized the need for effective treatment of black patients through better understanding of the cultural idioms in which they lived their lives. It also acknowledged the socio-political impact of apartheid on individuals. However, like community psychiatry, it authenticated apartheid practices by endorsing stagnant ideas of “cultural” and “ethnic” difference.

As I suggest throughout this dissertation, the ghost of *Black Hamlet*—the universality of a particularly psychoanalytic notion of the subject in tandem with respect for “cultural difference”—continues to haunt contemporary South African psychiatry. But, much like its mobilization under apartheid, the language of “cultural difference” evades forms of racialization and consequential racisms that are produced when this essential notion of the subject (through the Good Family) is assumed. In different moments in the history of South African psychiatry, race (culture/ethnicity), space (urban/rural), and labor (idle/employed) present as an enduring triad through which pathology and normalcy is defined and reworked in psychiatric discourse and practice. As the dissertation argues at length, this continues to be the case.

In South African psychiatry, the end of apartheid marked a turning point at least in the imagination of mental health care. Much like most of Euro-America in the last decades of the twentieth century, there was a major move toward de-institutionalization accomplished through devolving mental health care to the community²⁶. As a champion of liberal-democratic rights as enshrined in South

²⁵ See also Saayman’s (1990) edited collection for the continued influence of Jung’s racist psychoanalysis in South Africa titled, *Modern South Africa in Search of a Soul: Jungian Perspectives on the Wilderness Within*, in which Burhmann has a piece. Pass laws had been abolished for four years at this point, and negotiations for a non-racial vote were already underway when this was published.

²⁶ See especially Dommissie (1987), Vogelmann (1990), Allwood (1997), Emsley (2001), as well as the *White Paper for the Transformation of the Health System in South Africa*, which was released three years after the transition in 1997.

Africa's 1994 constitution, institutions were increasingly seen as spaces of gross human rights abuses, and continued a legacy of stigma for those committed in them. And while this was all laudatory on paper, it was much harder to achieve—especially because colonial and apartheid health policy continually privileged the care of white, and to a lesser extent colored, South Africans over and above the black majority.

When I was doing fieldwork between 2015 and 2018, Khayelitsha had *one* permanent post for a clinical psychological at its district hospital, with two rotating interns supplementing that therapeutic work. With 1 to 2.4 million residents, Khayelitsha's burden for clinical psychological care is staggering. As a result, and following trends in many postcolonial African countries, the retreat of the state from the public provision of care is made possible through the proliferation of non-governmental agencies, many of which are foreign funded²⁷. For an ordinary Khayelitsha resident to receive clinical psychotherapy for free, they would first have to go to a community clinic to see the psychiatric registrar (a nurse with specialized training in the diagnosis and treatment of mental illness). Depending on the registrar's assessment, they may be put on medication and sent home. If they express interest in clinical psychotherapy, the registrar needs to send a referral to District Hospital, who will then attempt to schedule an assessment with the client. The stress and chaos of everyday life—work, usually which requires long travel, child-care, domestic and familial responsibilities—make it very difficult for people to return for repeated sessions, let alone the cost and difficulty of finding adequate and safe transport to and from the hospital (many times in the middle of a work day). The psychotherapeutic fantasy of sustained, thorough relational engagement over a long period of time is nowhere in the realm of possibility for most people. As a result, community-based and non-governmental agencies—many of which are managed and staffed by Khayelitsha residents—bear the brunt of therapeutic counseling work.

The shift toward de-institutionalization and community-based care has also ushered a shift in mental health priorities: while severe mental illness (like schizophrenia, psychosis, etc.) has historically been the policy priority, today it is non-severe mental illnesses (like depression, stress, and anxiety) that are the seen as a major policy problem²⁸. “Non-severe” mental illnesses are incredibly difficult to treat in a public system anywhere in the world due to the difficulty of

²⁷ In *Global Shadows*, James Ferguson (2006) Ferguson critiques the “vertical topography of power” (local versus national versus global) that assumes a discernable “state” entity that exists necessarily ‘above’ civil society, the space in which citizens can make claims on that state (90). Indeed, such a hierarchical opposition between state and civil society, at least in Africa, has the potential to reproduce antidemocratic features in spite of its classical opposition in liberal thought. Of course, materially in Africa, the rise of NGOs and general narrative of the “rolling back” of the state necessitate new conceptual configurations—where the classical definition becomes inadequate to the aftermath of the political-economic rearrangements of the past 40 years on the continent. The possibility for “local” groups to make claims on the “state” are no longer configured in such a vertical manner: in many cases, the possibility of mobilization, claims-making, and social movements are completed by “local” grass-roots organizations, whose services, resources, and connectedness are part and parcel of its substitution of elements of the imaginary of the liberal state. Such a configuration necessary destabilizes the possibility of a “local” that is connected to a larger body called “civil society” that then makes claims on an entity called the state. This is not an argument for state “weakness” but rather to the novel configurations of power in Africa that both simultaneously subvert and continue state power via emerging means.

²⁸ See especially in Cape Town the work of Crick Lund (et al. 2010, 2011, 2014) based at the Center for Public Mental Health, based jointly at the University of Cape Town and Stellenbosch University, more broadly.

diagnosis as well as the generally accepted paradigm that medication should be used in tandem with sustained therapy. Non-severe mental illnesses have become such a profound problem for racial capitalism particularly because they are thought to cause more days lost to work than most other psychic and bodily afflictions. In Cape Town in particular, much attention has been directed toward depression in two groups of black urban South Africans—pregnant women and people without gainful employment²⁹. A much broader movement in the arena of global mental health is particularly concerned with the relationship between depression and labor³⁰.

Many of these interventions are progressive by global health standards, which are increasingly trying to integrate South Africa's social welfare experiment with basic income at a starting to the solution between the question of mental illness and work. The question of unemployment in South Africa, especially since the transition in 1994, has received momentous scholarly attention, particularly in the field of political-economy. In his now foundational work on South African labor politics, *Precarious Liberation* (2011), Franco Barcheisi showed how the 'labor' question in post-apartheid South Africa must be read through a history of the precariousness of work under British colonialism and Afrikaner nationalism. The post-apartheid era ushered in a normative discourse that condemned a radical re-imagining of redistributive practices (promised by the ANC as a tri-partite alliance) as policies that generate "dependency." Rather, Barcheisi (2011) shows the legacy of the precariousness of work—precarious not because of insecurity or instability, but because it forced the black majority to rely on "uncertain and unrewarding" jobs in order to survive. However, these conditions were obscured by the normative discourse that associated "dignity" and "individual responsibility" with wage labor—a convenient discourse under colonial governance that produced such conditions on wage labor for extractive and industrial labor. The "dignity of labor" discourse served to legitimate fundamentally coercive and oppressive working conditions in 20th century South Africa. As Barcheisi showed, this moral-economic discourse set up an impossibility in economic flourishing for the black majority, wherein the precariousness of work itself thwarted any real possibility of social and economic advancement and "personal" freedom that white South Africans expect as a white citizen. This work was important in giving nuance to the narrative that the ANC's shift from the Restructuring and Development Plan (RDP) with the Growth, Employment, and Redistribution Plan (GEAR)—which, in its name, seemed to hold in it the possibility for a radical redistributive politics—which was a neoliberal reorienting from the ANC's position as a radical social democratic party (in a tri-partite alliance between the South African Communist Party and the Coalition of South African Trade Unionists)³¹. With the contemporary crisis of wage labor—where the "reserve" of labor power is astronomically higher than the jobs available—a number of scholars have moved toward the possibilities of distribution as a "rightful share" of the national wealth³². In this way, the problem of unemployment is not met with deceitful claims to the creation of more jobs, but a fundamental untethering of labor from productive personhood and flourishing more broadly.

²⁹ E.g., Elwell-Sutton et al. (2017), Patel et al. (2018), van Heyningen (2016), Burns et al. (2017), Davies et al. (2016), Nyatsanza (2016), Tsai et al. (2012).

³⁰ See in particular Junko Kitanaka's (2011) *Depression in Japan: Psychiatric Cures for a Country in Distress*.

³¹ See especially Hart (2002), Bond (2000), Marais (2001) for an elaboration of this shift.

³² See, for two very different approaches, Ferguson (2015) Erin Torkelson (2017).

When it comes to contemporary struggles over mental health—and depression in particular—the questions of race and labor are clearly still pertinent to the constitution of psychiatric priorities, as they have been for over a century, as well as claims to adequate care. Out of our relational triad, there is one piece missing: the question of space. This may seem odd, especially given that most liberal public health interventions are directed at peri-urban spaces, in which rates of HIV/AIDS and tuberculosis continue to be differentially concentrated. Rather than re-inscribe the spatial ghost of Ndabeni, which many public health interventions do by considering the township an a-historical “slum” that simply exists as a response to urbanization, there is a different way in which space continues to matter for understanding this contemporary conjuncture of mental illness, race, labor: the elsewhere of space.

CHAPTER THREE

When Attachments Fail
On Being in Two Places at Once

“The object of racism is no longer the individual man but a certain form of existing [d’exister].”
—Frantz Fanon, “Racism and Culture,” 1956¹

“(Our landscape is its own monument: its meaning can only be traced on the underside. It is all history).”
—Édouard Glissant, *Caribbean Discourse*, 1989

Where Are We?

Or, the pastoral shack amid the remains of history

Sitting in the car, staring at the mountain range in front of me, I saw rolling rock crevices building up to a peak, and below, an expanse of green that went on forever, until it approached us and stopped, here where the shacks begin. It is part of the Drakenstein range, way over there in Stellenbosch—but also here, in Khayelitsha: depending on where you are, the mountains appear, remind you where you are. In a place continually called “the Flats,” when you see the mountain, you notice it.

Standing in front of a shack in an informal part of Khayelitsha, I am waiting for Zoliswa, the most senior therapist, to check and see if the family we are trying to visit is home. Outside the shack, chickens run around, three dogs barking at the presence of a car, two goats in a pen, and a cow standing in the car-park looking listlessly ahead. In nearly two years here, I had never seen such a scene: a full pastoral lifestyle elaborated against the urban backdrop of the shacks, so close they are almost on top of one another. But, there was also something fitting about this scene out of place: looking past the shacks, there is an expanse of green, leading to the mountain range way over there in Stellenbosch.

Every time we visited this client, his grandmother wore the full traditional working-clothes outfit: full dress, apron, duk. She had moved recently from the Eastern Cape, where she had lived her whole life, to take care of her grandson. Rather than abandon the pastoral life to which she was accustomed, she took as much of the Eastern Cape as she could with her, an uncanny scene in which the pastoral

¹ Originally delivered as a speech titled « Racisme et culture » at *Le 1^{er} Congrès International des Écrivains et Artistes Noirs* at the Sorbonne in Paris, France in September 1956. It was notably published later that year in *Présence Africaine* No. 8-10, pp. 122-131. It was then included in *Pour la Révolution Africaine* in 1964, published by François Maspero in France; the first English translation by Haakon Chevalier appeared in *Toward the African Revolution* in 1967, published by Monthly Review Press, which is used here.

haunted the urban, a disjointed palimpsest of space upon space. We were informed by a neighbor that she was away, but would be back soon.

Sitting in the car, staring at the mountain range in my rearview mirror, I asked Zoliswa what she thought [ucingantoni?]. Switching to English, she responded: “that granny is trying to be in two places at once.”

In everyday life, many residents of Khayelitsha, especially of an older generation, would never claim that the urban township reminds them of their beloved home in the rural Eastern Cape. The different material spaces invoke such different forms of life, the rural one in which the chaos and precarity of the urban does not disrupt the stillness of pastoral life. And while the pastoral lifestyle is in no ways uniformly bucolic—with its early mornings, long days, gendered and generational divisions of manual labor—one would never know that talking to Khayelitsha residents, who, with the mention of the Eastern Cape at an ordinary moment, take what seems like their first breath of the day. In almost every encounter in Khayelitsha, the Eastern Cape lingers as a trace, a mnemonic landscape conjured or appeared—returning as an image, as a mode of being, as a form of life—disrupting the urban in its forced, enclosed spaces. In the Location, you are always elsewhere than where you are, caught in between two worlds as landscapes morph and fold in on you, smells awaken and deaden, sight is redirected, until you find yourself neither here nor there, but somewhere in between. In this way, the township becomes unintelligible without reference to its other, until the rural and the urban seem resolutely inextricable.

This affective inextricability is also profoundly material in South Africa’s long history. Both under British colonial segregation and later under National Party apartheid, an enduring concern was how to ensure Black, exploitative labor both in resource-rich areas and in white, industrial settlements, with Cape Town being one of the most important of the latter, itself at the center of the British and Afrikaner political world. Given that the Black majority, historically rural pastoralists, lived in places far removed from the material spaces that demanded their labor, a crucial concern for colonial and apartheid control was how to force Black, able-bodied people from their rural homesteads to these centers to mine, to build, to cultivate, to manufacture, to clean. While the spatial fragmentation of families between the rural and the urban was central to colonial and apartheid logics, their legacies stretch into the contemporary with great force, with the majority of Black families racialized as “African” in Cape Town still extended, in varying ways and to varying degrees, between the rural and the urban—a migrant route that has become ever more important in post-apartheid era and the crisis of wage labor, where the urban no longer holds the promise of work it once did². With families not only spatially extended as a historical legacy but also as an ongoing attempt to endure the violence of the post-apartheid economy, the Location becomes a space that straddles two worlds in between the violence of South Africa’s history.

² For one of the most comprehensive treatments of spatially-extended households in southern Africa, see Murray (1981). While his treatment of the effect migrant labor had on kinship is limited to Lesotho, a number of important resonances remain to the modality of migrant labor internal to South Africa. For a contemporary treatment of the legacy in Khayelitsha specifically, see Spiegel and Mehlwana (1997) for a vital contribution. See also Posel and Casale (2003) for a more recent evaluation. On the crisis of wage labor, see Barchiesi (2011), Hart (2014), and Ferguson (2015).

At the clinic, talking about the Eastern Cape was a constitutive feature of almost every case. Many children grow up in between the rural village of the Eastern Cape and the urban township of the Western Cape. Amid structural precarity, parents ask kin in the Eastern Cape to take care of the child during his or her first, and most demanding, years. As a consequence, children who are “born free”—after the formal end of apartheid—continue to traverse, in complicated ways, the same migrant route that was at the center of over 150 years of British colonialism and, later, apartheid. Psychologists and psychiatrists understand the legacies of this history in the present in terms of attachment—usually insecure, disordered, or failed. Moving between spaces and worlds, and between formative caring figures with differing degrees of “devotion,” the fragmentation of space central to colonialism and apartheid is reconfigured in the present through the language of attachment to understand the black, deviant adolescent.

When I asked many psychologists what attachment was to them, John Bowlby was almost unanimously invoked to describe the foundation of their understanding. Bowlby’s central theory of maternal deprivation held that children come into the world with a biological need to secure attachment to a central figure, and that such figure—almost always a mother—should care for the child continuously in the first years of life to “secure” the attachment³. If failed, such failure expresses itself later in life in the person’s ability to form relationships with others, and can be symptomatically expressed in aggressive tendencies, depression, lack of empathy, and deviant behavior. Jeremy Holmes’ (1993: 67), a British psychiatrist who wrote a comprehensive history of Bowlby and his work, makes a striking observation in his book: “attachment theory is in essence a *spatial* theory: when I am close to my loved one I feel good, when I am far away I am anxious, sad or lonely.” Surely, it is not only in the work of Bowlby that the metaphor of space is paramount: more psychoanalytic thinkers, such as Melanie Klein and Donald Winnicott, rely on metaphors of space to elaborate their theories of subjectivity as well. Here, I explore the relationship between space and subjectivity, asking what happens when space is not just considered metaphorically in relation to subjectivity, but also in its historical materiality⁴.

³ See in particular Bowlby’s *Child Care and the Growth of Love* (1953); *Attachment* (1969); and *A Secure Base: Parent-Child Attachment and Healthy Human Development* (1988). Importantly, Bowlby was not attached to the figure of the “natural” or “biological” mother as many interpret his work. For instance, in Bowlby’s (1986 [1958]: 153) article “The Nature of the Child’s Tie to His Mother,” he writes in the first footnote: “Although in this paper I shall usually refer to mothers and not mother-figures, it is to be understood that in every case I am concerned with the person who mothers the child and to whom he becomes attached rather than to the natural mother.”

⁴ In their important essay, “Grounding Metaphor,” Smith and Katz (1993) pay attention to the explosion of metaphors for space in social theory. Concerned with the apparent collapsing of metaphorical and material spaces, they aim to understand the specific iterations of “space” that inhere in spatial metaphors, worried that the focus on space-as-metaphor forgets the materiality of space, and thus, for them, a fully realized spatial politics. Particularly attentive to how absolute space is unproblematized—still irrevocably connected to Enlightenment philosophy and the related project of imperial conquest—Smith and Katz do not want to dispose of metaphor, but rather to ground space as produced through both metaphor and materiality, while simultaneously untethering it from the unquestioned nexus of reason/colonialism that is still reproduced in space’s facile invocation. As Smith and Katz argue, metaphor is important because it renders the unfamiliar, the ambiguous, and elusive familiar and legible. By turning to space as a metaphor, there is an attempt, perhaps, to render the unknowable knowable, to place the strange back in a position of familiarity. Doreen Massey (2005) also follows this line of thought on her own terms, thinking space in both metaphoric and material terms. Massey’s triad formulation of space—as constituted by inter-relations, as multiplicity and co-presence, and as always in process or becoming—foregrounds what she calls the “liveliness” and “openness”

In this way, this chapter takes Zoliswa's characterization of her client's grandmother seriously: what does it mean to be in two places at once? And how is such a form of existing understood in normative frames of subjectivity, particularly psychiatric ones? I argue that the condition of being in two places at once is unintelligible to normative theories of subject formation, which rely on rather rudimentary certainties about the mother-infant relationship (that any separation of mother and infant is detrimental to the child's development) as well as assumptions about an individual's proper relation to a collective. I show how psy-experts' inability to think alternative forms of relatedness—the distribution of care that made it possible for black families to endure the economic and spatial violence of apartheid—which intimately racialize their clients. Further, I argue that such racializations are incredibly consequential: it is one important way in which global white supremacy is reproduced by assuming the obvious efficacy of the Good Family. I track how psy-experts are able to do this by appealing to a neutralized version of culture, a historical technique in anthropology and under apartheid that (quite effectively) evades the politics of race and consequential racisms, which I explored at length in Chapter 2. I try to show, following Fanon (1956), how it is a form of existing—of a radically different form of relatedness to human and non-human others in space—that is the object of racism, a form of racism legitimated through expert discourses about, and interventions on, the psyche. Finally, I explore how such a subjectivity is a form of potential in the present by paying attention to the place of space in subjectivity. By re-reading more psychoanalytic theories of the relationship between space and subject formation, I suggest something else opens up: the radical potentialities of non-normative relatedness—of literally being in two places at once.

Three Women Between Here and There

Or, the gendered politics of intergenerational forced migrations

I got to know Andiswa and her family toward the end of her time at the clinic. Andiswa is a sixteen-year-old girl currently living in Khayelitsha with her paternal grandmother, Nombini. Originally, she was referred to the clinic for behavioral problems, which resulted in a diagnosis of “adjustment disorder,” ultimately thought by supervising psychiatrist to be caused by a poor attachment history and a history of childhood abuse. Here, I want to parse out her history in relation to the generations of migrant labor across the second half of the twentieth century, the fifty or so years when apartheid was formalized by the National Party, by paying attention to the routes and returns of her history, and her material navigation of—and disorientation toward—space.

Andiswa was born at Frontier Hospital in Queenstown in the Eastern Cape in 2000. While her mother had been living in Cape Town at the time, she returned to the Eastern Cape to have the baby, ultimately leaving Andiswa to be raised with her extended maternal kin while her mother

of space, against classical representations of space that see it as “dead” or “fixed.” Massey's conception of space is already one of being-in-between: as a series co-present relations always in-becoming, to understand space is to understand what it means to be caught, what it means to be somewhere in the middle. Interestingly, Massey is able to create a theory of space that accounts for an in between space, but that “space” itself is as profoundly material as it is metaphoric.

returned to Cape Town to work as a domestic worker. At first, Andiswa lived in the largest township in Queenstown with her maternal grandmother—the same township that her paternal grandparents grew up in before migrating to Cape Town for work in the late 1960s. After her grandmother died, Andiswa moved in with one of her grandmother’s sisters, who, at the time, was raising a total of eleven children in the house. In addition to two of her children and their children, Andiswa’s maternal great aunt was also taking care of four other children, largely nieces and nephews on both sides of the family while their parents were working in cities, many of them in Cape Town. There was a total of fourteen people in the house spanning four generations.

Not only were Andiswa’s parents, aunts, and uncles migrant laborers, but both of her paternal grandfathers and their fathers, too—though the types of migrant labor were different, from mining to industry, and stretch before the formal instantiation of apartheid in 1948. Andiswa’s great grandfathers were both miners, who worked for the majority of the year away from the Eastern Cape away from their families. With the discovery of diamonds in the late 1860s in Kimberly and gold twenty years later in the Witwatersrand, the question of who would complete the massive amounts of extractive labor required to capitalize on the wealth became central. With resources concentrated in circumscribed parts of the country, and the black majority largely dwelling in rural areas far removed from those resource-rich centers, an effective system of migrant labor became paramount to completing this world-historical extractive project.

The history of migrant labor has thus been at the center of South African historiography. Especially for Xhosa-speakers, the Glen Grey Act of 1894 marked a turning point in the modality of migrant labor. Passed by Cecil John Rhodes, the act imposed a labor tax by reorganizing land tenure to individuals rather than communes, forcing Xhosa men into employment to pay the tax levied on their families (either in mines or in commercial farming). As the migrant labor system would become solidified under British colonial technologies of ‘segregation,’ a defining debate in South African historiography has been how, and if, such technologies of segregation were indeed different from those employed by the National Party’s formal instantiation of apartheid nearly half a century later. Many saw apartheid as the continued intensification of the British colonial system of indirect rule, whose genesis was in the rural Natal in the 1880s. However, as Wolpe (1972) famously argued, there were a number of factors that caused a transformation in migrant labor between segregation (usually periodized between ~1870-1930s) and Afrikaner/National Party apartheid (1948-1994). Under segregation, “pre-capitalist” modes of production (pastoralism) in many ways “subsidized” migrant labor of rural African men to work in resource-rich centers (mostly the Witswatersand and Kimberly)⁵. That is, the British were able to pay migrant laborers a single-person wage, which did not support the laborers extended kin networks that continued to

⁵ It is important to foreground the gendered dynamics of labor during this period of segregationist articulation. While the majority of migrant labor power was produced by adult men, the pastoral subsistence labor—especially cultivation of cattle and land—was primarily completed by women. In her famous reevaluation of Wolpe’s cheap-labor power thesis, Belinda Bozzoli (1983) argues that the focus of South African history on migrant labor, even when it acknowledges pastoral subsistence as a sustaining feature of British segregation practice of single-wage distribution, privileges certain forms of labor over others, reflective not only of the structure of gendered division of labor in South African history, but the (patriarchal) writing of that history, too. The fact the brunt of the subsistence was performed by women is continually obscured, even though most historiographical theses about migrant labor foreground pastoral subsistence as the key element that enabled the cheap labor of British segregation in the first place.

live in the rural parts of the country. Rather, pastoral cultivation (cattle, agriculture, kinship networks) in the “reserves” sustained African livelihoods in a way that the single-wage of the migrant laborer could not. The 1913 Natives Land Act, which dispossessed Africans of 87% into the hands of the British, placed an increased pressure on this articulation of pastoral-capital dynamic⁶.



Figure 7. “Transkei.” (1978)

United States Central Intelligence Agency Map No. 503097

Courtesy of Perry-Castañeda Library Map Collection, University of Texas at Austin

⁶ As Beinart (2001) argues, many histories of South Africa argue that, at the beginning of the twentieth century, African societies only had control over 9% or 13% of the total land, with the claim that such land was unfit for cultivation. While not to downplay centuries of continual dispossession by any means, recognizing that Africans had more access to cultivatable land is important, as this shaped migrant routes internal to the country. While that land was dispossessed, there were alternative arrangements among Africans and white-owned farms, where Africans were able to cultivate land that was technically dispossessed by the British. Beinart argues that if the 9% or 13% figures were absolute figures at the time (i.e., there was no African pastoral cultivation outside of the reserves) rural-urban migration would have exploded far before it did in the mid-twentieth century.

Especially in the next decades of the twentieth century, this system (the articulation of pre-capitalist and capitalist modes of production) became increasingly untenable amid soil erosion, environmental degradation, population strain, and increasing access issues to cultivatable land. Since the fruits of a pastoral form of life could no longer adequately subsidize capital extraction, a new way of forcing cheap, migrant labor power became important—the solution to which would become apartheid, or “separate development,” in 1948. Apartheid as a political technology of control thus harnessed the framework of British segregation, forcing cheap labor power by intensifying an existing racial order by transforming the British reserves into self-sovereign “homelands” or Bantustans, regulating urban residence based on apartheid racial categories, and de facto banning African political organization outside of the Bantustans. Thus, migrant labor transformed from primarily forced labor to pay colonial tax with pastoral subsidization, to being the central form of income in a rapidly changing racial-economic structure^{7,8}.

Leading up the 1940s, food production in the Ciskei and Transkei reserves (two of the reserves most Xhosa-speakers are from) continued to decline, reaching a head during WWII when the combination of access to land, environment, and national food shortages resulted in a widespread famine (Muthien 1995: 14-15). With the combination of the unviability of segregationist articulation, the increasing need for labor in infrastructure and manufacturing, and the continuing food crisis changed the form of migrant labor profoundly. During the 1940s, it was estimated that over half of adult males were absent from the Ciskei and Transkei reserves for these reasons. During these twenty years of rapid transformation, the kind of labor that was required vastly shifted as well. While before migrant labor was overwhelmingly focused on resource extraction, manufacturing, especially in Cape Town, began to soar in the years following the 1932 Depression. In the fifteen years between 1936 and 1951, the “African”—the apartheid racialization of black, Bantu speakers—population of Cape Town increased 245 percent to an estimated total of 40,481⁹.

⁷ While the political-economic shifts that made apartheid a separate phenomenon to British segregation is central to understand the next decades of migrancy in the 20th century, it is important to remember the continuities as well so as not to reproduce a familiar narrative of South African exceptionalism. While the qualitative shift in the structure of migrant cheap labour power is definitive, it is important to remember that the foundations of the system (British indirect rule) were common to almost all major British colonies on the continent in the first half of the 20th century. Apartheid as an answer to the ‘native question’ thus was not singular in form, but rather in its timing. At a time when the rest of the continent was effectively decolonizing from (mainly) British and French regimes, South Africa was intensifying its colonial project through an even more legalized and routinized form of racialized rule in the form of apartheid. See especially Mamdani (1996).

⁸ It is also important to note that Wolpe’s thesis is historically circumscribed, especially regarding the classic periodization of ~1870-1920s. The decline in subsistence subsidization began to radically decline in the 1920s and the 1930s. Simkins (1981, cited in Muthien 1995) showed that by the end of 1920s, reserves produced less than 50% of the actual subsistence needs. However, given environmental dynamics described above, this is unsurprising. Perhaps what is most important is that the transformation of cheap labor was beginning to happen before the formal instantiation of apartheid in 1948. In this way, one cannot draw a clear periodization in the transformation of migrant labor between British-segregation / Afrikaner-apartheid. Rather, perhaps, that transformation could be seen as formalized in an intensification of the racial order under apartheid, even though its basic characteristics predate the formal instantiation of apartheid.

⁹ These figures were collated by Yvonne Muthien (1995) in her historical monograph of African migration to Cape Town during the formal apartheid years. Her findings are based on the important Keishammahoeek Rural Survey between 1947-1951, the Tomlinson Report of 1955, and the 1951 Census Report from the Union of South Africa. It is also important to note that much of the African migration in the 1920s and 1930s actually came from Africans working

And while mining was the primary form of migrant labor from the Eastern Cape in the first half of the twentieth century, the interwar years saw a large increase in industry, concentrated in South Africa's largest cities. By 1945, manufacturing work—bolstered by the strength of gold after departing from the standard in 1933 and the demand of goods in Europe after the war—exceeded both mining and agricultural production in terms of GDP. Of course, with the changing face of urbanization, Africans were actually the minority laborers in these first years of industrial growth, with both white people and black people racialized as colored comprising most of the manufacturing work force in these early years in Cape Town. Between the formal instantiation of apartheid and 1970, “Africans” in Cape Town steadily increased in the manufacturing, construction, and service industries. Again, this division of labor was both highly racialized and gendered: manual labor continued to be overwhelmingly performed by black men, while black women were mainly employed in “domestic” services¹⁰.

Both of Andiswa's grandfathers were industrial migrant laborers to Cape Town, in the 1960s and 1970s, at the height of the National Party government's attempts to regulate “urban African” residence through apartheid legislation—mainly the Population Registration Act, the Native Urban Areas Amendment Act, and the Colored Labor Preference Policy—passed in the first years of apartheid¹¹. The next decades of apartheid in Cape Town attempted various strategies for

on white farms, and not necessarily from the reserves. The explosion of African migration to Cape Town from the reserves really began from the late 1930s into the 1940s, the height of the subsistence crisis.

¹⁰ In her important historical monograph, *African Women and Apartheid*, Lee (2011) illuminates the difficult place African women were put in during the first three decades of apartheid, where pass control laws were established to purposefully diminish permanent African urbanization in Cape Town. With the passing of the 1952 Urban Areas Act, women were for the first time included specifically in urban control measures. This marks a shift from the previous major piece of legislation under British power—the 1923 Native (Urban Areas) Act—which was geared toward migrant men, requiring (i) mandatory segregation of Africans in urban zones; and (ii) mandated registration by employers of service contracts with Africans. When it was amended in 1937, women were included, but like much of pass law legislation under British power, it was not strictly implemented. Again, while underlying schema were in place for apartheid during British rule, National Party apartheid intensified the racial order by implementing some long-standing legislation with brutal strictness and efficiency toward the simultaneous goal of economic growth and segregation through separate development. For a very different take, see Young (2017), who re-reads the absence of black women from the national archives and its diasporic lives through a performative imagination, showing how attention to performance illuminates absences that structure the archive.

¹¹ In the first decade of apartheid, four pieces of legislation attempted to profoundly control African labor and migration in the Cape: the Population Registration Act (1950), the Group Areas Act (1950), the Native (Urban Areas) Amendment Act (1952), and the Colored Labor Preference Policy (1955). The Population Registration Act was a first step in solidifying the racial order: it required every individual have a racial categorization in a national register, and the dissemination of documents with each person's categorization. At first, it included Bantu (black African), coloured (“mixed race”), and white; later, a fourth category of “Asian” was added. The Group Areas Act, based on the Registration Act's racial categorization, mandated that different racial groups live in specific urban zones to allow exploitative labor practices while not contaminating the whiteness of Cape Town proper. The Urban Areas act attempted to differentiate urban Africans from rural Africans, in the simultaneously attempt to continue exploitative labour practices while attempting to thwart overall urbanization. In order to qualify to have legal residence in Cape Town, Africans had to demonstrate: (a) that the Cape was their place of birth; (b) that they had been continuously employed by a single employer for a period of ten years; (c) or had permanently resided in the city for a continuous period of fifteen years. Dependents of any of the above three classes were also authorized to stay. If a migrant did not qualify, they were required to obtain a permit, valid for only 72 hours, to enter the urban area to look for work.

managing the double bind of labor and race by attempting to regulate urban residence by forcing “legal” migrants into designated Locations, which today are known as townships. This caused a greater push of “illegal” migrants to the Cape Peninsula, or the Flats as they are known, and the proliferation of squatter camps, which we frequently subject to violent raids followed by forced removals and “un-endorsements.”

The increasing influx of migrant laborers in Cape Town during this period drastically changed the spatial politics of habitation. Until the 1930s, many “urban Africans” lived in the suburbs immediately south and east of Cape Town’s center. However, by early 1950s, many “Africans” were pushed to live in squatter camps on the Cape Peninsula, with only one third of Africans living in formal ‘locations’—municipal reserves that had compounds for migrant laborers—of Langa and Nyanga (established in 1927 and 1948, respectively). As pass controls would intensify in the first decades of apartheid, and especially in Cape Town, there was a concerted effort to force “Africans” living in informal settlements on the Peninsula into the locations, so such pass controls could be enforced more formally (as informal settlements made it quite difficult to enforce pass laws for every individual).

Andiswa’s grandmother, Nombini, was born in 1952 in Queenstown, in what is not the province of the Eastern Cape during this rapid intensification of the racial order. She grew up in Mlungisi, the largest township in Queenstown. Under apartheid, Queenstown was a prominent place of settlement for the Afrikaners, and thus still territorially apart of the Republic of South Africa ruled by the Afrikaner National Party, closely neighboring two of the major Bantustans—the Transkei and the Ciskei. During the first years of Nombini’s life, in the 1950s and 1960s, the apartheid regime began implementing the Group Areas Act in Queenstown, attempting to push Black people racialized as Africans still residing in Mlungisi into the homeland of the Transkei, whose border started just five kilometers from Queenstown. Nombini’s father had always been a miner, working for most of the year in the Kimberly mines. Nombini’s family resisted removals, and she was educated in Queenstown in a segregated school (mandatory under the Bantu Education Act of 1953).

The Coloured Labor Preference Policy of 1955 further intensified controls on “urban Africans,” as Eislen, then Secretary of Native Affairs, declared what is now the Western Cape the “natural home” of the “coloured” population. This piece of legislation gave the state more leeway to remove “Africans” from urban areas, implementing intensified influx control measures in addition to those already in place. Again, legislation was caught in a double bind: between knowing that growing industry required exploitative “African” labour in the Cape, without wanting to increase permanent “African” presence in urban spaces¹². In other parts of the country, the Urban Areas

¹² Unsurprisingly, informal settlements—or “squatter camps” as they were called—began to proliferate on the Cape Peninsula. Because formal locations (a term used for township, still in use today) were subject to intensified influx control measures, which were oppressive not just because of increased surveillance but also on the forms of allowable expression. As an attempt to protect African “encroachment” on zones reserved for the Coloured population and to curb “illegal” African migration and urban settlement, by the late 1950s authorities began destroying squatter camps, centralizing Africans in the relatively newly constructed formal location of Nyanga, and, to a lesser extent, Gugulethu, which was first established in 1948 as an “emergency” location for Africans dispossessed of homes in illegal squatter

Act was not immediately implemented; Cape Town, however, began implementing influx control measures startlingly fast¹³.

At this time in South African history, Nombini was in school where she met her future husband, and, shortly thereafter became pregnant with her first son, Ayanda, in 1970. Soon after the birth of their son, Nombini's partner moved to Cape Town to work in the manufacturing industry. Spatially-extended for eleven years, seeing each other only during the December holidays, Nombini and her son would finally move to Cape Town to join her partner in 1981 who had been living in Crossroads, and they were married later that year. Crossroads was first settled in 1974. With increasing demolitions of "illegal" squatter camps on the Cape Peninsula, moving people to Crossroads allowed for increased surveillance on the presence of "illegal Africans." The majority of the people who were forced to settle in Crossroads were not recently arrived from the Transkei, but rather "Africans" who had been living in Cape Town a long time, sometimes decades, like Nombini's husband. However, even though Nombini and her husband were married, she had not yet been "qualified." Raids by apartheid police were common in these first years of Crossroads, and many people were unendorsed. Crossroads had strong community political organization, and it was declared an "official" settlement in 1976, the year of the Soweto uprisings in Johannesburg. As more and more Africans moved into Crossroads, it had become a serious problem for the municipality, as it was a physical manifestation of the breakdown of influx controls in Cape Town. Increasingly militaristic plans to demolish the township were halted temporarily in 1978 when Piet Koornhof, replacing Connie Mulder as the Minister of Plural Relations, came to Crossroads to attempt to negotiate a political truce that would keep the settlement from being demolished. At first, Koornhof suggested the development of a "New Crossroads," with less strict control laws, especially in letting "illegal Africans" with employment to stay. However, with rising tensions between Crossroads groups collaborating with Koornhof, and the continuing raids and deportations that were supposed to be abolished in the agreement, a new plan was devised: to create another settlement, Khayelitsha. Like many living in Crossroads at this time, Nombini, Ayanda, and her husband were forcibly moved to Khayelitsha in 1984, the first year major settlement in the new location occurred. While Nombini's husband continued to work in the manufacturing sector, Nombini began working as a domestic worker while also raising Ayanda¹⁴.

As would be expected, "African" migration and settlement in Cape Town increased exponentially with the abolition of pass laws and Group Areas (1986-1994). Many of the new "African migrants"

camps, and increasingly became more formal in the next decade. With such widespread demolition, many "illegal" Africans were "unendorsed"—in other words, forcibly removed and "deported" to the homelands—during this period. Fast (1990) shows that over 26,000 Africans were unendorsed between 1959-1962, the height of squatter camp demolition. 1960 also marked the year that the Department of Native Affairs was renamed to the Department of Bantu Administration and Development, a shift in name that illuminates an ideological intensification in the regime: from merely regulating African urbanization, to promoting self-governing Bantustans as a project of separate development. Even for Africans who had been living in urban areas for decades (or their whole lives), the administration still saw their ultimate place of belonging to be in the rural Bantustans. Following this shift, "unendorsements" or effective deportations began to take on a new character in the attempt to realize separate development more fully.

¹³ See Makhulu (2015) for an overview of the ways in which Cape Town intensified controls in relation to other South African cities at the same time.

¹⁴ For more on the specificities of forced removals—especially for the Cape Town dynamics between Crossroads and Khayelitsha—see Surpuls Peoples Project (1984) and Platzky and Walker (1985).

settled in Khayelitsha—a township that was first offered as a response to the violence of influx control and its conflicts in Crossroads, but now became the primary place of settlement for newly arrived migrants from the Transkei and Ciskei, or, as it would be called post-apartheid, the Eastern Cape Province¹⁵. While Andiswa’s paternal grandmother and grandfather resisted removal from Crossroads, the largest township for migrant laborers before Khayelitsha was established, they eventually were moved in Khayelitsha as it became more established toward the end of apartheid. Both of Andiswa’s parents, living in Cape Town during the end of apartheid, were employed in the service industry, and after Andiswa was born in 2000, they began sending remittances back to her grandmother who, for the first years of her life, was raising her. While the forms of labor differed in both quality and quantity, the practice of sending remittances between the rural and urban continues to be pervasive strategy for Black households in the post-apartheid era. Housing, especially at this historical juncture, was increasingly difficult to find. The Reconstruction and Development Plan (RDP) was first proposed in 1994, focused especially on housing subsidies and assistance for the increasingly growing urban African population. The RDP was proposed at a time when the African National Congress proposed a re-imagining of state welfare, with the original conviction that the market could do nothing other than exacerbate existing articulations of racial and economic inequality. However, the plan was swiftly replaced with the Growth, Employment, and Redistribution (GEAR) Plan, which, while its name connotes a commitment to radical redistributive possibilities, was in fact, as many have shown, a plan to intensify market logics in the post-apartheid era¹⁶.

Andiswa would lose both of her parents in the first years of her life—her mother to HIV/AIDS and her father to violent crime—while she lived with her grandmother in the Eastern Cape, and, because since she was born they were laboring in the city full time to partially support her, she would never meet either of them. After her grandmother died when she was five, Andiswa moved in with her great aunt and seven of her cousins, all whose parents were in cities working.

There, Andiswa got lost in the shuffle, and began to cope, as she put it, by starting to drink at the age of 14, staying away from the house for days at a time, and began failing in school. With this behavior, her great aunt told her she could no longer live with her, and ended up moving to another village 30 kilometers away to live with a paternal aunt, whose house also had five other children in addition to adults spanning four generations. While her behavior continued, one day her paternal aunt told her that her father wanted to see her. As Andiswa never met her father but knew he passed away in Cape Town in 2005, she was shocked but also elated at the possibility that her father might be alive. Her father’s family told her that the man she thought was her father was in fact not, and that her biological father lived in Durban. They gave her his contact information, and he confirmed the story, sending her money to come to Durban to meet him. After arriving in Durban, Andiswa was treated with suspicion, which confused her, because she thought that the family she

¹⁵ Even in the post-apartheid era, the formal Xhosa for the Eastern Cape is *Iphondo laseMpuma-Koloni* – literally, “Province of the East Colony.” This is branded on all contemporary government paraphernalia.

¹⁶ See especially Hart (2002), Bond (2000), Marais (2001) for an elaboration of this shift. For more specific demographic data on this era and settlement in Khayelitsha, see Seekings, Graaff, and Joubert (1990) and Hildegard (1990).

had been living with was not her real family, and that she had finally come home. Three weeks later, it came out that while the man she was living with did have a relationship with her mother, he was not her biological father—her extended family in the Eastern Cape made up the story to pressure her to move. Disoriented in space between Cape Town, Queenstown, and Durban, Andiswa called the only person left: the mother of her father—the man who died—who has lived in Cape Town since she followed her husband, an industrial migrant laborer, in the 1970s. Andiswa continues to live there today, with her paternal grandmother, on the same block her father died on nearly 15 years ago.

One day while we were talking in 2016, I asked her what it was like growing up in the Eastern Cape, and how she felt moving around so much. She responded, “At first, with my grandmother, it was nice—there was so much space. But... after moving around, between Cape Town, and the Eastern Cape, and Durban, I didn’t know where my place *was*... But now, home is Khayelitsha with my grandmother.”

Her expression of her own disorientation of space—of not knowing where her place *was*—was profoundly a product of violent state spatial and exploitative labor practices that stretch back well over a century. With her family members—parents, grandparents, aunts, uncles—extended between Queenstown, Kimberly, the Witwatersrand, Durban, and Cape Town, across multiple different generations and forms of labor, Andiswa found herself intimately apart of many spaces, but nonetheless out of place, as her life story formed through generations of migrancy left her somewhere in-between. Not knowing where her place *was*, when Andiswa finally settled in Cape Town, there was an adjustment period where she was getting into trouble quite a bit, and rebelling outside of the gendered and generational positioning she was supposed to inhabit. Andiswa found her way to the clinic where I met her because her grandmother asked a friend at church, the service manager of the clinic, Viwe, to speak with her about her issues. In this next section, I want to explore how her complicated history becomes rendered in psychological terms.

What Explains Everything?

Or, why this is about Race (and Anti-Blackness in particular) and not Culture (and Eurocentrism in general)

One day in April 2016, we were sitting at clinical supervision with a white psychiatrist, discussing the case of fourteen-year-old boy who was having significant behavioral issues in school. The psychiatrist was at the head of the table, as always. Clinical supervision with him always seemed so much like a graduate seminar: he would ask leading questions, attempting to simultaneously evaluate the team’s knowledge and deepen it. The team loved having him there especially—as Zoliswa had said to me at least 20 times during my time there, “Yho, that man is a teacher.”

The case was particularly difficult because, while the identified patient was struggling significantly in school, he did not appear to have a cognitive impairment. Ruling out the possibility of an intellectual disability, the psychiatrist said it was more likely he had a “scholastic” difficulty—that is, the child has the capacity to learn, but is not supported in the process, either at home or at school. The child lives with his maternal grandmother, eight other cousins, two maternal great uncles, and his mother in an RDP house in Harare, Khayelitsha (writing in English, his three wishes

in the assessment were: “*I wish I could change. I need the help to change what I am doing. I can prove that I could change*”). He is having difficulty in concentrating at school, is banging his head against the wall when he is supposed to be sleeping, and becomes sporadically upset throughout the day. The mother left him with his grandmother in Cape Town when he was born to work in Johannesburg, returning when he was seven years old. While the case manager wanted to diagnose the boy with an intellectual disability and refer him to the tertiary psychiatric hospital for further assessment, the psychiatrist asked the team to think about the case differently.

Shifting forward in his chair, talking slowly, he said:

- “Psychiatric diagnosis is difficult because the diagnosis should explain all of the anomalies, not just some of them. Few solutions explain *everything*. In this case, what explains everything?”

The case manager immediately responded, “it is an intellectual disability.” But the psychiatrist interjected immediately, and told us to review his three wishes and his drawing. While he may have concentration issues, both the writing and drawing are appropriate to that age. If it were an intellectual disability, he explained, that wouldn’t be the case. Everyone was silent, trying to pose an answer.

After a long, and somewhat unbearable silence, the psychiatrist answered his own question: the mother. The mother is absent, the mother is erratic, the mother is “abusing” substances, the mother is, the mother is... His mother—couched in the terms of her failure to secure an attachment to him—could explain everything. The team hesitantly agreed. The question came up as to whether or not we should notify the Department of Social Development (South Africa’s welfare administration) that there was possible neglect in this household. The psychiatrist forcefully said:

- “90% of the children we receive have attachment issues—we can’t send them all to Social Development.”

Seeing failed attachment as categorical explanation for contemporary behavior permeated the majority of cases I encountered. While not a diagnosis, it was frequently listed with the primary diagnosis, a causal connection between a category and its ultimate genesis. Since the beginning of the year, the team had been tirelessly trying to recruit teen mothers into a parenting group. The idea was simple: if we can teach young mothers about attachment—about how their relation to their child in their early years determines their ability to thrive later in life—while they are still pregnant, there was the possibility of stopping a cycle before it began¹⁷. Intervention here predated birth.

Nor was this attachment to attachment unique to the clinic. In the nearly 50 conversations I had with psychiatrists, clinical psychologist, social workers, occupational therapists, and interns,

¹⁷ I explore this rationale of cyclical violence throughout Chapter 5, “It’s Strange When Something Doesn’t End.”

concern over widespread attachment issues among black people on the Cape Flats was nearly universal.

I had met Sarah a few times before at various mental health meeting and case conferences on the Cape Flats. She is a white clinical psychologist who provides psychotherapy to patients in Khayelitsha and other townships on the Cape Flats. Sitting in her office with the lights off, a sink, a curtain separator, and the smell of clinical clean, I felt squarely in a clinical space. With a blazer, black slacks, and tired eyes, she talked about the problem of therapy on the Cape Flats. I asked her about what kind of cases she sees most regularly. She specified that she saw a whole range—complicated bereavement, traumatic stress, substance abuse, depression, personality disorders—but that the commonality among the different diagnoses was “poor attachments.” She continued:

“There are such poor attachments. We are dealing with such poor attachment history which leads to an inability to self-sooth, they don’t have the tools to adjust to life, especially amid this constant trauma and insecurity and financial problems, and, and, and... It is so easy for a person to rely on substances to self-sooth.”

Having heard this explanation many times, I asked her why she thought there was such widespread attachment issues, and what, in her definition, she thought attachment was. She swiftly responded:

“I think apartheid has destroyed this community spatially. A lot of time what has happened, because of apartheid and the separation and people being displaced, is: A person has a baby, then at two or three months the baby gets shipped off to the Eastern Cape to be looked after by a grandma who is also looking after five other children. They are not seen, they are not acknowledged, there is no relationship, so they learn to survive on their own. Then at five, grandma dies, and they are shipped off to another relative, who then ships them off to another relative, and so it is just this constant breakdown of the family, the family systems. So then at fourteen, great, they are brought back to live with mom, but who is mom? And so now they have to make sense of a new context and so then they run off with the boyfriend and they fall pregnant at seventeen or eighteen, and now they’ve got this little baby, what do they do, they now ship it off to the Eastern Cape. And it is just this dysfunction that keeps going on and on and on.”

At first glance, Sarah’s description foregrounds the spatial legacy of apartheid as the pathology’s ultimate cause. However, as she continues, her explanation for the relationship between postcolonial violence and mental illness quickly becomes itself pathological. Her description reads violently familiar to discourses of racialized pathology and “cultures” of poverty and violence, which ends up foregrounding *the family* as the source of dysfunction, not South Africa’s pathological history¹⁸. By emphasizing the “breakdown” of family systems, Sarah’s implicit

¹⁸ In *Exceptional Violence*, Deborah Thomas elaborates the shift from culture of poverty to culture violence, showing how the culture of poverty discourse has morphed into the culture of violence discourse through a shifting emphasis on failed black masculinity. As Thomas (2011: 83) writes, “In the first instance, poor black men are ‘problems’ because they are not household heads, stable breadwinners, and actively present (patriarchal) fathers. In the second, poor black men are ‘problems’ because they cannot gain a significant foothold in legitimate entrepreneurial activities (because

judgments about kinship's ideal form are illuminated, an ideal form that has disintegrated—a “breakdown of the family” strikingly similar to the history of mental health in 1960s traced in Chapter 2. This was a common paradox in conversations with white psy-experts especially: the superficial leveraging of the legacies of apartheid as way of distancing underlying judgment for alternative imaginations and practices of kinship—practices, we might recall, formed as a way of enduring systematic racial exploitation under the apartheid migrant labor system. Sarah's assumption of the necessarily violent ends produced by a violent history obscures the potentiality of non-normative forms of relatedness—and love—whatever their spatial form.

What is particularly interesting about locating the source of dysfunction in the family through the lens of failed attachments is the origin of contemporary attachment classification. While attachment theory—especially its ethological and psychoanalytic variations—go back to the late 19th century, the diagnostic classifications still in use today (secure, insecure avoidant, and insecure ambivalent) originated from an ethnographic study in rural Uganda in the 1960s. Mary Ainsworth, a Canadian-American psychologist and student of John Bowlby, went to Uganda to study childhood development, and the Gandan practice of “abrupt weaning” in particular, culminating in her 1967 book, *Infancy in Uganda*. After 15 months with their birth mother, Gandan children are separated from their mother, and sent to live with another relative in a different location (what Ainsworth ironically calls their “foster parent”). This practice attracted Ainsworth because it seemed to showcase alternative possibilities for childhood attachment outside of the Euro-American frames of then-contemporary attachment theory—a case of “‘pure’ separation,” as she put it (1967: 416).

Many of Ainsworth's observations read anecdotal. She is constantly performing an anthropological openness to the other while nonetheless recoiling into declarative statements that support her overall finding: that any mother-child separation in early years is bad for the child. Here is one instance in which Ainsworth (1967: 421-422) draws a conclusion after one encounter with a child named Senvuma:

“Although Senvuma manifested some attachment to her [his “foster parent,” otherwise known as his aunt], his behavior otherwise was in striking contrast to the other babies in our sample of the same age. He was less friendly to us as visitors, but, more important, he was quite impassive at the clinic when his young nursemaid left him totally alone for a protracted period in the midst of strangers. Whereas most children of his age would have expressed acute distress upon being abandoned by a familiar person in a strange situation, he did not protest; on the contrary, he accepted attention from me—a stranger—neither welcoming nor rejecting it. He was said to have recognized his mother when she visited him. But, even more important was the fact that he was so listless, unresponsive, and unsmiling, and that he accepted being taken by a stranger away from his home without any protest of any kind.

they were fatherless) and are therefore responsible for the violence that perpetuates poverty and insecurity.” Crucial for Thomas in understanding this shift is how under neoliberalism, the family is no longer the formative unit of economic production, but rather the individual. The shift from culture of poverty to the culture of violence discourse is reflective of this renewed emphasis on the individual. See also Carol Stack's (1974) important book, *All Our Kin*; and David Scott's (1997) essay “The Culture of Violence Fallacy.”

Despite the fact that he was described as attached to his foster mother, he seemed quite withdrawn and indifferent to who held him—indeed, to who was present or absent” (421-422).

In this encounter, Ainsworth’s grid of intelligibility—mother-infant separations and its behavioral effects—frame the possibility of her conclusion. Sure, Senvuma may have been listless that day, and may have been indifferent to whom was in his presence, but to ask the reader to accept that this is because of poor attachments is telling in more than one way. Firstly, we know that Senvuma has been cared for by a variety of people—his biological mother, her nearby family, and then sent to live with his aunt and her community. To assume that Senvuma necessarily needed to be in contact with his formative caregiver at all times already shows that Ainsworth misunderstands relatedness, and how the strange/familiar dichotomy is an inadequate translation of radically different ways of recognizing—and being related to—people. Children are many times left with extended kin and non-kin, but the point is that, even if the child doesn’t recognize the person in Ainsworth’s sense, they are not necessarily strangers. By placing others in Senvuma’s presence in the figural position of ‘strangers,’ she is able to pivot a causal link between her observation and her ultimate theory of infant-child separation. This causal leap assumes a relationship between self and other, individual and community, that fundamentally presumes the Good Family as a the ultimate arbiter of stable relatedness. Perhaps the only strange part of the situation was Ainsworth’s presence herself: her embodied positioning in the spaces she took on to observe at the moment she chose to do so—just as the country gained independence from Britain in 1962.

Returning to Johns Hopkins, it was Ainsworth’s goal to empirically document such universals in a controlled, laboratory environment, culminating in the Strange Situation experiment. To this day, her subsequent classification of attachments—secure, insecure avoidant, and insecure ambivalent—continue to be the gold standard in the study of child development and clinically applied in a variety of settings (including quite broadly in Cape Town, and even specifically Khayelitsha)¹⁹. A universal theory of childhood development originated from a study in a decolonizing sub-Saharan Africa set as its main research question: what happens when young children, at around two years old, are taken from their biological mothers and cared for by spatially-extended kin? The African mother who distributes care lingers as a trace in the intervention apparatus that pathologizes African mothers for distributing care. What is particularly important here is how an encounter with difference—whose observational result is a declaration of sameness, that separating child and mother is a categorical bad—bolsters a scientific discourse’s claim to universality.

In Ainsworth’s (1967: 426) words,

“I did not, however, observe anything in the course of my visits to Ganda homes that was incompatible with the view that the disruption of ties between a young child and his mother can be disturbing and can set back development.”

¹⁹ See Tomlinson, Cooper and Murray (2005) for example.

Continuing, referencing Senvuma once again,

“But, more frequently, the separation from the mother made matters worse rather than better. Too often a child was moved to a household where he belonged to no one in particular, like Senvuma, and where he was left very much on his own and was valued only as he grew older and could help with chores...If, as all too frequently happens, the child is thrown as Senvuma was into a large household in which no one was deeply committed to him, this action will interact with his own feelings of misery and abandonment and will make it difficult for him to pick up the threads of closeness and intimacy” (Ainsworth 1967: 427).

Based on what could only be generously considered anecdotal evidence, Ainsworth instantiates a normative family form in its resolute universality—the Good Family—possible only through her own strange situation in Uganda. What is at stake here is how the other is made to be the evidentiary base for a theoretical and interventional apparatus that pathologizes that other: the claim to universality is only possible by demonstrating how difference is really just sameness in the end.

I spoke a few months after my conversation with Sarah with another white clinical psychologist, Rebecca, with whom I worked in multiple capacities, and who has over ten years of experience in the public system on the Flats, in private practice, and in the South Africa academy. When I asked her what attachment was to her, she responded:

“In my experience, the most important time is the first four or five years of a child’s life. And I don’t think that the attachment figure necessarily needs to be the mother, but it needs to be an adult who is sort of contained enough in their own lives that they can attend to a child or a baby and have an awareness of what the baby needs, as opposed to maybe so caught up in survival and their own issues that they are not aware of the particular needs of the baby... The other thing is, sadly, that a lot of... and again, I don’t know how much of a cultural bias I have towards this, because I find it hard to accept how much children move around. Like they’ll go from Cape Town to the Eastern Cape and back again, oh this uncle in Joburg is there and says he can go live with him, I’m like, for me, in my culture, you would never, you’d hardly ever let your kid go live somewhere else, it’s hard not to have a judgment about that actually. Because I do think those are disruptions in attachment that are problematic...”

While Rebecca tries to foreground her “cultural bias” in her judgment about spatially-extended households, her analysis of the movement of children between places is not made in relation to her “culture.” Culture for her here is a politically correct term for race. She judges black kinship configurations only against normative, white forms of child-rearing—blackness only judged against and in relation to the Good Family as the ultimate expression of normative whiteness.

As I have already explored at length in the introduction and Chapter 2, the mobilization of culture to evade the politics of race and racism has been a central strategy—not only in apartheid policies writ large, but has also been integral to the history of South African psychiatry itself. Particularly in the latter, the claim to culture has the effect of foregrounding an assumed sameness among all

humans, leveraging “culture” as an apparently non-essentialist marker of difference. In doing so, the psychoanalytic enterprise and its contemporary counterparts, particularly child developmental theories of attachment, get to assume an “essential” psyche at the base. This essential psyche—while it can be sensitively translated across different “cultures”—assumes a universal theory of stable subject formation: through the Good Family. This inscription of the Good Family—when Sarah found pathology in the family and its breakdown; when Ainsworth found the universal formula for a mother’s proper relation to her child; when Rebecca foregrounded her bias in judging the “culture” of Black families—is similarly about making culture stand in for race: the objective reality of which, following Visweswaran, is produced through the very racializing practices that claim their distance through the language of cultural difference. Thus, the problem with simply critiquing attachment as Euro-centric is that it smuggles in a sinister relativism, which brackets the very real way that cultural relativism, the purported champion of difference, actually just assumes a fundamental sameness (in essence) at the end of the day.

In “Mama’s Baby, Papa’s Maybe,” Hortense Spillers (1987) similarly reflects on the Moynihan “report” (1965), focusing on the norms of inheritance from which, in his pathologizing view, the American black family deviates from: mothers take the head of household, which for Moynihan places black families at “distinct disadvantage” (Spillers 1987: 75). In Spillers’ (1987: 66) words, the report thus “inscribe[s] ‘ethnicity’ as a scene of negation” by creating the opposition between “white” and “black” family structures, where the latter can only be a lack in relation to the normative former. What is missed by Ainsworth’s and the others’ evaluation of failed attachments is the way in which spatially-extended households and the distribution of care were a necessary and incredibly effective form of endurance in the face of the spatial devastation of apartheid, and continue to be more important than ever in the post-apartheid era. It is not so much that those strategies of endurance have *failed*, so much as they are *seen to fail when juxtaposed with normative white imaginary of kinship, when they are juxtaposed with the Good Family as kinship’s only form*. And it is not just that such kinship structures were only created to endure: they are expressive of a radically different form of relatedness that is mostly unintelligible when juxtaposed with the Good Family and its (ideal) result: a sovereign individual who achieves autonomy from a parental pair as an adult. Rather than see spatially-extended households as a form of potential, they can only, in their blackness, be seen as a lack. The discourse of attachment—and especially maxims about a mother’s proper relation to her child—is thus not about Eurocentrism; it is about the quiet and forceful reproduction of white supremacy, a global form. It is not cultural heterogeneity that is at stake: rather, it is about how blackness is pathologized through value-neutral discourses, like the neutralizing frame of culture—something, in a quintessentially liberal ethos, that must be “respected” and is thus effectively relativized. More simply, this is not about cultural imperialism: it is about the extension and reproduction of global white supremacy through the Good Family.

To return to Fanon (1967: 32), “the object of racism is not the individual man but a certain form of existing.” While these words that mark the opening of this chapter were pointing to what he saw as a shift in racism—from the biological to the cultural—his words have force beyond such neat periodizations of racism. I read Fanon’s “individual man” [*l’homme particulier*] as the person who is crudely epidermalized under various forms of overtly—that is, legally enshrined—racist regimes, such as apartheid or Jim Crow South in the United States. However, in the aftermath of either “liberation” (1994) in South Africa or civil rights (1964-5) in the United States, racism continues

to be structural, but is not necessarily “legal” under such liberal-democratic regimes (though this is not adequate as the state’s monopoly on the use of coercive force enables structural racism to endure precisely through the unchecked force of “law enforcement”). Racism thus shifts from something overtly recognizable—pass laws, legally enforced/militaristic segregation, etc. based on a structural epidermalization—to something perhaps more sinister in its quotidian nature. The shift of the object of racism to a form of existing is precisely this—racism becomes perhaps even more insidious because anti-blackness (racism toward a form of existing) is no longer recognized by the liberal state through its reliance on periodization (2019 is twenty-five years “post-apartheid”) and the form of sovereignty such periodization bolsters²⁰. Thus, studies of racialization become ever more important under purportedly liberal regimes precisely because racism is oriented not solely toward the epidermal, but toward the form of existing such difference signifies. It is that form of existing to which I now turn in conclusion.

The Place Where We Live

Or, the place of Space in Subjectivity, and the material contours of Being in Two Places at Once

Returning to Khayelitsha in 2018, after a year and a half, I asked Zoliswa again about that granny who was trying to be in two places at once, a scene and an utterance that stayed so vividly with me. As we sat with two of the other therapists at Spur in Sommerset West, Zoliswa said with force: “*Inkaba yam isekhaya.*” Breaking from the granny and using the possessive – *yam* – Zoliswa located herself in the same positionality of the grandmother. Translated, her utterance means “my umbilical cord is at home.” The isiXhosa word *khaya* almost always means the home of your parents, where you are from; for her, and many black South African woman of her generation, *khaya* is in the Eastern Cape, the former Transkei, the place of her birth and formative years. This word is juxtaposed with *indlu*, which refers to the structure of the house you live in, but is not necessarily your home, even if it the only house you have. *Khaya* is not in locative form—it does not indicate place but rather describes one—but, in use, generationally, it almost always refers to the pastoral homeland, a homeland that is simultaneously a place of nostalgia and respite, as well as the material space mandated under apartheid to achieve separate development.

Like many of her generation and today, when she was born her *inkaba* was removed and buried in the ground outside of her parents’ home. In doing so, the practice captures the many forms of relatedness that makes Zoliswa a person: a material connection to her family, first giving her life; a part of her that is now a part of a material place, a landscape, and environment; an earthly part of her that is outside of her, an offering to her connectedness to the ancestors. Referencing her *inkaba*, Zoliswa was gesturing toward the many attachments, human and non-human, that make her possible. Relatedness here was not just about formative connections to other persons (though that is an important part), but about a whole series of relations that transcend normative approaches to subjectivity. Zoliswa is always there, even when she is not.

The place of space in subjectivity, then, seems particularly important: not only to Zoliswa and the grandmother, but to Andiswa too—though her relation to space is also marked by a generational

²⁰ See the Conclusion, “At the Edge of Which We Wander,” for a more substantive discussion of periodization and sovereignty.

difference. Moving beyond the racializing discourses of basic theories of childhood development and attachment, more psychoanalytic readings of object relations—many of which predate or are contemporary of those categorizations—interestingly foreground metaphoric space in the making of subjectivity. It is my task to understand how material space figures into subjectivity—that is, how being in two places might at once can be read in existential, material, and historical terms simultaneously.

Metaphors of space abound in the work of Donald Winnicott, whose ideas were influenced by Sigmund Freud and especially Melanie Klein. In what is now considered the origins of object-relations theory, “A Contribution to the Psychogenesis of Manic-Depressive States,” Klein (1948[1935]) argued that that infants, in the process of trying to understand the difference between reality and fantasy, internalize an image of a “good object”—almost always a mother—to which they can return as a resource during adversity. While emphasizing the importance of physical proximity a mother has to a child, Klein (1948) was more interested in how formative objects become internalized in early childhood development as a process of reality testing. That is, during infancy, children are testing “phantasies” against the external world, seeing which phantasies collide or meld with the external world, which create impressions on the attachment figure (the mother) as an image. Over the course of two developmental phases (paranoid-schizoid and depressive), the child begins to solidify a cohesive image of the object that can be internalized as an overall “good” object. Internalizing the good object happens at the moment when internal and external worlds, through the experience of testing, are established. Without that internalization, it is unlikely for a child to have a strong enough foundation to find the inner resources to be what psychologists call “resilient.” In this way, Klein’s foregrounds the ability to return symbolically to the formative (good) images at the core of one’s internal world²¹.

For Donald Winnicott, the strict Kleinian division of internal and external words was not adequate—and his answer to this question was, in a way, to pose *space* as the answer. In his classic essay, “Transitional Objects and Transitional Phenomena,” Winnicott (1971 [1953]) focuses on the transitional space between early infant contact with an attachment figure and the process of letting that originary object go. While for Klein the originary object became an internalized image, for Winnicott transitional phenomena are those material things—what he calls the “first possession” and “transitional object,” such as a teddy bear or a blanket—that provide security in the aftermath of continuous contact with the attachment figure, and which symbolizes the first object but is, to the infant, objectively *not* the first object (the mother) itself. Rather, the teddy bear is an object of the transitional space, between subjective and objective, self and other, fantasy and reality. This transitional space is the space in which human creativity, art, aesthetics, imagination finds their material forms (which he totalizingly calls “cultural experience,” toward which I hope my skepticism is clear at this point). For Winnicott, the brute division between fantasy and reality

²¹ I am taken by Judith Butler’s (2010) “un-Kleinian” reading of the same essay by Klein. In Butler’s (2010: 44) words, “...the boundary is a function of the relation, a brokering of difference, a negotiation in which I am bound to you in my separateness. If I seek to preserve your life, it is not only because I seek to preserve my own, but because who “I” am is nothing without your life, and life itself has to be rethought as this complex, passionate, antagonistic, and necessary set of particular others. I may lose this “you” and any number of particular others, and I may well survive those losses. But that can only happen if I do not lose the possibility of any “you” at all. If I survive, it is only because my life is nothing without the life that exceeds me, that refers to some indexical you, without whom I cannot be.”

is never accepted in totality, and it is in this transitional space that an “intermediate area of experience” unfolds.

In “Transitional Objects,” the transitional space seems like a state of exception. But in another essay included in his 1971 collection of essays *Playing and Reality*, “The Place Where We Live,” Winnicott suggests that this in-between space—between subjective and objective—is the “place...where we are most of the time when we are experiencing life.” Rather than only living in the realm of reality solely, “we are somewhere else” most of the time—that is, in neither total reality nor total fantasy. If this is the case, “where are we?” he asks.

The question disorients one in space. But such a suspension is metaphoric—the spatial metaphor provides a heuristic to aid description. Returning to the image of that grandmother standing in front of her pastoral shack, to Andiswa’s uncertainty of her *place* between here and there, and to Zoliswa’s *inkaba* back at home, we see that such disorientations toward and in space are profoundly material and historical, not just metaphoric: all of them are elsewhere, in more ways than one. All three of these women were all formed across a migrant route that goes back well over a century that demanded that they occupy multiple places at different times, and at radically different moments in the country’s history. They are in two places at once, a collective space where two material landscapes, two forms of life, and two ways of being in the world collide, at once. Only traceable to the underside, being in two places at once is a form of existing—and, as such, is a form of potential.

For many of the psychologists I engaged, such a subjectivity was always couched in terms of lack—and, in many instances as we saw above, a kind of repetitive abjection. This form of subjectivity, while formed in and through violence as all subjectivity is, was something that for the psy-experts required intervention and remediation: one cannot be in two places at once, one cannot be otherwise related without a pathological result. But I have tried to show, such a position is formed through a grid of intelligibility that pits an ideal form of subjectivity and relatedness—the Good Family as productive of the sovereign individual formed by a parental pair, whose formation allows them autonomy from the forms of relatedness that, ironically, made them. But in experiencing space multiply in this way, alternative forms of relatedness abound, relatedness not just to the formative network of care that makes subjectivity possible, but a relatedness to a place and the extra-human forms connected therein. And so, the grid of intelligibility—the certainty of the mother-infant relationship, the certainty of a certain theory of subject formation—does not only reproduce anti-blackness in an era of purported “non-racial democracy,” it also thwarts the kinds of care that might support such an alternative form of relatedness—to other persons, non-humans, the landscape, the environment, the ancestors, the world. What would it mean if one were to radically accept the material practices of non-normative relatedness, to imagine a kind of radical therapeutic up to the task of reckoning with a collective subject? This is not to neutralize the forms of violence that can emerge. Rather, it is to demand therapeutic experiments and imaginations that can bolster the forms of radical potential in such forms of relatedness toward being collectively somewhere else—perhaps, a better place to live.

CHAPTER FOUR

History as Image

Picturing a Collective Subject Through History

Sitting in the clinic's meeting room for the first time in August of 2015, I was present for what would be the first of many clinical supervision meetings. During the meeting, the case manager presented the case for the entire team, uninterrupted. It went mostly as I imagined: the therapist gave us the presenting problems, the background, the context, the timeline. And then we got to the family portion. Everyone turned a page in their notepad, waiting. "The maternal grandmother, Ayanda, had a relationship with Zolile in 1968, from which they had two children, a boy, the eldest, and a girl," she started. All at once, everyone started drawing a kinship diagram. The presenter went fast, through four generations and with over twenty people represented by circles and squares, connected through a solid line (marriage) or a dotted line (relationship that produced a child). Catching up, I started drawing too. Looking around, all I could think was how careful everyone was in drawing the genogram, as they would call it. Questions were asked. Annotations were added. Space and time were drawn above, below, and beside the symbols representing a person in relation to another person. A year and a half later, and over thirty case conferences later, my fieldnotes were filled with over sixty genograms. It wasn't just the social fact of the diagram internal to the assessment and supervision that was striking, it was the detail with which it was originally drawn in the assessment with the identified patient's caregiver, sometimes taking up to an hour to complete; it was the care with which it was re-drawn by everyone trying to understand the case; it was the way we came back to it in clinical supervision a hundred times when making queries about families and offering suggestions for therapy; it was the way it was memorized, referred to, drawn again, taken on home-visits. The genogram here wasn't just an interesting element of an assessment, it was a visual form that held a great deal of weight with and for both the frontline therapists and the families with whom they worked.

At first, I was skeptical of the diagram. In many ways, the last thirty years of anthropological work on kinship has been to critique the normativity imbued in the traditional assumptions behind the work¹. The diagram, similarly, has been heavily critiqued for the ways it cannot depict non-normative—that is, non-biological, non-descent—relation at all. For instance, Elizabeth Povinelli (2002: 215) opens her article "Gridlock" with a question: "why does the recognition of peoples' worth, of their human and civil rights, always seem to be hanging on the more or less fragile branches of a family tree?" By this, Povinelli (2002) is pointing to how tree-imagery has a profoundly "fixing" effect, one that does not understand the contours of relation by the tenacious appeal to "roots." Much like Liisa Malkki's (1992) work on "arborescent metaphors" with regards to refugees—the assumption that certain racialized people are fixed in place, necessarily "from" somewhere, obscuring how movement has historically been a form of home—Povinelli is particularly concerned with the normativity of the diagram, where relation is solely biological and

¹ See in particular fn. 16, pp. 15-16 in the introduction, "The Clinic of Elsewhere."

“sexual,” in her words. Povinelli’s (2002: 216) writes, “The family diagrams I am drafting for the land claim do not indicate the love, desire, affect, or intimacy that exist between indigenous persons reproductively related.” Connecting people by lines, squares, and dots—and only through biological relation—misses, for Povinelli, the true power of relation. This coupled with the diagram’s very well-known history in anthropological collaborations with colonial administrations²—one which sought to understand political and social organization of non-Western others so they could be more easily controlled—has made it somewhat of a disposed form whose normativity has little potential in the present.

Others are less sure. For instance, Ian Whitmarsh (2014: 871), in “The No/Name of the Institution,” argues just the opposite—that, rather than reducing the affective contours of relation as Povinelli suggests, kinship diagrams were “attempted representations of such affect and possibility.” Further, such diagrams were “not some attempt to remove the human (e.g., love, sex, and caring) from social structures—they were an attempt to make social structures interesting enough to contain the human” (Whitmarsh 2014: 873). By this, Whitmarsh is pointing to the way that the visual form of the diagram actually contains within it the ambiguities, complexities, and contours of relation. “Seeing” the diagram synoptically, rather than reducing people to a shape and relation solely to the biological, allows for a form of understanding of the intricacy of relation and the multiplicity of forms in which relation take shape³. In this chapter, I too want to carve out a space to see potential in the diagram, particularly the affective dimensions it contains and enacts. To do so, I suggest moving away from understanding the kinship chart as a “diagram,” and rather pose the question of what it would mean to understand it as an image, one that depicts a history in formation. To do so, however, I find it important to understand the multiple lives of the diagram throughout the twentieth century. I suggest that by considering the “diagram” as an image—one that conjures affective intensities as well as one that, itself, contains affective ties—there is the possibility of at once understanding its potential in the present without bracketing the somewhat difficult history of the diagram form as a form of “systematic” knowledge that legitimated interventions into the lives of others.

Throughout, I consider the history of the emergence of the kinship diagram in anthropological practice, tracing how such a form finds itself central to a new genre of psychotherapy in the mid-1950s called family therapy. In doing so, I attempt to isolate the different values attached to the kinship diagram in different socio-political milieu: that is, the imagined promise of visualizing kinship at different stages in various scientific discourses and practices. I show how the kinship diagram emerged out of an impasse of “thinking” and “speaking” kinship: that is, that the only way to understand kinship’s complexities were to visualize it. In the process, I show how drawing was then translated into a visual representation intelligible to the scholars who wanted to systematize it: through what will be called the “genealogical method,” a pedigree form that traces biological relation through linear descent. I follow how the “genealogical method” in early ethnology—which

² See, for example, Malinowski (1930a) and Fortes and Myers (1941) *African Political Systems* in particular.

³ For example, “if kinship diagrams contain who you are allowed to playfully curse (2003:103), how enemy Dinka are made into your nephew (2003:25), and which village you feel compelled to return to because your mother sought a lover there after your father died (2003:26), then they [kinship diagrams] are no means of repressing care, love, and sex.” (Whitmarsh 2014: 871)

was an attempt to make the study of social organization scientific—became transformed into a visual representation of a system in equilibrium. This anthropological contribution in the late 1930s and 1940s will have major implications for the study of mental illness in the United States in mid-century—and, in addition to thinking of families as systems, such a method of therapy will incorporate the genogram form as a central form of knowledge for its therapeutic practice.

Overall, tracking why visualizing kinship was important in different socio-political moments is incredibly consequential for understanding the potentialities of the diagram. In early ethnological work, up to and including Gregory Bateson's (1936) *Naven*, I suggest that visualization was key precisely because it was one of the only ways to make a genre of knowledge “interesting enough to contain the human” in Whitmarsh's (2014: 873) words—that is, the profound complexities of non-normative relation the image makes possible. However, when Bateson's work in *Naven* is radically re-read by family therapists in the 1970s and 1980s, the impetus for visualization is completely re-worked. Rather than appealing to an image to depict the intricate contours of relation, the kinship diagram becomes a “genogram,” which depicts a system in disequilibrium. In this genre of knowledge and practice, visualization is key to locate and intervene on pathological relation, rather than capture its affective contours, nuances, and ambivalences. Finally, by tracing how the genogram is used and discussed in the context of therapy in Cape Town generally and the clinic I worked at specifically, I argue that returning to the original impetus for the diagram—the power of the visual as a way of translating the intricate contours of relation—the genogram holds potential in the present. Rather than a simply a codification of kinship through a fetish of the biological, I argue that if we consider, as my colleagues in Khayelitsha do, the genogram not as a diagram but as an image, something else opens up—a history-image that depicts a collective subject formed through generations of spatial and temporal dislocation intrinsic to South Africa's history of violence.

The Genealogical Method Before Genealogy

The genogram in its contemporary iteration used in psychotherapeutic practice unsurprisingly emerged as a diagrammatic form in anthropology. Interestingly, no comprehensive history of the kinship diagram—as it is usually called in anthropology—exists on its own. This is perhaps surprising given how the study of kinship in many ways inaugurated anthropology as a field-based discipline, not to mention to the status the diagram has as a fetish-image, both historically and in the contemporary. There are many origin stories about the study of kinship in anthropology: the American lawyer, Lewis Henry Morgan; the Australian naturalist, A.W. Howitt; the British experimental psychologist and ethnologist, W.H.R. Rivers; the father of British Social Anthropology, Alfred Radcliffe-Brown. As a form of “study” each origin story could be correct in its own way—all of these figures studied kinship in one way or another, some to more fame than others, in different registers, using different methods, and to different theoretical ends. All, however, used diagrammatic representations of kinship to further their points⁴.

⁴ I mention these people in particular not because it is an exhaustive list of all early work on kinship—which might also include Sir Henry Maine and John Ferguson McLennan, for example—but because they were the first to use various iterations of the diagrammatic form.

The study of kinship increasingly became important for those who wanted ethnology to find its status as a proper science, which, at the turn of the twentieth century, was still considered a pseudo-science. The image of the kinship diagram that is conjured by many contemporary anthropologists—one which re-inscribes the nuclear family form through horizontal descent—is certainly not the form many early ethnologists and anthropologists employed to understand the kinship forms of their distant others. The earliest diagrams are the most expansive and confounding of images, attempting to at once demonstrate relatedness as well as social quality of the relations themselves. The complexity of these forms of life—which, at the time, were assumed to be archaic—rose to the level of scientific investigation because of their complexity and seemingly confounding iterations. While the unequal relations of power must be foregrounded in the diagram’s production, it is important to note that taking serious alternative relatedness was, in the first decades of the twentieth century, as radical refusal of omnipresent scientific racism at that time. For instance, in *Argonauts of the Western Pacific*, Bronislaw Malinowski (1922: 10) suggests,

...with his [the ethnographer’s] tables of kinship terms, genealogies, maps, plans and diagrams, proves an extensive and big organization, shows the constitution of the tribe, of the clan, of the family; and he gives us a picture of the natives subjected to a strict code of behaviour and good manners, to which in comparison the life at the Court of Versailles or Escorial was free and easy.

While Malinowski’s deferral and self-deprecation are also exercises of power from a particular position that his diaries perhaps illuminate in a more immediate sense, his statement here was quite radical for his time. By drawing a comparison between the social organization of the indigenous other—otherwise considered “customs none, manners beastly” (ibid)—and the Court of Versailles, he is foregrounding, even if paternalistically, how the ultimate signs of European social organization as the epitome of civilization are actually quite basic in comparison to most non-Western systems of relatedness.

Given that my ultimate interest is how the kinship diagram in early social anthropology morphs into a “genogram” in American family therapy, one person, not mentioned above, is particularly important: A.C. Haddon. Haddon started his career as a zoologist, with particular interest in marine biology, an academic interest that led him to the Torres Strait located between Australia and New Guinea. While researching coral reefs there in the early 1880s, Haddon encountered indigenous Melanesians, who interested him greatly. Upon returning to Dublin, and then moving to lecture in anatomy at Cambridge University, Haddon publicly stressed the importance of “studying” such folk before their forms of life were extinguished by modern expansion, a similar impetus that Franz Boas, on the other side of the Atlantic, had as well at the turn of the 20th century. A study of a Melanesian coral reef would spark an interest that inaugurated one of the most distinguished, and one of the most violent (in its active bolstering of racialized regimes of rule and colonial technologies of control), forms of anthropological inquiry: British Social Anthropology.

A.C. Haddon is important for our purposes because he convinced a young physician, W.H.R. Rivers—who, in 1898, was focused on the experiential psychology of severed nerves—to join him on an ethnological mission to the Torres Strait, who would create what was then called the “genealogical method” from that expedition; because he would, together with Rivers, train Alfred

Radcliffe-Brown in the study of social organization and kinship; because he would later recommend to Jan C. Smuts, Prime Minister of the Union of South Africa in 1920, to accept Radcliffe-Brown as a colonial ethnologist at the University of Cape Town precisely because he was trained in the genealogical method; and, finally, because he would train Gregory Bateson, whose first ethnography, *Naven*, and later theoretical work on systems, cybernetics, and schizophrenia would create a new therapeutic approach in the mid-20th century called family therapy—an approach that would mobilize the genogram as a central form of its therapeutic knowledge.

Before this Cambridge school of kinship ethnology, Lewis Henry Morgan, an American lawyer, was perhaps the first person to systematically collect data on kinship structure (Langham 1980; Fortes 1970; Trautmann 1987). In the history of anthropological thought, Morgan is most widely read for his 1877 book *Ancient Society*. This work imposed an evolutionary framework on stages of human development—savagery, barbarism, and civilization—following a trend 19th century European thought on development, teleology, and evolution alongside *The Science of Logic* (1812-1816), *The Communist Manifesto* (1848), and *On the Origin of Species By Natural Selection, or the Preservation of the Favoured Races in the Struggle for Life* (1859). Surely, Morgan’s approach seemed so in tune with this form of development thought that Fredrich Engels would write an entire book about his life’s work in 1884 in which he would call Morgan’s achievements a “revolution” (2010 [1891]: 13). However, before *Ancient Society*, Morgan wrote a less well-circulated work called *Systems of Consanguinity and Affinity of the Human Family* in 1870. *Systems* was based on a kinship questionnaire for circulation among indigenous reserves in the United States in the hope that the results would show a generalized system of kinship laws. In 1860, the Smithsonian got involved, and sent his questionnaires to US government official stationed all over the world. The result, in *Systems*, is perhaps the first classificatory exploration of kinship, but did not include explanatory features of kinship systems as would become a mainstay across the Atlantic in the first decades of the 20th century. Morgan’s diagrams for this classificatory work looked quite unlike the descent genealogical diagrammatic forms that would become institutionalized on both sides of the Atlantic (image: Morgan 1870, Plate XIII)⁵.

While there was other important work in the development of kinship studies during these decades, the next important contribution toward the visualization of kinship came in the 1880s through a collaboration between A.W. Howitt, an Australian naturalist, and Reverend Lorimer Fision, an Australian minister. The recent work of Helen Gardner (2016) argues that A.W. Howitt may have been the first to produce a genogram, but that the kinship “schedule” itself was only made possible by an indigenous Australian, Tulaba, who showed Howitt how to diagram his own family. In Gardner’s view, the schedules that Howitt had been presenting to Tulaba—which looked much like a scientific table—made little sense to Tulaba because it relied on kinship terms (like mother’s brother) that made little sense to a person in a non-Western kinship system, or, for that matter, someone not trying to codify something called “kinship” (wink to Schneider 1984). As a response, Tulaba and Howitt began using sticks to denote relatedness among Tulaba’s family—what Fision would write to Morgan as a kind of “family tree” (Gardner 2016: 297)—which Howitt then drew

⁵ The original draft of this chapter included actual images of the kinship diagram as it was being elaborated. Given time constraints and possible copyright issues, I have left them out of the final version. As a placeholder, I have supplied the citation/location of the visual form I have in mind.

in diagrammatic form. The genogram was first forged in the colonial anthropological encounter precisely because the standards of scientific representation—tables and schedules—were unintelligible to Tulaba, whose input stressed the intelligibility of the visual over the tabular. However, as Gardner stresses, the translation of that visualization was imbued with Howitt’s own Eurocentric visual repertoire, which resulted in a tree-like formation⁶. In Gardner’s (2016: 299) words, “It appears that the sticks on the ground were the central visual clue, not the tree that Howitt seems to have constructed later.” What is particularly interesting about this origin story is how the visual becomes a way forward in an impasse around “thinking” and “speaking” kinship. Kinship’s visualization was a form of translation, a key to capturing the complexities and contours of non-normative relatedness (image: Gardner 2016: 298).

Howitt and Fision’s 1880 publication, *Kamilaroi and Kurnai*, the result of their collaboration based on Morgan’s sweeping questionnaire, would be dedicated to Lewis Henry Morgan as a “token of esteem.” Morgan thus enters as an important figure in the creation of the genogram, not only because he attempted one of the first visualizations, but because it was his painstaking questionnaire that prompted Howitt to get information on Tulaba’s family, which was then translated into a diagrammatic form that most closely resembles the contemporary genealogical diagram. Their translation of Tulaba’s orientation toward the visual appeared throughout *Kamilaroi and Kurnai* (image: Howitt and Fission 1980: 39). While all this was happening in the colonial encounter in Australia, A.C. Haddon and W.H.R. Rivers—the latter of whom will later be credited with the genealogical method—seemingly had no idea of either Lewis Henry Morgan or Tulaba/Howitt’s collaboration (Langham 1980, Gardner 2016) when they went on the Torres Strait expedition. It was not until 1914 that WHR Rivers acknowledged Morgan’s originary insight into kinship classification (Langham 1980: 8; White 1957).

At the time that Haddon asked Rivers to join him on the expedition, Rivers, who was a lecturer in experiential psychology at Cambridge, was studying the regeneration of severed nerves with no real interest in ethnology. After two of his most accomplished students accepted Haddon’s invitation, Rivers also agreed. Langham (1981: 67) argues that Rivers continued his interest in sensory perception during the expedition, first collecting genealogies because he wanted to study inheritance of various traits such as “visual acuity, colour vision and spatial perception;” the first genealogical table he drew was in the pursuit of these questions. Quickly, however, Rivers began to see how intricate and expansive the genealogies were, and together with Haddon began collecting as many as possible, worried about the imminent destruction of such systems in their inevitable encounter with “civilization.” This first expedition was completed between April and

⁶ Many scholars, however, remind us that the kinship diagram has important predecessors outside of early ethnology. As Klapisch-Zuber (1991) and Tim Ingold (2007) show us the significance of drawing “family trees” in medieval Italy from the 15th century onwards; Mary Bouquet (1996), utilizing a Dutch archive, shows us the particular religious resonances of the diagram in the 18th century, which depicted a family tree that foregrounded the family’s relation to God as father of all children through his seed; Bouquet (1996) also reminds us of scientific uses of “tree-imagery” from the 18th century onward, especially in attempting to create a taxonomy of the natural world in terms of burgeoning evolutionary discourse. See also O’Hara (1996) for an expansive discussion of diagrammatic representations of the “natural system” in the nineteenth century. It should be perhaps unsurprising then that the form Howitt decided to translate was visual representation already well-entrenched into the European imaginary in the form of the pedigree or “family tree.”

October 1898, though Rivers's first exploration of the genealogical method at home didn't occur until a 1900 lecture to the Anthropological Institute, which was titled "A Genealogical Method of Collecting Social and Vital Statistics." In the published version, which appeared in the *Journal of the Anthropological Institute of Great Britain and Ireland* Rivers, Rivers (1900: 74) begins:

When in Torres Straits with the Anthropological Expedition which went out from Cambridge under the leadership of Dr. Haddon, I began to collect the genealogies of the natives with the object of studying as exactly as possible the relationship to one another of the individuals on whom we were making psychological tests. I soon found that the knowledge possessed by the natives of their families was so extensive, and apparently so accurate, that a complete collection of the genealogies as far back as they could be traced would be interesting and might enable one to study many sociological problems more exactly than would be otherwise possible.

Throughout Rivers argued that the collection of genealogies was crucial to discovering social and vital statistics—that is, kinship and marriage idioms on the one hand, and information on fertility and reproduction on the other. This is perhaps unsurprising given that anthropology was not yet considered a science, and the focus on statistics at this early stage gave credence to the possibility of ethnology being recognized in Britain as a worthy science. At the end of the published version, two genograms are included which look strikingly similar to Howitt's translation of Tulaba's visualization (image: Rivers 1900, Plate III).

This was only the beginning, however, for Rivers would publish the dozens of genealogies he collected in Volume 5 of *Reports of the Cambridge Anthropological Expedition to Torres Straits*, first published in 1904. However, there is marked difference from his lecture in 1900. He started to abandon the possibility that genealogies could be treated solely in statistical terms, and began to argue that they were rather more suited to the study of "social organization." In Rivers and Haddon's (1904: 142) words, "There is no doubt that the genealogies formed the ultimate resort in any case of doubtful relationship, and the great importance of the kinship system in the social organization of the people is a sufficient reason for the thoroughness with which the genealogical record is preserved." Langham (1980: 72) argues that, with these contributions to Vol. 5 and the move toward "social organization," "Rivers crossed into the territory of social anthropology." Dozens of genograms appear in Vol. 5 that are almost identical to those included in his lecture four years earlier (image: Rivers and Haddon 1904: 139).

Ian Langham, whose history of Rivers and the making of British Social Anthropology was a crucial resource for piecing together the history of the diagram, makes a striking argument in relation to Rivers' focus on genealogies. Langham (1981) argues that Rivers' attachment to genealogies stemmed from his belief that the genealogical method rendered concrete that which was abstract *through visualization*. Langham (1980: 76) quotes Rivers' recollection of the expedition twenty years later at length in which Rivers was observing an indigenous witness give testimony in a British colonial court:

"As she gave her evidence she looked first in one direction and then in another with a keenness and directness which showed beyond doubt that every detail of the occurrences she

was describing was being enacted before her eyes. I have never seen a European show by his or her demeanor with any approach to the behaviour of this old woman, how closely knowledge and memory depended on sensory imagery.”

While the recollection reads as about as paternalistic as anthropology gets—his self-deprecation of the European’s lack of visual insight in relation to the non-normative talents of the virtuous primitive—it is particularly interesting given the developments that Gardner’s (2016) contribution brings to light with regard to Tulaba’s collaboration with Howitt. For Langham (1980: 76), this “reveals the depth of Rivers’ interests in the thought processes of people who are strong visualizers.” However, it seems to do more than that—it foregrounds the way the genealogical method is incomprehensible outside of visualization; the image, perhaps, makes the method itself possible.

The year that *Vol. 5* was published, in 1904, was also the time Rivers began explicitly lecturing on anthropology as a distinctly field-based discipline, and a young man, then named Alfred Reginald Brown, became his first student in the subject. Changing his surname twenty-two years later to Radcliffe-Brown, he would become the figure most associated with the establishment of a distinctly British form of anthropology through his still-utilized framework of structural-functionalism, the legacies of which will be explored more fully in the next chapter. But before that, it could be said that Radcliffe-Brown was the first student of social anthropology ever, being taught a disciplining form of inquiry—one that did not exist just a few years before—that was being established by his mentors, Rivers and Haddon. Radcliffe-Brown, however, branched out from his mentors, taking an interest in the theories of emerging French sociologist, Émile Durkheim. Combining the genealogical method in which he was being disciplined at Cambridge, Durkheim’s reliance on “function” as having crucial explanatory capacity, as well as his own fieldwork in Australia, Radcliffe-Brown was becoming a central name in the newly professionalized game of anthropology by World War I.

By the end of World War I, Radcliffe-Brown became ill while on the remote island of Tonga in Oceania, and wrote to Haddon about his interest in leaving Tonga for South Africa in 1920. In the letter, he suggested that Haddon write Jan C. Smuts, the newly-elected Prime Minister of the Union of South Africa, recommending him for a post there. Jan Smuts is one of the most significant figures in the history of settler-colonial South Africa. Born in 1870 to farmers in what is today the Western Cape, Smuts studied law on a scholarship at Cambridge University in 1894—a time when Haddon and Rivers were there, though neither as ethnologists at the time—before returning the Cape at the juncture of the South African war between British colonial forces and the Transvaal Republic. Smuts served as Attorney General for the latter, as well as lead Boer commando troops on the ground at the beginning of the 20th century.

Many credit Smuts for the unification of the colony in 1910. Smuts was regarded as a cosmopolitan, worldly, educated, strong, sharp, and perfectly liberal Man—and, as such, was a truly formidable racist. When Smuts became Prime Minister of the Union in 1919 (and Minister of Native Affairs), a year before he would receive Haddon’s request for Radcliffe-Brown, he would spend the first three years of his leadership legalizing the Native Affairs Act (1920) and the Urban Areas Act (1923). The first established “Native councils” in the reserves, dividing political representation so

black people had no political standing outside of their “homelands;” the second made black urban presence legally temporary, mandating that black people should only be in urban areas if they were properly employed by a white patron. Both pieces of legislation not only made apartheid possible twenty-five years later; they were, *de facto*, the central pillars of apartheid itself. As a liberal, both pieces of legislation were legitimated through a multicultural lens—that different cultures can and only flourish if they develop separately. Given this, it should be perhaps unsurprisingly that Smuts would be one of the leads on the creation of an organization called the United Nations in the aftermath of World War II, himself a lead contributor to the drafting of its human rights charter.

It is at the juncture of the implementation of these pieces of legislation that Haddon wrote on Radcliffe-Brown’s behalf:

“No one has studied the South African natives by modern methods of sociological research—more particularly by *the genealogical method* introduced by Dr Rivers at St Johns Cambridge; at all events nothing has been published as yet on these lines...It so happens that Mr A. R. Brown is at the present time in Johannesburg...He is a thoroughly well-trained ethnologist who received his preliminary training here under Dr Rivers and myself...Thus you have on the spot one of the most brilliant and experienced of the younger students turned out by the Cambridge School of Ethnology, and I am sure you could not get a more competent investigator from elsewhere.” (Haddon to Smuts in Langham 1981: 287, my emphasis).

Smuts wrote directly to Radcliffe-Brown:

“Dear Mr Brown, I have received a letter from Mr Haddon of Christ’s College about *our* ethnological work in South Africa and your special qualifications for such work. I have discussed the subject with Professor Beattie of the Cape Town University [then Vice Chancellor] and shall be glad if you will communicate with him as the University has a scheme for taking up this work. Yrs sincerely, J.C. Smuts.” (Smuts to Radcliffe-Brown in Langham 1980: 287, emphasis mine).

What is most striking about Haddon’s letter to Smuts is how his central argument for the value of Radcliffe-Brown’s work was in the genealogical method—itself seemingly at the frontiers of the developing ethnological/anthropological method. Invoking Rivers, Haddon is making the argument that Radcliffe-Brown’s contribution to ongoing South African ethnology—which both clearly had some knowledge of given Radcliffe-Brown’s interest—would be that he could apply to genealogical method to the South African “natives.” Through its own form of ethnological diffusion (wink), South African ethnology could be bolstered by the genealogical form. Surely, Radcliffe-Brown’s most important work on South Africa, published in 1924, was called “The Mother’s Brother in South Africa;” while not cited in the article, it bears an almost unbearable relational resemblance to WHR Rivers’ 1910 piece “The Father’s Sister in Oceania.”

And clearly it worked. A year later, in July 1921, Radcliffe-Brown was appointed Chair of Social Anthropology at the University of Cape Town, after a short stint as a museum ethnologist. Smuts’ response to Radcliffe-Brown demonstrates the importance Smuts placed in ethnological work at this crucial historical juncture of the Union, foregrounding the possessive “our ethnological work.”

When Smuts invoked the possessive, he was not appealing to a vague notion of national knowledge production, but was also denoting a personal stake in ethnological work in particular, whose scientific status would be paramount in bolstering the goals and mandates of the Union at that time.

In his work on Smuts' difficult-to-parse intellectual orientations, the South African historian of science Saul Dubow (2008) shows the vital importance of physical and social anthropology on his intellectual development (see also Dubow 1995: 51-53). In Dubow's (2008: 59) words,

From the former, Smuts derived a consoling sense of the depth of the human past, as well as evidence of underlying variations within the human race. He used the latter to articulate a form of cultural relativism that stressed the deep, perhaps unbridgeable, differences between human races, as well as the necessity to develop the political mechanism of segregation so as to maintain separate identities.

This balancing act, Dubow argues, allowed him to articulate his liberal view—that is, rejecting the (seemingly) racist notion that African people are sub- or non-human—while still not granting them equal political and citizenship rights as whites. As Smuts would write much earlier, in 1906 to John X. Merriman,

I am entirely with you on the Native Question. I sympathize profoundly with the Native races of South Africa whose land it was long before we came here to force a policy of dispossession on them. And it ought to be the policy of all parties to do justice to the Natives and to take all wise and prudent measures for their civilization and improvement. But I don't believe in politics for them (Smuts 1906: 440-441 in Marks 2001: 211).

Equality with whites, in this liberal view, would destroy the African's pure form of life, which is incompatible with the white man, and such form of life is the only thing the African has left. At once, Smuts speaks of the "wonderful characteristics" and "happy-go-lucky disposition" of the Bantu, while they, for Smuts, remain fundamentally childlike (Smuts 1930: 74-76 in Dubow 2008: 60). And while race-thinking was becoming less fashionable by the time of the Second World War and its aftermath—the American side of the story we know well from Chapter 2 on the question of race and culture—particularly as evinced in the British literature by AC Haddon's collaboration with Julian Huxley in their 1935 work, *We Europeans: A Survey of "Racial" Problems*. However, the retreat from naming problems in racial terms is simply a tactic to shift discursive pressure off of "race" onto a value-neutral category like "culture." And so far before the *Volkekunde* anthropology moment during Afrikaner apartheid, anthropology's status as scientific purveyor of race-based segregationist thinking has a much longer history—one which is not only connected to Smuts, but to the Cambridge Ethnological School itself, where the genealogical method is found implicated in a tense, liminal space between the two.

Radcliffe-Brown's sweeping archive of structures and functions of various forms of social organization would find its culmination in his important 1941 article "The Study of Kinship Systems," perhaps itself a manifesto of his four-decades long journey from Rivers' classroom to one of the most distinguished anthropologists of his time, and to this day. "The Study of Kinship

Systems” was his 1941 Presidential Address to none other than the *Journal of the Royal Anthropological Institute of Great Britain and Ireland*, the same publication that Rivers published his first genealogical diagram in 1900. And, as I will argue, appending the word “systems” to the study of kinship will foreshadow the next life the genogram will have—in family psychotherapy. “The Study of Kinship Systems” includes a total of eleven genealogical diagrams, which are hand-drawn (image: Radcliffe-Brown 1941: 3, 12).

Radcliffe-Brown’s address is important for a number of reasons. First, it represents over three decades of his work on social structure and kinship, providing an overview of the major debates in the study of social organization and attempting to carve out directions for the future. Both Morgan and Rivers feature prominently, but as the ultimate object of his critique of where the study of social organization went wrong. While Radcliffe-Brown cites the centrality of Rivers to his own formation in social anthropology at the turn of the century, he argues that his overall approach to the study of social organization is little different from Morgan’s developmental ethos—both engage in what he calls “conjectural history.” While recognizing Rivers’ “founding” of the genealogical method, he argues that, in the end, both scholars are concerned with denoting origins to contemporary forms of social organization as well as assigning such origins with causal explanations.

Radcliffe-Brown argues that this should not be the proper task of a renewed social anthropology, as assertions about origins are only as good as the historical records to which one has access, making their concomitant causal assertions unverifiable. Rather, Radcliffe-Brown argues that we must not worry about how a “political system came into existence, but how it works at the present time, that is a question that can be answered by research of the same kind as anthropological field-work” (Radcliffe-Brown 1940: 16). However, Radcliffe-Brown mobilizes the genealogical diagram as a central feature of his own structural analysis. It is at this moment—in the late 30s and early 40s—where the genogram shifts from an attempt at categorizing and making sense of descent, and becomes a tool for representing a *system*. The task of the social anthropologist is no longer to draw causal links, but to understand how *it*—that is, the system—works. And it is shift where a second (or third or fourth) life of the genogram will find its elaboration. No longer an image of descendent genealogy, the diagram allows the creator and viewer to visualize a relational system, giving her an expansive, systematic gaze (perhaps, just maybe, that which can explain everything).

While he does not go into it in great detail in this piece, Radcliffe-Brown’s contribution to how things work need little introduction. Durkheim’s early work—especially *Division of Labor in Society* (1893) and his concepts of mechanical and organic solidarity—was hugely influential for him in developing his theory of the relationship between structure and function, or what will retrospectively be called “structural-functionalism.” For Radcliffe-Brown social structures are possible and enduring because there are built-in mechanisms for the resolution of conflict: certain social structural forms—like “the Joking Relationship” for an oft-cited example—have functional efficacy for maintaining cohesion and return a social order from temporary chaos back to equilibrium. In many ways, the theory of structural-functionalism will find itself most supremely expressed in the next decades in the terms of “systems.” In this regard, it is particularly important to note, again, that Radcliffe-Brown’s career-defining speech is called “The Study of Kinship

Systems” and not “The Study of Kinship Structure.” Radcliffe-Brown’s (1941: 3) own definition of system at the beginning of the address is both proleptic and telling:

“You will perceive that by using the word “system” I have made an assumption, an important and far-reaching assumption; for that word implies that whatever it is applied to is a complex unity, an organized whole. My explicit hypothesis is that between the various features of a particular kinship system there is a complex relation of interdependence. The formulation of this working hypothesis leads immediately to the method of sociological analysis, by which we seek to discover the nature of kinship systems as systems, if they be really such. For this purpose we need to make a systematic comparison of a sufficient number of sufficiently diverse systems.”

Radcliffe-Brown’s system—a relational unity that is organized through functional practices that restore equilibrium—will find a more nuanced and perhaps modern rejuvenation through his most famous student, Gregory Bateson, in the following decades. However, here I want to stress one part of Radcliffe-Brown’s argument that are importantly lost as “the system” starts to have a new life in the second half of the twentieth century. Radcliffe-Brown emphasizes the plurality of *systems*, foregrounding the multiplicity of systems operating simultaneously, which must be explored in their nuance. Especially in family systems theory, such multiplicity will be lost in favor of a singular system, which can explain everything.

To get at the question of the “system” and how this visual form will find its way into normative psychotherapy, there is one last anthropologist of the Cambridge School we need to grasp: Gregory Bateson, yet another student of A.C. Haddon. And while *Naven*, an ethnography of a ritual among the Iatmul people of New Guinea, is dedicated to Haddon, Bateson’s clear intellectual interlocutors in the world are Radcliffe-Brown and Malinowski. *Naven*, of all works, will become central to the creation of family therapy in mid-century. In the acknowledgements of *Naven*, Bateson tells us:

Intellectually, I have to thank first and foremost my teachers, Dr A. C. Haddon, Professor A. R. Radcliffe-Brown, and Professor Malinowski. Dr Haddon first made me an anthropologist, telling me in a railway train between Cambridge and King's Lynn that he would train me and send me to New Guinea. Later his training was supplemented by Professors Radcliffe-Brown and Malinowski, and to all of these I owe much.

The notion of the “logical scheme” finds itself in the genograms Bateson uses in *Naven*, which follows Radcliffe-Brown’s orientation toward the system; Bateson’s genograms are not diagrams of descent and genealogy, but images of systems, the forms of relation interconnected in a logical scheme (image: Bateson 1936: 89, 94).

For our purposes—and particularly how both the notional “system” and its visual representation becomes a mainstay of family therapy—one of the most important contributions of *Naven* is the concept of schismogenesis, which he first wrote about in a 1935 article in *Man*. In Bateson’s, (1936: 175) words,

“I am inclined to see the *status quo* as a dynamic equilibrium, in which changes are continually taking place. On the one hand, processes of differentiation tending towards increase of the ethological contrast, and on the other, processes which continually counteract this tendency towards differentiation...I would define schismogenesis as a process of differentiation in the norms of individual behaviour resulting from cumulative interaction between individuals.”

For Bateson, there are two kinds of schismogenesis: complementary and symmetrical. In its complementary form, a schismogenetic relationship involves a relational engagement in which one entity acts in such a way that it demands a complementary action in reaction to it. The example Bateson gives is assertiveness and submission—entity *A* acts assertive, which produces a submissive reaction by entity *B*; each entity will continue becoming more assertive and more submissive as the relation goes on. Symmetrical schismogenesis, however, is when entity *B* reacts to entity *A* in the same way, a “competitive situation” in Bateson’s (1936: 177) words, in which the symmetrical action is amplified in the relation, which is productive of “progressive change” (ibid). What is fascinating about this part of *Naven* is how Bateson breaks from his detailed, and sometimes painstaking description of the Iatmul, and breaks into his own speculations about how schismogenesis has near-universal conceptual applications. His United Statesian examples include: marriage and divorce; the mother-son relationship; and “in the progressive maladjustment of neurotic and prepsychotic individuals” (Bateson 1936: 179), announcing just after that “I myself have no experience of psychiatry” (ibid). Here in the middle of his ethnological excursus on the Iatmul of New Guinea, Bateson goes on to suggest something no one in psychiatric or psychological practice was saying at the time:

“the psychiatrist would do well to pay more attention to the relations which the deviant individual has with those around him... [for example] that in many cases the growth of the symptoms of the paranoid individual are attributable to schismogenic relationships with those nearest to him” (Bateson 1936: 180)⁷.

Surely, many people would agree with him.

Family as System, and Other Modern Things

In anthropologist Tullio Maranhão’s words, “The most distinguished intellectual figure to whom almost all schools of family therapy like to trace their origins was an anthropologist, Gregory Bateson.” And while he may have been thinking of schismogenetic applications to psychiatric practice in New Guinea, his real breakthrough for the future of family therapy came while staring at some monkeys at the Fleishhacker Zoo in San Francisco (Malcolm 1992[1976]). As Bateson recounts it, two monkeys were engaged in playful fight, which was perplexing to him when considered in the terms of Russell and Whitehead’s “Theory of Logical Types.” They were not fighting in an attempt to either kill or hurt each other, but, in Bateson’s analysis, had a shared sense that their actions did not mean what they usually mean or should mean. That is, the ethnologist’s attempt to find a functional cause of fighting—out of competition, for instance, or for food or a

⁷ Recall the discussion of Donzelot’s (1997 [1977]) *The Policing of Families* in the introduction on this point.

mate. Neither appeared to be important. They were simply pretending, playing. This perplexed Bateson because the Theory of Logical types focuses on analytical precision in communication so all ambiguity—which is productive of contradiction, the analytical philosopher’s nightmare—is annihilated by finding the different “orders” of truth statements, judging a statement’s veracity on the highest order assertions (one might recall a certain coral reef in Melanesian inspiring a new human-oriented discipline).

The pretending monkeys were a mirror for Bateson to human interaction and communication—that most forms of practical communication contain different qualities of assertions that at many times are at odds with one another. Together with John Haley and John Weakland in 1953, Bateson would conduct a series of experiments, in Janet Malcolm’s words, on “otters playing, mongoloid children in a group, a ventriloquist and his dummy, the training of Seeing Eye dogs, and the utterances of a schizophrenic patient” (Malcolm 1992: 187). These studies resulted in a theory of communication that would have monumental impact on psychiatry in the next decades of the twentieth century. The Rockefeller Foundation pulled their support for the project in 1954—perhaps skeptical of what otters and a ventriloquist had in common scientifically—and they received funding to study their theory of communication on mental health in particular, leading to the watershed publication of “Toward a Theory of Schizophrenia” in 1956. In it, they would elaborate the paradoxical situation of the “double bind” and its possible impacts on the development of schizophrenic symptoms in psychiatric patients. The theory of the double bind attempted to explain the situation in which the denotative element of an utterance either contains within it an impossible paradox, or the quality with which it is spoken contains such a paradox. In the process, the person (the patient) attempting to answer is left in a double bind because the paradoxical assertion and/or its quality leaves them in between a rock and a hard place. For example, “I demand you submit to me, but you shouldn’t listen to anything I say.” Here, the paradox is intrinsic to the assertion—at once, I’m demanding submission and indicating you shouldn’t listen. But a double bind could also occur with the utterance in the first clause, which is said in a way that is directly contradictory to its purported meaning. Such situations were commonly observed in schizophrenic’s interactions with their family members. A new research genre was born: the family observation through the one-way mirror.

The double bind took off. Even though a group of people began conducting different forms of research on a patient’s relationship with their family as central to the possibility of adequate care, the Bateson’s group ushered in two significant contributions to psychiatric care: (1) centering the *family* as the proper object of diagnosis and care, which was to be done primarily through (2) understanding and intervening on the *communication strategies* between them, the therapist, and clinical setting itself. While this may seem like a mainstay of psychotherapeutic practice—that talking about your problems will help you figure their root in the spirit of recovery—the form of communicatory emphasis was quite different here. Many family therapists believe that talking about the past, reliving past issues, and the conceit of “knowing oneself” are not productive therapeutics whatsoever. Rather, from this originary contribution based on an insight on fighting (but not really fighting) monkeys, would propel distinctly pragmatic and anti-psychoanalytic therapeutic practices: understanding the past is worthless; but changing the pragmatics of communication could have therapeutic efficacy.

Lynn Hoffman's *Foundations of Family Therapy: A Conceptual Framework for Systems Change* (1981) is perhaps one of the most comprehensive social histories of the emergence of the family therapy therapeutic—though it is packaged as an introduction to the practice by giving its background, and not a social history per se. Hoffman starts the book by declaring that, for her, the emergence of the one-way mirror in the 1950s “was analogous to the discovery of the telescope” (Hoffman 1981: 3); it was an “at-home anthropology” (16). The screen opened a new world, as before psychotherapy happened in a closed room between two people, and practitioners were trained solely by the narrations of their mentors, who surely had their own fantasies about their therapeutic encounters. Through the one-way mirror, people in training could learn by watching therapy itself—with a revolutionary caveat: that psychic affliction was not buried in an individual person to be excavated, but “could be seen as orderly manifestations that had meaning in the families or other social settings in which they occurred” (Hoffman 1981: 4).

What is interesting in Hoffman's account, however, is the power to do away with history in the face of the system, which can explain everything. Hoffman begins the book with a rumination on why systems theory in relation to the family was so radical: it broke with the archaeological method of psychoanalysis, which, for her, propounds that history can explain everything today. The tropes of the psychodynamic process—the originary trauma of formative relationality and its failure; where traumatic impressions not accessible to the conscious could be excavated through an archaeology of the psyche; where talking about the past forms the relational basis of the method itself; and where forms of healing could emerge through the catharsis of “working through” the painful truths of one's historical formation. For Hoffman, systems theory was so revolutionary precisely because it did not inherit the archaeological impetus, that the past itself was not the place to look for the possibility of cure, but the internal mechanisms of the family-as-system. Contrary to the categorical truth of the efficacy of conscious communication and truthful excavation, systems theory does not advocate for *more*—just better—communication or an archaeology of the subject.

For Hoffman, Bateson is reigning king of the method, for he “was also one of the first to introduce the idea that a family might be analogous to a homeostatic or cybernetic system” (1981: 5). From the study of indigenous kinship systems to the American nuclear family: a system that foregrounded circular thinking, in Hoffman's reading of Bateson—one with causal feedback loops—was born. Thinking of psychological affliction in the terms of a total “circuit”—as a form of negative feedback from disequilibrium in the system, that the error (symptom) activated a systems response to restore equilibrium—was revolutionary because it decentered the psychiatrist as arbiter of cause and event. Rather, it attempted to understand an individual patient in their “system,” which now includes not only their families but also their therapists. It is perhaps unsurprising, then, that the family systems contribution was incredibly important for the anti-psychiatry movement precisely because it stressed the social life of psychiatric ailment, and Bateson's work, for instance, would heavily influence important proponent of anti-psychiatry, R.D. Laing, the influence on whom would be evident in the title of his 1964 work, *Sanity, Madness and the Family*.

Such theoretical developments—the emphasis on the family rather than the individual—was being developed by many others at the same time. Perhaps the most important was Murray Bowen from

1954 to 1959 at the National Institute of Mental Health, where he was conducting what was called the “NIMH Family Study Project.” His first work, however, was conducted at the Menninger Clinic in Kansas, where he began speculating that the development of schizophrenia had to do with none other than our friend, “the mother-infant relationship.” Bowen, above just observing families, actually hospitalized families during this formative project. *The Origins of Family Therapy*, a collection of Bowen’s reports, papers, and seminars, posthumously edited Joanne Butler, traces Bowen’s developments in the early years. In it, we see a familiar arc of intellectual development, where he first hospitalized mothers and their schizophrenic daughters in 1954 “who had intense infantile attachments to mothers who were available to spend all, or a good portion of their time, in the hospital with the patients” (Bowen 2011 [1954]: 1). Bowen’s originary hypothesis relationally reversed the outcome we know well of infant attachment: now too much attachment was responsible for the development of psychiatric symptoms, in this case schizophrenia—rather than not enough. Soon enough, though, Bowen started to realize that when other family members visit, it changes the relationality between the mother and daughter. Bowen (2011 [1955]: 3) himself described this as

“a shift from seeing schizophrenia as a process between mother and patient, or as an illness within the patient influence by the mother, to an orientation of seeing schizophrenia as a distraught family that becomes focused on one individual.”

As a response, he started admitting family members who were important, at times hospitalizing the entire nuclear family for observation for incredibly long periods of time. Just as the one-way mirror was being mobilized on the West Coast, in-patient family observation was being used in the East. The “family as an emotional unit”—not as a collection of individuals but as a relational system—was born, as was what will retrospectively be called “Bowen Family Systems Theory.”

Later, Bowen would become one of the fathers of family therapy, particularly because he devoted his life’s work to the subject—and, importantly, many of those who instituted the genogram as a cornerstone of family systems assessment will trace their allegiance to Bowen’s, rather than Bateson’s, system. It remains unclear but it seems that Bowen’s experiment and the Bateson group were working at the exact same time on the same problem with little knowledge of each other; while Bateson et al. wouldn’t publish their theory of the double bind until 1956, Bowen had already written a good deal of reports and papers on the family as “emotional unit” by 1955⁸. Later, when family therapy gained traction as a recognizable therapeutic genre, Bowen’s (2004 [1987]: 69) only mention of Bateson is the 1956 paper on the double bind as being “in agreement” with his method, for instance in his seminal work *Family Therapy in Clinical Practice*. While Bateson is not his

⁸ Referring to the family as “emotional unit” has an important predecessor: by Nathan Ackerman in 1937, a psychoanalytic psychiatrist, who is largely held as one of the first to conceptually interrogate the possibility of family therapy. His first post was actually at the Menninger Clinic in the 1930s, the place where Bowen would first develop his theories. Ackerman created the Family Institute in 1960 in New York City, which would later be called the Ackerman Institute. This clinic is especially important because the major players in family therapy in the 1960s had some connection to the Ackerman Institute. Ackerman along with Jay Haley—who was one of Bateson’s co-authors on the 1956 double bind paper—and Donald deAvila Jackson created the journal *Family Processes*, the founding intellectual arena for the burgeoning field of family therapy.

textual reference, his project was still to “think of the family as a fluid, ever-changing, functional system” (Bowen 2004 [1978]: 159).

While Bowen’s systems theory would be important, it could not surpass the growing awareness of Bateson’s cybernetic system. Hoffman’s conceptualization, in 1981, of the system and “the dynamics of social fields” is almost exclusively about Bateson’s life-long work, starting with a long excursus on *Naven* as the originary contribution. Hoffman’s story of Bateson’s New Guinea fieldwork casts Bateson as an anthropological iconoclast—he “had gone out like a good cultural anthropologist,” which for her included being a student of Franz Boas (which we know is not the case), using “notebooks and informants,” and immersing himself in the Iatmul culture. But, for Hoffman, Bateson’s choice to study the *naven* ceremony was a categorical break from earlier anthropology. Going into technical detail of the *naven* ceremony, Hoffman harnesses the functional assertions about the *naven*—especially as a custom that attempted to cohere in-laws who had the most tendency to break down and split off—Hoffman argues that Bateson started to see the Iatmul society “in the form of a design” (Hoffman 1981: 40). Hoffman places particular emphasis on schismogenesis, both the forms that “stop or get stopped” as well as those that continue without cessation, whose result is still a system, but one of an entirely new quality. Of most interest to Hoffman is the idea that social groups tend toward schismogenesis, and that, as a part of the system, there are some “inbuilt” modes of re-achieving equilibrium that keeps schismogenetic processes in check. The beginning rumblings of cybernetics—especially through the Macy Conferences in the 1950s—begin to find their traction.

What is striking is the Hoffman’s analysis of the emergence of family therapy is that she does not emphasize as fully Bateson’s later work at the Mental Research Institute in Palo Alto or his more thorough writings on cybernetics, such as *Steps Toward an Ecology of Mind*, but finds particular importance in *Naven* itself, spending a total of ten pages on the text just in the first two chapters. Hoffman herself would later break from her breathless enthusiasm for structural systems theory later in her career, writing *Family Therapy: An Intimate History* in 2001, which traced her newfound affinity for post-structuralism and the possibility of a “post-systems” form of family therapy. However, while a number of family therapists have attempted to rebel against the system, this chapter in the history of family therapy—the family as system—became a tenacious assumption of this type of therapeutic work, and was foundational for the introduction and continued use of the genogram itself.

Monica McGoldrick, a well-known social worker intellectual and practitioner, has been called the “godmother” of the genogram⁹. The use of the genogram in psychotherapeutic practice with families was becoming a mainstay of the assessment process, but no one had yet systematized the genogram as an illustration of the family-as-system. McGoldrick, along with her co-author Randy Gerson, published *Genograms in Family Assessment* in 1985, the first text to provide a comprehensive overview of the assumption and potentialities of the diagram in family therapy¹⁰.

⁹ W.W. Norton & Company, <https://books.wwnorton.com/books/detail.aspx?id=17180>

¹⁰ This was a timely collation and analysis of the genogram, as there was an explosion of publications by family therapists about its use as a tool by the late seventies and early eighties. See, for instance, Bowen (1980); Bradt (1980);

Genograms in Family Assessment is now in its third edition (2008), with a second edition of the more personal *The Genogram Journey: Reconnecting with Your Family* (2011), and most recently *The Genogram Casebook: A Clinical Companion to Genograms—Assessment and Intervention* (2016). Here, I will focus mostly on the first edition of *Genograms*—that which was published with intellectual proximity to the burgeoning milieu of practices geared toward family-as-system.

In the 1985 edition of *Genograms in Family Assessment*, McGoldrick (1985: 125) declares, “The genogram arose out of the practice of family therapy; therefore, not surprisingly, most of its applications have been pioneered in this field.” McGoldrick argues that the form of the genogram demands the clinician take a “family systems perspective (3),” that it helps them “think systematically” (2) through “structural, relational, and functional information,” (3) which gives clinicians “a quick gestalt of complex family patterns” (1). McGoldrick (1985: 5) considers the family in far more complex terms than one may expect, defining it as “the entire kinship network of at least three generations.” It is interesting to note how the word “kinship” operates in relation to notions of the “family” in family therapy writing—mostly, that it is not used at all. Kinship, perhaps, denotes a flexibility to the forms of relatedness, while “family,” especially in an United Statesian context, conjures an immediately recognizable normative form. The “kinship network”—the original family system from Radcliffe-Brown on—lingers as an intelligible term in relation to the systemic gaze.

McGoldrick is quick to emphasize that the genogram is most closely association with Bowen’s family systems theory above other family therapy traditions. For instance, she notes how the structural family therapy of Jay Haley—one of Bateson’s most important collaborators at the MRI and co-author on the 1956 double-bind paper—does not use genograms. Stressing Bowen at every turn, it seems paradoxical that the genogram form would develop out of a family therapy approach not connected to Bateson, the inheritor of the genealogical-diagrammatic legacy. However, if we press McGoldrick’s exegesis of Bowen’s theory of the system—which is mostly taken from his 1978 *Family Therapy in Clinical Practice*—Bateson, while never textually invoked as a scholar (more later), haunts nonetheless. Summing up her Bowenian theory of the family-as-system, McGoldrick (1985: 7) tells us,

“[T]he members of a system fit together in a functional whole. That is, behaviors of different family members are complementary and reciprocal. This leads us to expect a certain interdependent fit or balance in families, involving give and take, action and reaction. Thus, a lack (e.g., irresponsibility) in one part of the family may be complemented by a surplus (overresponsibility) in another part of the family. The genogram helps the clinician pinpoint the contrasts and idiosyncrasies in families that indicate the type of complementary or reciprocal balance.”

It is as if we are transported to 1936, smack dab in the middle of the pages of *Naven*, when Bateson is describing his concept of complementary schismogenesis—his example there was domination and submission—in relation to the functional whole. And so while we have Bowen front and center

Guerin and Pendagast (1976); Jolly, Froom, and Rosen (1980); Milhorn (1981); Pendagast (1977); Sproul and Gallagher (1982); Starkey (1981); and Wachtel (1982).

as the theoretician of the family-as-system, a theory that purportedly drove the genogram into clinical practice out of necessity, the ghosts of Haddon, Rivers, Radcliffe-Brown, Smuts, and Bateson hover uneasily over the genogram form and its contemporary usage, even as the history of its emergence is cleansed in its therapeutic applications. Surely, McGoldrick's (2016) most recent book on the genogram, while dedicated to Bowen—"whose ideas taught me how to love my family and how to commit my life to living out of my most important values"—invokes Bateson more explicitly but anecdotally nonetheless. McGoldrick (2016: 143, 462) tells us, "As Gregory Bateson used to say, to think systemically we must continually zoom in to explore details and zoom out to see the larger picture" and, later, "Gregory Bateson once said that only if we could think 200 years ahead, would we really be able to think systematically. That seems to be about the gist of it!"

Before returning to the ethnography of its use at the clinic, I want to touch on one last part of the story, which will bring us back to the genealogical method as it was first imagined, as well as how it connects to its contemporary practice. In addition to visualizing the system, McGoldrick (1985) argues that one of the most important parts of the genogram is its use to make speculative hypotheses about the family in question. Visualizing the system allows the clinician to speculate about different breakdowns in the system in the dialogical process of reckoning with the initial assessment and looking forward to possible approaches to therapy. The practice of speculation, however, is done intrinsic to norms that govern the family-as-system: that is, visualizing the forms of relation and their annotation allows the family therapist to speculate on the breakdown or strength of relationships based on normative typologies of relation (e.g., eldest female child's relation to substance-dependent father). Using such typologies can help clinicians "predict personality characteristics" (McGoldrick 1985: 5), which, in turn, become hypotheses to explore in therapy. To illustrate these forms of systematic speculation, McGoldrick uses famous families (for, as she notes, genograms are irrelevant to those who don't know the context of the family—by using famous families she and her co-author attempt to mitigate this difficulty). In explaining how, for instance, in family systems theory there are few "coincidences"—that is, systematic errors are rarely random but can be explained through a breakdown of the system—the example she uses is Gregory Bateson's family (image: McGoldrick 1985, diagrams 3.14, 3.33).

McGoldrick & Gerson's (1985: 84-85) systematic speculations about Bateson's genealogy are very illustrative. Discussing how coincidences are not necessarily "causal" but indicative of patterns, they say,

"...For example, on Gregory Bateson's genogram (3.33), one can observe a number of interesting coincidences.

First of all, Gregory's parents were married shortly after the death of his mother's father. Secondly, Martin committed suicide on his brother John's birthday, four years after John died. And finally, Gregory met Margaret Mead shortly after he cut off from his mother.

Viewed systematically, these events may be more than coincidence. As mentioned earlier, Gregory's parents' engagement was called off by Beatrice's mother when W.B. Bateson got drunk. This was a reaction to Beatrice's father's alcoholism. However, three months after the alcoholic father died, Beatrice put a notice in the newspaper, hoping to reconnect with W.B., and they remet [sic] and were married shortly afterward. In the next generation, Gregory happened to meet and fall in love with Margaret just after becoming

estranged from his mother. She and her second husband were doing anthropological work in a remote area of the world at the time. One might speculate that the children in the family could only connect to their spouses after disconnecting, through death or cut-off, from a parent.”

The ability to visualize the system is, perhaps surprisingly, for *speculative purposes*. This is interesting given the status of the system as a scientific heuristic for understanding and intervening. While the figure of the system, as I have suggested, doesn't really emerge until Radcliffe-Brown's late and Bateson's early scholarship, both Haddon and Rivers were concerned with a similar question: how to make scientific that which seemed like resolutely social phenomena. The genealogical method was a diagrammatic form that was not just about tracing descent, but about picturing a scientific method, one that allowed ethnology to begin gaining traction as a science alongside its imagined peers. The genealogical method turned into the system, with Radcliffe-Brown and Bateson, both of whom were concerned, at least in the 30s and 40s, with the anthropological claim on the scientific as an utterly necessary step to take the ethnological project to the next “stage¹¹.”

The legacy of making the system answer to the messiness of relation and the social is crystalized in McGoldrick and Gerson's attempt to explain the coincidences of Bateson's family's life. The forms of speculation they employ—the proper relation a son has to a mother, or a married couple has to their parents—are based on a theory of family systems, what I might call the Good Family, which explains everything. The normativity of relation is assumed in the speculation, a frame that assumes how things should be, an answer to the multiplicity of times when things are not. The system sets up a normative world of relation: the possibility of the system's equilibrium itself based on a normative frame of relatedness and its positive and negative potentialities in the messiness of encounter, and life. Visualizing the system allows for immediate surveillance of the non-normative, the diagram allows one to *see* what is wrong, one can see a system in disequilibrium through the forms of relation that are out-of-joint. Invoking an unknown ghost of Bateson, McGoldrick and Gerson put it in terms of zooming: the diagram allows one to zoom out, to view the system through a synoptic gaze that speculates the pathological through visual attention to the recognizable points of non-normative relation the diagram holds.

The Genealogical Method in Cape Town, after Smuts and Radcliffe-Brown

I asked nearly every psy-professional I knew on the Cape Flats if they use genograms, and if so, how. Because the genogram form is now an essential component of child and adolescent mental health assessment, almost every professional—working in primary, secondary and tertiary clinical spaces—said the genogram was required. However, the degree of emphasis and perceived importance of the diagram was quite different than from the clinical space in which I was immersed. Most said that they drew the genogram, and sometimes it was helpful, but it wasn't given much consideration overall. If a family was “particularly” complex, perhaps it had more

¹¹ The last lines of Bateson's (1936: 279) *Naven* perhaps articulate this desire most clearly: “Our unscientific knowledge of the diverse facets of human nature is prodigious, and only when this knowledge has been set in a scientific framework shall we be able to hope for new ideas and theories.”

import, but, as a general rule, the genogram wasn't considered vital to assessment and possible care.

After nearly a year of drawing the diagram with my colleagues at the clinic, the supervising psychiatrist decided it was too time consuming for us all to draw the diagram during clinical supervision. He asked that the case manager make a photocopy of the genogram to be circulated during case supervision to save time. Further, he told the team:

“We just want to know about the people with whom the child is directing interacting with. We don't need to know about all the uncles and aunts if there is nothing really significant. The immediate household is the most important, only very important people affecting the child” (Clinical Supervision, September 16, 2016).

What is interesting about this request is that its demand to privilege “interaction” makes the genogram as a form impossible. It casts the IP's relatives as individuals that happen to be related to her or him. If the IP has an important relationship with his *utatomdala* (his father's eldest brother—if *tatomkhulu*, his paternal grandfather, has passed away, *utatomdala* will be the technical head of house), how can the significance of the relation be drawn unless all of the IP's father's brothers and sisters are drawn? Relation demands inextricability: a person is only intelligible as a part of a relational whole. By assuming the individuation of the family, the psychiatrist misses that relation is only possible internal to a collective form.

Speaking to another clinical psychologist, who is a white woman, just a month later, very much towards the end of fieldwork, I received a more animated response about the genogram. In her clinical context, the genogram is used expansively, perhaps also because her context includes black community mental health workers. In her words,

“For me, the genogram is a way of knowing what resources in terms of the family exist because on it you get a sense of how many family members are in the child's life, how close they are geographically, what the level of education they have, how much money they may have—it gives you a sense if there is conflictual or positive relationship between aunts and uncles, for example. So, for me, it is about a context—about how connected this kid is to good stuff. People, money, etc.

There's that, but I also find that the genogram can be quite overwhelming, and again it is hard, I have to watch my judgment because especially when we draw the granny and then the mother, and then she is having a relationship with her fourth partner, and then they had two children. You think, *my god*: so many children! so many fathers! You know. And actually, I don't think you can compare... I just think people form relationships in ways that are different when you are quite poor, maybe, I think it is different. So I find the genogram helpful but also a bit overwhelming when you see all of these multiple partners, deaths sometimes, traumas, it is pretty much, I think, a visual representation of the context. So it is good” (Interview, October 3, 2016).

This psychologist perhaps most closely fits the family-systems model form of communicative pragmatism, as a visual representation of context that breakdown, and as a visual form that makes

it easier to visualize the “good stuff” in relation to the kid. At this point, her assessment of the genogram is framed in positive terms, about the resources to draw on in the process of recovery—an incredibly important point, and one I think many of the community therapists would agree with. However, her narrative quickly turns toward the judgmental affects that diagram itself produces, especially in terms of multiplicity of relation and non-normative sexual relationships. The image of a non-normative family conjures judgment in a way that perhaps just “knowing” the facts of the family does not. Her judgments are both racial and racializing: the figures of sexual “promiscuity;” the social fact of children from different fathers infuse toward a figure of the black mother we are now familiar with by this point: one whose form of existing is necessarily inadequate to the task of proper motherhood, a figure who will always fail when viewed through this lens. But, again, the differentiation the psychologist invokes is not “cultural” as we saw in the previous chapter, but is class-based: this form of failed motherhood is produced from being poor. And while it is very possible she was generalizing failed family forms in terms of poor people racialized as white, colored, and black, the fact that her entire experience with such “failed” kinship forms is exclusively with black families is important to foreground. Just as in our excursus of the problem of attachment, my argument is not that certain prejudices don’t exist for people racialized as other than black, the problem is rather that such failure is *always indexed as a particularly black form*. That is the power of racialization in discursive and material registers: while failures and non-normativity abound regardless of race, such failures don’t attach themselves so forcefully to those racialized as other than black. While she invokes poverty as the rationale for differential relationships to sexual, romantic, and familial arrangements, such a statement—and one can imagine practical steps taken in everyday therapeutic encounters—is nonetheless profoundly racializing given the context of her work, which has material consequences for how therapy might proceed. The racialization occurs precisely because the psychologist cannot imagine an alternative form of existing—not one to be sanitized, but simply being human in another genre than her normative frame. Other genres of human will always, of course, include failure and violence, felicity and care, though themselves are unintelligible when caught in a—*the*—singular genre of human assumed by the psychologist, the human—the subject—produced by the good family.

Aside from the normative frame of kinship, some of the frontline therapists at the clinic I worked at shared the spirit of some of these potential uses of the genogram—particularly in terms of identifying conflictual relations and possible resources. One day in September 2016 I learned how knowing the genogram of every client wasn’t just a therapeutic resource, but was crucial for assessing the safety of the IP. Nobuhle and I were on our third home-visit, sun scorching, the first two relatively innocuous. We arrived at an RDP house in Makhaya to do a preliminary check-in with the identified patient, who was seventeen years old. A year and a half before the visit she was raped in the Eastern Cape by her mother’s sister’s son, which resulted in a baby, now one year old, and the young woman also believes that was when she contracted HIV. Nobuhle—really the entire clinic—was incredibly worried about her, not only because of her impossible present, but the fact that the demands of the baby made it so she wasn’t attending school. For Nobuhle, not finishing matric would make everything else she faced even harder. The house was a typical two-bedroom RDP house, with the front curtains tightly shut due to the heat, the inside living room shrouded in darkness, but cool. The IP lives at home with her brother, who was the clinic’s main contact, her sister, and two aunts. We found the IP with her baby in her arms, her brother, and another man I did not know.

Her brother was the sweetest man. He is 22 years old, currently working daily at a McDonald's in the northern suburbs to support his younger sister and her baby. He was so gentle with her and the baby, demonstrating supreme respect for her with every gesture, and spoke with Nobuhle and I with a similar kind of tenderness. He sat on the couch with his sister and niece; there was another young man, a friend of her brother, who was holding a bible, smiling, very energetic and talkative. He interrupted Nobuhle multiple times, so I started a more focused conversation with him in the kitchen as Nobuhle talked to the IP and her brother in the den, the distracting men out of the way for her to do her job. We couldn't hear them, and they had some privacy. I really liked the young pastor, who was full of aspiration and optimism; I remember thinking that this young woman's situation is just so damn impossible, but at least she is surrounded by caring, optimistic people as she attempts to move forward. The young pastor was about to take a technical qualification exam, a step toward gaining admission to a two-year college course in some form of engineering. He was telling me how much he had prepared, how he was ready and was determined to get it, how good it would be for the IP and the baby if he could start making some real money. He was just twenty-three years old, and said that meant he really had to get his act together, particularly because he wanted to help the IP because it was his duty as a Man of God. I went into this house with a familiar nervous feeling—what could we possibly do in a situation like this? But, after talking to the young pastor, and meeting her brother, I thought: she is going to be okay, she had people. Zodwa wrapped up her conversation with the IP, made an appointment for a therapy session, and we left.

Crossing the street back in the harsh sun, Nobuhle and I got in the car, the young pastor seeing us to our car, waiting behind with a big smile until we drove away. On the ride home, I asked her how the IP seemed, as I didn't get much chance to interact with her. Nobuhle said she didn't say much, she seemed tired and listless, but that she was taking her ARTs and doing her best to take care of the baby, but that a consequence of taking care of the baby, especially when her brother and aunts are at work, was missing school. She wasn't sure if she was going to pass in December. Nobuhle's characterization wasn't what I hoped, but I countered with saying how wonderful it was that her brother was so attentive, and that his friend was also supportive. That, coupled with her aunts working as domestic workers, was hopeful, wasn't it? Nobuhle became stiff and hesitant as we pulled up to the next house we were visiting. I parked. She was careful, and turned to me.

— Nobuhle: *Steve, didn't you study the diagram when I presented the case last week?*

— Me: *Yes, I tried...*

A pause.

— Nobuhle: *That was the uncle who raped her.*

— Me: *Who, her brother's friend? The aspiring engineer?*

— Nobuhle: *Yes. You were not talking to her brother in god, Steve, you were talking to her rapist.*

I paused, mortified, nauseous, unbelieving.

— Nobuhle: *Study the genogram more next time, know who you are talking to, how to talk to them. I didn't know at first, until he mentioned where he was from. And then I noticed how she reacted to him, down, not right. I asked her for sure, and she confirmed. Know the genogram, and use that try and figure out what is going on in the house. Without it, I wouldn't have known who he was.*

Usually, when we get situated in the house, especially if there are a lot of people present, which is usually the case, the therapist always starts with pleasant exchanges. Based on her knowledge of the genogram, she attempts to identify the eldest, or at least the one with the most status in the house, and attempts to identify the relations that she was previously memorized visually. Identifying the matriarch, she will ask... *ngentombi yakho lo? ngubhuti wakho lo? ngumakhulu lo?* [that's your daughter there? your brother there? grandmother there?]. It is always done in a way that is received warmly; it was rarely read as accusatory. More than anything, it was a directed attempt to understand who the IP was through her relations, how a person fit in relation to a collective. Thinking back with the previous home visit, since there was no elder at home, Zodwa asked the IP first if the young pastor was her brother. He responded, no, that he was her brother in God, then pointing out that the young man on the couch was her brother. From that designation, I assumed that he was her brother's friend, assuming that he would identify through a more intelligible kinship term—in his case, *malume* [uncle] even though he is her cousin (mother's sister's son) or *ukanina*, a formal designation of the relation not used in ordinary language practice (at least in my experience). Given his gender and status, he would be referred to as *malume*, or uncle—also the term that Nobuhle called him.

My unethical obliviousness to the texture of the relation in front of me, at least for Nobuhle, was a consequence of me not taking the genogram seriously enough. I apologized profusely, and began to worry about the IP even more than I did before. Nobuhle, too, checked me with that worry. She told me that the IP feels safe with him around, especially with her brother present, and her aunt (who was also the pastor's mother) around. He was still a boy when this happened, she told me, and has since become more religious, and is determined to help support the IP and her baby. That is why he came to Cape Town. That was the reason he decided to take the qualification test to become an engineer. The next time we went to the house, three weeks later, it was a mess, and the IP's brother couldn't get out of bed. She urged Nobuhle to go to the bedroom. This time the uncle was not around, it was just her and the baby. Her brother had been shot in the leg and couldn't get out of bed, which means he couldn't get to work in the northern suburbs. There was a home invasion at their house five nights prior, and all of their valuables—a tv, a stereo, and a few other things—were taken. With her baby in her lap, the IP went back to studying for an upcoming Afrikaans test.

History as Image

About a month later, in October of 2016, Viwe, the clinic manager, and I were back at the clinic talking about the past year and a half. Viwe acted like an unconditional mentor to me for my entire time at the clinic—it was upon his insistence that I was even allowed to work with the clinic. He

was so patient with me, but also disciplinary when it was necessary. We got into this habit of me asking him outrageous questions, ones without answers, and four hours would pass with the back and forth. Born in Cape Town in 1971, he was a young revolutionary during the struggle. After the transition, he put all his energy into understanding the relationship between the structural and the psychic—in his words, he started “to wonder what life would be like for the children who are coming after us, like our young brothers and sisters, because of the hardship.” While Viwe was born in Cape Town, he spent most of his childhood in the Eastern Cape with his mother’s extended family in the 1970s. His mother was working as a domestic worker, and she was strictly not allowed to take him to work because, in his words, of “this Group Areas Act.” Returning to Cape Town when he was five, in 1976, the year of the Soweto Uprising, his mother continued to work, and he attended school. First in Gugulethu, the two would move to Site C Khayelitsha after it was established in the mid-80s, in the *iimbacu*, where it was “dense” in Viwe’s words. From there, he would travel on foot four kilometers each way to get to school, saying that the walk reminded him of his childhood in the rural areas, where everything seemed far. He had been at the clinic since it opened in 1994. Twenty-five years on, he is still asking the same question, his generational care still strong. I asked him about the genogram. He started,

“The genogram is the heart of an assessment, I always say. Because, I remember, during these times where parents were living there [apartheid], it collectively, in a way... when you consult with a genogram you don’t need to put the interviewee away, first of all.”

He began a thought—“it collectively, in a way...”—and then stopped, I think because he thought he should back up. He knew where he wanted to go with it. First, he told me,

The interviewee must participate. Because it is also a good chance for his or her to reflect and see the family structure that she or he had. We are putting things here consciously, we are not putting things here so the therapist can be conscious of things, but we are putting things for you [the therapist] and the person [the client], because this person is received, because this person’s problem is no longer hers alone, it is attended now. From that genogram, the family structure, has to be identified. The conflicts, I mean even the hierarchy, the status, whatever you call, the people who participate in raising this child.

He started telling me that the purpose of the genogram is not a tool to be used to systematize a family, but that the genogram was *just as important for the client as it was for the therapist*. He continued using his own family as an example:

For instance, my genogram has to attach my maternal family. You cannot just take my genogram as Viwe with my immediate family, no, no... You have to take from my maternal family, the journey, the splits, the separations, you have to identify everything that has happened to this identified patient. You see this. Ages, academics, losses, movements, I mean everything, it has to be highlighted. This person you have and me, we can make a form to the structure, of what we think of that we never have. I mean, families that I have consulted, they will say, oh! I didn’t know that it looks like this because it is not in their picture, it is not in their formation of symbols and structures, it is now being transferred. They can now see: Oh, we are sixteen! I didn’t know that we are living as sixteen in this small house that we have.

You see, it translates in the form of a symbol now. It is a history, but not in the form of genogram. It is in a formation. How it forms. How it formed, this family, how it formed. Because you will have a life journey. It assisted you because you may say, okay, where is the father? The father has passed away and things have not been sad. Then you will manage to take this father away. You see I am identifying this father as when he passed away and what was the cause? He is still there. I think that is meaningful.”

With this explanation, the genogram is no longer simply a diagram, it is a “picture” that can be “transferred.” It is not a diagram, but an image of a “formation”—one that is to be used not by the therapist to make sense of a system in crisis, but an image that encapsulates the formative relations that have “formed” a person, one that is made by the person *and* for the person in a formation of relation, an active participant both in its creation and ultimate therapeutic use.

In *Life Beside Itself*, Lisa Stevenson (2015: 45) writes,

...a feeling is imagistic, and being attuned to the world *is* pictorial. I would argue, then, that psychic life can *only* be captured on the page imagistically, in word or visual images. When images are translated into more “complete” forms of consciousness (unraveled or unwrapped into a series of facts, say, or decoded into a list of meanings), they lose their affective hold, which is...essential to what an image, or a dream, or a mode of thinking, is— not optional or supplementary and definitely not an obfuscation of their true meaning.

In relation to Stevenson’s conceptualization of the image, the genogram finds itself in a difficult place as an image. As a “diagram,” it was, in various iterations and various lives, just what Stevenson (2015: 45) argues the image saves us from—“unwrapped into a series of facts...or decoded into a list of meanings.” As a form of structural-systematic knowledge, the diagram makes a claim to the kind of veracity she critiques, as a fact of relation. However, if we take seriously the impetus toward visualization through much of the history of the form, as well as Viwe’s conceptualization of the affective power of the genogram, something very different opens up. Considering the diagram as an *image* allows us to understand the potential it has in articulating psychic life outside of the normative confines of the normal/pathological dyad. For Viwe, the power of the diagram is precisely this “affective hold,” to use Stevenson’s words: it depicts a history of formation, a collective subject, perhaps, an image produced in a dialogue between the person a part of the formation and the person attempting a form of care in the present. In this way, the genogram is, perhaps, an affective archive of generational care.

In stressing the inextricability of history from relation, Viwe emphasizes that this is not just about biological relation, but also about “the journey, the splits, the separation,” the “losses and movements.” The image not only allows one to reflect on their formation visually, it also depicts the history that undergirds the formation. Many of the historical terms Viwe uses are spatial: the genogram as an image depicts of a violent history of dispossession, displacement, and dislocation as a generational phenomenon. A family’s intimate history of apartheid and its legacies find their visual materialization in the image. In making the genogram a “picture” of a “formation” to be “transferred” and to help “identify everything that has happened to this IP,” Viwe is arguing for the potentialities of making history an image. As an image, the form has the capacity to place a

person in a collective formation that at once visualizes relation, a visualization that is simultaneously *inextricable* of the history of its formation. When we sat together and drew genogram after genogram with such care and detail time after time, how the therapists would hold and carry the genogram, this was not just about its efficacy as a therapeutic tool to understand breakdown, conflict, and resources—which it also was—but it was about the responsibility of getting a sister’s history right: the movements, the journey, and the separations in which she was formed and which was, in their violence, forming. With most diagrams spanning time and place—the Eastern Cape, Cape Town, Gauteng, Durban, Pretoria—and including generations of relations, some biologically alive and others present in the afterlife, the image compresses time and space. When Viwe gives the example of the father who passed away at the end of his explanation, he is pointing to how the genogram as history-image contains even those relations that extend even into the afterlife. *He is still there*. As a history-image, the genogram makes possible a form of subjectivity not only tied to human others, but the more-than-life relations that continue to vital to the formation.

Far from representing a form of linear descent, when understood as an image, the genogram form transcends normative space and time, holding within it a multiplicity of space—here, there, and elsewhere—and time—then, now, elsewhen. Neither a genealogy nor a system, the genogram as image conjures an affective history of relation, one that does not attempt a synopsis or short-hand, but one that has the capacity to materially visualize a history in formation. The genogram as image does not attempt to isolate IP as an individual and synoptically identify significant relations—whether “negative” or “positive”—but rather decenters IP as “ego” altogether. The genogram in both genealogical and systematic perspectives would place a great deal of emphasis on ego, for, if there is no ego, how can one understand—or even talk about—the quality of relation? Without ego-as-anchor, the genogram becomes an impossible form, for each person represented in the diagram can only be named in their specific relation with ego. Viewed as an image, however, the genogram form decenters the primacy of the individuality of ego toward a visualization of collective formation, one that can be understood outside of individual, specific relations. As an image of a formation, the genogram pictures a collective subject through history.

CHAPTER FIVE

It's Strange When Something Doesn't End

Cyclical Time and the Biopolitics of Psychic Life

Sitting in clinical supervision after an exhausting week, we were discussing one of the most difficult cases the clinic had ever seen. It involved a three-generational household that was torn apart when the mother of our client, who is congenitally blind, accidentally spilled hot water on her daughter, which caused the Department of Social Development to declare her an unfit mother and place the IP in foster care. The client was sexually assaulted routinely in multiple foster homes, and returned to live with her mother and her one-year old daughter when she was eighteen. In the interim, her mother had four other children, who now live elsewhere, and became HIV positive. With her disability, she had difficulty keeping up with her prescribed treatment regimen. The client's half-brother, who is fourteen, also lives with them, and the mother is trying to get him into a rehabilitation program for her suspicions of his meth use. After everything, the client was resistant to any form of therapy or care—really anything that was connected to the state apparatus—and the therapists shifted their focus to her mother, who was worried about her physical safety due to a family dispute over the house she lived in. The clinic came into contact with the client because they were trying to recruit “teen” mothers for a parenting program. The parenting program was an attempt for the therapists to support young mothers at what they considered was a crucial stage in their child's development. The program's logic assumed a cyclical temporality to violence: teen mothers are generally unfit to care for children, themselves still “children;” they will not be able to develop proper attachments to their child during their formative developmental years; thus, the child is bound to repeat the same patterns with their own children. The cycle, so it goes, would be interminable. But the parenting program was trying to create a rupture: to intervene before or at birth in an attempt to stop the cycle. “Breaking” the cycle at birth, it was imagined, would be a form of care for an imagined future generation, one finally no longer trapped in interminable violence.

When the discussion of the case was over, it was break time. Sitting next to Nomakwezi, the only therapist with a university-level qualification at the time, I heard her say something to herself in Xhosa, which I didn't quite catch at first. When I asked her what she said, she said more forcefully: “*ngumhlola.*” *Ngumhlola?* I paused. I had never heard that formulation before, which was something I was used to with Noma. While I was more familiar with urban Xhosa, which tends to Anglicize many common nouns, Noma spoke formal Xhosa, usually also associated with the rural areas in the urban Location. But *ngumhlola*, I would learn, was not even that formal. I asked her what she meant. She paused, staring directly at me for at least a minute, trying to think of the possibility of its translation. Noma is an incredibly precise person: she never speaks unless she knows exactly what she is going to say. She knows her limits, and defends them. In nearly every conversation I had with her—on our own or in a group setting—she persistently asked for

clarification of what someone was asking (of) her. With such steadfast precision, she finally responded: “it’s strange when something doesn’t end.”

As time would go on, I heard *ngumhlola* used in a wide variety of contexts: when someone finds something so funny their laughter never seems to stop; when a child was playing with a plastic snake, seemingly unaware of the bad spirits it could conjure; when a young woman in the community committed suicide; an indictment of an action, object, or behavior thought to be the cause of evil. *Ngumhlola* is thus not necessarily temporal, it simply marks something out-of-joint: as one friend explained it to be, it is something that shouldn’t have happened, but did anyway. For Noma, what has happened to this client is *omhlola* because, from her childhood to present, the violence to which she was continually subject never seemed to end. I asked Noma to further elaborate what she meant. She responded, “Steve, for Xhosa people, everything has a beginning, middle, and an end. The end is important. It allows for something new to begin.”

In foregrounding the importance of the *end* in relation to the cycle, Noma’s utterance calls for a re-evaluation of the assumptions that undergird cyclical temporality. The term “cycle of violence” was so pervasive in many spaces during fieldwork—both with the therapists at the clinic as well as institutional psychiatrist settings—but, until this moment, I hadn’t considered its implications seriously. That is perhaps because many psychic theories of repetition and cyclicity are seen to be a better alternative to a-historical, medicalizing theories that place all pathology in an individual. A “cycle of violence” is seen as a “good” psychic theory of violence because it presences the lingering afterlives of historical violence, thus foregrounding the historical and structural dimensions of contemporary violence. However, in attempting to foreground that history, Noma’s query asks one to consider the claustrophobia of the cycle—recurring over and over, those subject to the cycle are seemingly interminably trapped in. Or, more precisely: they are trapped in the cycle until an intervention—at the time of conception—can “break” it.

The appeal to cyclical time is alluring, disrupting, as it does, the linear-progressive time of modernity. Many scholars have recently turned to cyclical history as a decolonial antidote to the hegemony of modern time¹. For instance, in *Omens of Adversity*, David Scott (2014) argues for a re-consideration of cyclical history in relation to Grenada’s less-than-liberation. Reading *The Colour of Forgetting* (1995), Scott suggests that Merle Collins’ novel appeals to repetitive, catastrophic time, rather than the linear time of progress. In Scott’s (2014: 88) words,

“[I]n *The Colour of Forgetting* the collapse of the Grenada Revolution is neither singular nor unprecedented in its general character as catastrophe. Rather, it is *one* disaster in a longer and deeper, interconnected catastrophic history. Its occurrence therefore does not draw history as such...to a sudden end; it underlines, rather, a recurrent pattern.”

Scott finds a generativity in the novel’s form of allegorical time because it foregoes the modern desire for an absolute “end.” Instead, the novel presences the catastrophic nature of history as an

¹ Ibn Khaldun’s (2015 [1377]) *The Muqaddimah: An Introduction to History* and John Mbiti’s (1969) *African Religions and Philosophy*, for example, are two texts that describe modes of historical reckoning outside the modern frame of linear progress.

ethics of memory. Dwelling in the space of repetitive, catastrophic time undoes the tenacious appeal to a future horizon that imagines a different socio-political form; in Scott's (2014: 96) words, it "activate[s] a sensibility of time that is at once recursive and cumulative rather than successive and teleological." The future is not a cordoned-off possibility waiting, but is already internal to the repetition of catastrophic time. In this way, catastrophic time is an ethics of memory because it foregrounds how past violence and injustice animate the present in recursive form. The cyclicity of repetitive time, in this way, holds a form of potential over the violence of linear progress by holding the future in abeyance².

Such a reliance on repetition and cyclicity are also a hallmark of another human science—psychoanalysis. Ranjana Khanna's important work *Dark Continents*, for instance, traces the colonial archive of much of contemporary psychoanalysis. However, Khanna (2003: 30) argues that to understand the violence of colonialism one needs the temporal tools of psychoanalysis—particularly that of melancholia—as that which "becomes the basis for an ethico-political understanding of colonial pasts, postcolonial presents, and utopian futures"³. The impetus to find an alternative to linear progressive time is understandable, particularly in postcolonial studies, given the enduring ways the liberal-moral temporalities of "development" and "progress" served to legitimate settler and extractive colonialism⁴. However, what I want to suggest here is that by pitting linear time (as violent and inadequate) against cyclical time (as generative and, perhaps, queer) misses the way that cyclical time does profound distancing and differentiating work. Cyclical time, I will try to show, becomes the time of those whose "progress" does not find felicitous intelligibility in late liberalism, accounting for their lack in relation to that imaginary. Not unlike Fabian's indictment of how anthropologists' temporal distancing results in a lack of coevalness, placing their other out of time, the cyclicity of violence places the racialized other in a different temporal genre, one that evades the historical conditions of contemporary forms and configurations of life. "Cycles of violence," as a temporal genre, as a pathological condition, can explain everything; they account fully and totally for non-normative lack. And, as I want to suggest here, this temporal genre legitimates new kinds of interventions on the subject. "Cycles of violence," rather than foregrounding past violence as productive of present violence, as an ethics of memory, as a structural competency, actually legitimate the contemporary socio-political conditions for those whose non-normativity does not find an intelligible frame for liberal fantasies of the good life—that is, steady, linear progression toward a "higher" civilizational form. Cyclical time, perhaps, is the time reserved for those whose form of life seems out of time with late liberal racial capitalism—and, in particular, those who find themselves related outside of the Good Family.

² For another important theoretical approach to keeping the future at bay, see Lee Edelman's (2004) *No Future: Queer Theory and the Death Drive*.

³ See especially Chapter 6, "Hamlet in the Colonial Archive," 231-268. In many ways, Freud's entire life's work could be read as an attempt to disrupt the presumed linearity of history by focusing on the tenacious return of past violence (eventful and fantastical) in the present, foregrounding the multiplicity and unidirectionality of mnemonic temporality.

⁴ See, for example, Frederick Lugard's (1926) breathlessly liberal "The White Man's Task in Tropical Africa."

Cycles of Violence, in two gendered renditions

In the second chapter, I explored at length the widely accepted gendered cycle of violence understood to be caused by “failed attachments.” The narrative goes: young mothers send their children away to live with other relatives as they work and endure in the city; the children do not form proper attachments to a central caregiver; seeking love that was withheld from them, they fall pregnant in their teens, and send their children off for the same reasons their mothers did. The figure of the mother and her absence, as the psychiatrist so forcefully said, could explain everything. The mother’s failure to give unconditional and uninterrupted love, her properly gendered role, is read as enabling violence that is perpetually repeated across generations.

During part of my time at the clinic, there was a third clinical supervisor, Deborah, a Masters-qualified clinical social worker, who, in addition to doing supervision, was also tasked with ensuring self-care and self-reflection among the frontline therapists. In various forms, Deborah would lead self-care groups that integrated how the therapists’ own personal lives intersected with their clinical practice, as well as particular difficulties at the clinic (including case-based concerns, interpersonal dynamics, financial frustrations, etc.). Along with this, she also “educated” the therapists on various psychological theories pertaining to their work. In general, the therapists really appreciated the space, especially as it gave room for their own stories and life struggles to be in conversation with their work. This type of personal reflection couldn’t come up in regular clinical supervision, which was more formal, and would appear unprofessional, especially in front of the supervising psychiatrist. During one such meeting in November of 2015, Deborah gave a lecture on attachment and childhood development, quite similar to the narratives explored in a previous chapter. In addition, she also led a discussion about the particular predicaments of doing psychotherapy with adolescents. In her view, adolescents are in a liminal space in their overall development: neither child nor fully adult, they are a stage in which they are becoming their own person. This causes them, Deborah argues invoking Erik Erikson’s (1959, 1968) eight stages of development, to act more grown up than they are, to perform independence even though they are not quite ready to stand alone in the adult world. In her words, “This is the worst stage to do psychotherapy because they can’t be vulnerable—they don’t want to think about psychic pain.” And so, the narrative of failed attachments meets adolescent developmental theory, where adolescents are unable to differentiate between “love, affection, and sexualized feelings” thus adding gasoline to the flame of an intergenerational fire. Because “their family lives are so broken down” having a baby satisfied their confused feels, their desire for love they didn’t and don’t get from their families, and “gives them an identity.” In Deborah’s words, “it is an intergenerational cycle that repeats over and over. Our job is to break the cycle.”

For Deborah, the failed attachments resulting from the dysfunctional “breakdown” of their family, which produced a lack where proper love should have gone, collides with puberty. The result, in such a theory, is a baby that provides a temporary cessation of the (*longue durée*) affective lack through the creation of one’s identity as a mother. It is assumed that a young woman is not ready to care for a baby in the proper way—especially given that she was assumed to not have been properly loved to begin with (paternalistically, it is thought she has “no” idea what love looks like—an assumption that is made from the frame of normative love produced by the Good Family). Thus, she is doomed to fail to attach to her child the right, proper way; her child, then, is

predestined to grow up much like her mother, and without knowing what love should look like herself, repeats the cycle. In addition to assuming the fundamental sameness of adolescence as a “life stage” across space and time, the narrative that a baby creates an identity is also profoundly functional—that having a baby is almost read as an attempt to restore equilibrium (a disequilibrium wrought by the wrong kind or lack of love). Much like most of the theories I have discussed throughout, such generalizations rely on an essential vision of *the* human condition, one which is particularly attached to the fantasy of “the Good Family.” In the process, the multiplicity of possibilities for alternative forms and configurations of relatedness are necessarily obscured in the attempt to explain everything. Cyclical time is a profoundly effective way of explaining everything in conjunction with failed attachments, one which strategically (if not intentionally) evades the difficult contours of understanding the formation of subjects outside of the Good Family. In addition, what is fascinating about this version of cyclical time is the possibility of “breaking it.” Scott’s version of recursive, cumulative history does not imagine a “break” precisely because of “break” in repetitive time might mean a form of amnesia for past violence—the ultimate power in catastrophic, cyclical time is its presencing of the past without necessary recourse to the future. Instead, the therapeutic expert is able to exist in linear progressive time—the time of reason, clarity, and development—as a condition of possibility of recognizing the cyclical temporality in which her subjects are caught. Linear time is thus the time of intervention, one that runs alongside those who have been long lost from linear time—enabling the fantasy that everyone might join the ranks of linear time, outside of pathological cyclicity.

For men, both young and old, there is another story told, one that is still connected to the figure of the mother, but has a particularly masculine expression: gang participation. Both gendered renditions taken together can explain the question—apparently worth asking—of why, in the aftermath of “liberation” violent crime seems to plague the postcolonial condition⁵. The narrative

⁵ The literature on violent crime in South Africa is explosive, as is the broader issue of “postcolonial violence” in sub-Saharan Africa. In the Introduction to *Law and Disorder in the Postcolony*, Comaroff & Comaroff (2006) argue that rising criminality in postcolonies is not just a symptom of poverty or joblessness, nor is it a mere manifestation of the problems with structural adjustment after transitions to democracy. Rather, it is part of much more complicated “dialectic of law and dis/order” (Comaroff & Comaroff 2006: 5). Interestingly, disorder in the postcolony is not in opposition to the law, but rather to point to the way that “criminal violence does not so much repudiate the rule of law or the licity operations of the market as appropriate their forms—and recommission their substance” (ibid). In the wake of so-called neoliberal governance, proliferating ambiguities between informal and formal, law and criminality, feed into new possibilities of accumulation that didn’t exist under a previous form of liberalism. However, these reconfigured forms of disorder always exist in relation to a stringent focus on the law, on the behalf of both governments and subjects in the postcolony. Comaroff & Comaroff (2006: 21) aptly ask: “Why has a preoccupation with legalities, and with the legal subject, come to be so salient a dimension in postcolonial dis/order and its mass-mediated representation?” (21).

I thus follow scholars who chose not to isolate violence, but rather understand the grids of intelligibility that make violence “known.” I ask how violence is intelligible, rather than, for instance, trying to define violence or capture some sort of universal essence, because it shifts the conversation away from essentialism to a discussion of knowledge and knowledge practices. Rather than assuming violence as an immutable entity, querying intelligibility emphasizes the fundamental instability of the concept itself—what violence “is,” how it becomes “known” is different, both across milieu and across regimes of knowledge. Broadly, this is influenced by Foucault’s theory of power/knowledge (especially Foucault 2003). However, I take my inspiration for asking these questions in anthropology from Janet Roitman’s seminal work in the Chad Basin. In *Fiscal Disobedience* (2005), Roitman interrogates how shifting grids of intelligibility of licit and illicit wealth in Central Africa are crucial for understanding state formation, accumulation,

is a familiar one, one that one can see in various iterations in Africa and the diaspora. Continuing onto men, Deborah continued to explain everything by appealing to the compounding effects that both poor attachments to Proper Mom and no fully realized relationship to Supportive Dad—because “most fathers are absent”—have on young men. In Deborah’s words,

— “They [adolescent men] are so fragile and vulnerable and their peers are so vulnerable. That is why it is a complicated scenario with gangs: the gang replaces the family, and gangs are usually anti-authority. They think that through the family structure of the gang that they will be taken care of. They do all of these bad things because they have a recognizable identity with the gang.”

In this account, Bowlby’s proleptic theory of childhood development comes full circle: the originary violence of failed attachments and “absent” fathers produce the desire to join a gang and commit acts of violence; and, so the narrative goes, because they are part of the gang, they too will be absent from their child’s lives, perpetuating the intergenerational cycle that will propel their male children into a life of gang violence. The cycle would be interminable until that cycle was broken: by intervening on what I call in the next section the ultimate subject of hope—the fetus, and, later, the infant.

My purpose here is not to rationalize gang activity as many do—that is, pointing to the multitude of structural and social factors that make joining a gang necessary or desirable. Rather, much in

and political subjectivity in post-Cold War Central and West Africa. Roitman’s approach is particularly compelling because she does not hold stable normative political concepts to argue for the forms of redistribution that are occurring in the Chad Basin. She refuses to designate these violent forms of wealth accumulation in terms of sovereignty in the singular or plural. What is at stake for Roitman is the organization and mutation of knowledge about the possibility of designating something as legitimate or illegitimate. In doing so, we are not given a new form of sovereignty in the singular or multiple, but rather an analytic to approach the historically contingent basis of differing practices of violence as they weave in and out of different regimes of truth. Michael Ralph’s (2015) *Forensics of Capital* similarly queries the material knowledge practices and judgments that enable an African nation, like Senegal, to be celebrated and well-regarded from the Euro-American gaze. Uday Mehta, too, is concerned with the possibility of knowing violence amid its apparent ubiquity. In the Political Concepts project, Mehta writes in essay “Violence:” “Our everyday language captures this potential ubiquity of violence. It is difficult to imagine any human endeavor that is not potentially violent, because violence no longer refers to a specific set of actions, but rather to any action that transgresses an implicit (or sometimes explicit) measure. By referring to something as violent we signal a kind of disproportionateness (or what amounts to the same thing, inappropriateness), within an associated framework of significance. It is in this sense that what constitutes violence, or rather the judgment of something as violent, is always tied to a set of background assumptions, to a framework of legitimacy, or a rationale, that gives it its normative and contextual gravity and meaning.” See also Michael Warner’s (2003) classic piece “What Like a Bullet Can Undeceive” on how accusations of violence assume the possibility of an outside, an accusation whose referent is interminably circular. As Warner (2003: 43-44) argues, “Not everyone shares the sense that what we call violence is self-evidently and invariably wrong, let alone our willingness to metaphorize it so violently, as it were. That we do so is a measure of our distance from the warrior ethic, or Florentine virtue, or absolute divinity, or ritual scarification, or ordinary injury, or the structure of feeling behind terrorism. To classify these as forms of violence is already to stand outside them. The act of naming violence involves a denaturalizing stance external to the action frameworks of force, allowing us to think of violence as aberration. In this sense, redemption comes before violence, not after. How did we come to be habituated to the normal invisibility of injurious force and capable of externalizing its motivations? This state of affairs might require as much explanation as violence itself. I would like to know more about the genealogy of this abstraction, violence, and about its secular deployment.”

line with Laurence Ralph's (2014) work in Chicago, my interactions with "gang members" and young men generally pointed to the profound ambivalences of gang life, both from their perspective and their families'. The attachment to the "formative" development years of setting the conditions of possibility for the rest of life are so tenacious that they rarely rise to the level of reflection: what happens then can explain everything later. As I have been arguing so far in the dissertation, the conceptualization of subject formation that allows those theories to explain everything do not capture radically different ways of understanding and practicing relatedness. In this case, what occupies me is the profound racializing effect of these temporalities of subject formation—that is, the racializing work of trapping a subject in a time already pre-determined, a future that is always doomed to repeat the past. I suggest that these intimate racializations produce the "objective reality," in Kamala Visweswaran's (2010: 60) words, of the cycle itself.

Angela Garcia's (2010) work has shown the awesome power of expert-imposed temporalities. In *The Pastoral Clinic*, Garcia shows how the addiction model of chronicity—once addicted, always addicted and at risk of relapse—traps subjects in what she calls a melancholic subjectivity. In this subjectivity, her interlocutors take on the pre-determinedness of the condition they are told they have, which paradoxically results in more relapse, and, in some cases, untimely death. As her interlocutor Alma put it so devastatingly, what she has is "without end"—in *knowing* what she had was without end, Alma's ultimate death was pre-determined by the presumed chronicity of her condition (Garcia 2010: 71). Here, I am not as concerned with how patients take on or understand themselves as caught in a repetitive temporality—something I never heard clients say, only their therapeutic caregivers—but rather how the racializing effects of psy-developmental temporality produces the reality it pre-determines. It is to try and explore the felicity of developmental temporalities, the real-world effects that are produced when these racializing temporalities are assumed.

First, let's address why the temporalities of cycle and repetition have particularly racializing effects. In *Exceptional Violence*, Deborah Thomas finds a similar narrative of failed masculinity cast in terms of the cyclical violence in Kingston, Jamaica. As Thomas (2011: 83) writes, "In the first instance, poor black men are 'problems' because they are not household heads, stable breadwinners, and actively present (patriarchal) fathers. In the second, poor black men are 'problems' because they cannot gain a significant foothold in legitimate entrepreneurial activities (because they were fatherless) and are therefore responsible for the violence that perpetuates poverty and insecurity." Crucial for Thomas in understanding this shift is how under neoliberalism, the family is no longer the formative unit of economic production, but rather the individual. Such a narrative also harkens to a previous discussion of Hortense Spillers, where the presumed universal absence of the father is the defining feature of what, for Moynihan, was the failure of black kinship in the United States. And so, while cyclical time in other mobilization and traditions foreground the lingering, omnipresent effects of catastrophic violence, the psychological locking of black South Africans into a cyclical temporality of violence has the opposite effect by erasing, eroding, and evading that history. Rather than foreground the historical violence that is productive of contemporary violence—that is, the purchase such a theory of time has in relation to other forms—it has the effect of obfuscating it altogether.

In this vein, what is particularly interesting about anxieties of absent fathers in the South African context is the enduring fact that fathers' coerced absence was central to the migrant labor system, and the colonial and apartheid economies more generally. In other words, forcing men to leave their families for the majority of the year—to migrate to urban and resource-rich areas to work in a grey zone somewhere between “free” and “unfree” labor—made apartheid possible. In this way, masculinity and labor are inextricably entangled in the history and present of South Africa⁶. The migrant labor system re-inscribed gendered hierarchy by forcing men into “visible” work, first through colonial taxation and then through the masculinist discourse of breadwinning under the tyrannical regime, leaving women in the reserves to drive pastoral cultivation—everyday practices of domesticity and labor, as we saw in the second chapter, that enabled the single-wage migrant labor system to be at all possible.

The “rhetoric of breadwinning” under apartheid, as Barchiesi (2011: 80) puts it, fundamentally changed men's relationship with labor. Under colonialism and apartheid, the pursuit of a wage—rather than the fruits of manual and pastoral labor—would tether masculinity to a particularly waged form of labor. Colonial and apartheid urban planning policies also fomented this intersection of masculinity and labor by attempting to further segregate habitation across gender lines. That is, because the “true” home of black men was in the rural Bantustans, it was anathema for the apartheid regime to have full families in the urban space, for then there was no “home” to return to in rural areas⁷. This binding of a certain kind of labor to masculinity was important not only in terms of banal breadwinning—that is, contributing to everyday needs of a household—but also marked a person's full passage into manhood, allowing him to, for instance, pay *ilobola* (bridewealth) to the family into which his son is marrying.

One day, Zoliswa and I were sitting in the car in September 2016 waiting for another therapist to collect some documents from a high school in Makhaza. She was telling me about a personal issue with one of her kids, and the conversation quickly morphed into one about gender and labor. Talking of Xhosa men in general terms, Zoliswa told me,

Steve, the problem is the way they [men] were raised in the Eastern Cape. Men start off herding cattle and young men, and then start to work in the mine or some other industry. In any case, they are working all day, every day. Women stay at home to make sure it is kept up, you know, it is cleaned, there is food, the kids get to school, etc. When it comes time for him to go away to the mine again, you really only see him when he returns home to conceive a child, usually around Christmas time, but really it is up to him when he comes back. The women stay, and take care of the children, and it is normal for the man to be away.

So, you see, they didn't have father because their fathers were away, working, and you see the same pattern with their children. But now, the same thing goes on even though there is no work here in Cape Town. Women stay where they are, in the home, with all the responsibility, and the same habits continue here too – being away, you see, is a sign of a man, it means he is

⁶ See especially Franco Barchiesi's *Precarious Liberation* (2011) for a more robust discussion.

⁷ I discuss the attempts of gendered division in Cape Town hostels at more length through the work of Mamphela Ramphele (1993) in Chapter 6.

*working and trying to provide, do you get it? If a man is around, in some ways he is not really a man, because how can a man not care for his family? And the woman? The woman is carrying the baby and two bags of groceries, and the man, do you know what he is carrying? She is carrying all that and he is only carrying a stick*⁸.

At once, Zoliswa provided an explanation for dynamics that resulted from over hundred years of settler-colonial rule, foregrounding how women's labor is almost always negated in favor of the visibility of men's labor. She both expressed an understanding for the place men need to take in relation to their work, as well as gendered violence that she has to endure as a result of that coercive configuration of masculinity and labor. Many women I was close with echoed Zoliswa's concern here: understanding the structural forces undergirding its expression while still feeling underappreciated, both by their partners and the world at large⁹.

Of central importance to Zoliswa's take on the issue of fathers is how she frames *absence in terms of care*. The narrative of fatherless children and the resulting cyclical violence is profoundly undone in relation to more nuanced conceptualization of the relationship between violence and care as not mutually exclusive, but rather constitutive, entities. So much of the anthropological literature on care foregrounds the ambiguity of care in terms of presence and practice¹⁰. However, Zoliswa is pointing to how the mutual imbrication of labor and masculinity demand absence as a form of care, an absence that is read as a felicitous presence—they are away because they are trying to care for the family. This form of care, like all forms of care, hold within it violence: the historical violence of the entanglement of coercion, migration, masculinity and labor; and the violence that Zoliswa is pointing too, that is, how black women's labor is still subordinated to the primacy of men's labor, both historically and in the contemporary. Zoliswa utterance foregrounds a profoundly historical condition and its consequential reproduction of gendered hierarchy. However, the possibility that absence might be a form of care is completely unintelligible to the theories of failed attachment and cyclical violence, which necessarily assume that all subjects are formed in and through the Good Family. Just as I explored in the introduction, a fundamental assumption of the Good Family is that its constituents are in space together—that love is most obviously expressed through presence. Whether that presence is felicitous (can a mother be too present? physically present but practically ambivalent—the double-bind?) is rarely reflected upon, because love is narrowly understood through presence and proximity. In other words, it is assumed to fully love a child, you have to love them in space. But love endures even when space fragments, dislocates, and displaces, as Zoliswa reminds us—however unintelligible such an idea is to those developmental theories whose only relational standard is the Good Family.

⁸ I use italics here because, given that this was a conversation and not an interview, it is not verbatim Zoliswa's words. The resulting text was transcribed from a voice note I took a few minutes later that tried to capture her language as precisely as possible; therefore, it neither verbatim nor totally my words (see Davis 2012: 66).

⁹ For one of the most comprehensive, stunning accounts of the relationship between apartheid legacies, liberation, labor, fatherhood, and masculinity among Xhosa-speakers in Cape Town, see Andile Mayekiso's (2017) doctoral dissertation, 'Ukuba yindoda kwelixesha' (*To be a man in these times*): *Fatherhood, marginality and forms of life among young men in Gugulethu, Cape Town*.

¹⁰ See "The Clinic of Elsewhere," pp. 17-18, and fn. 17.

Like we saw with discourses and practices of attachment, such reliance on the biological father as the *ur*-form of masculine possibility also negates alternative forms of relatedness and the ways kinship is practiced outside of the Good Family. The idea that young men are propelled into gang life because they didn't have formative masculine support in the form of a biological father is preposterous due to the very simple social fact that many intimate male kin—both biological and otherwise—are omnipresent in, and vital to the production of, ordinary life. Uncles, brothers, cousins, pastors, grandfathers, on and on and on, are present in a variety of forms, some visible and others not, which help cultivate a variety of forms of masculinity. But some forms of care and cultivation are resolutely unintelligible with the unwavering emphasis on the Good Family as the only possible kinship unit capable of stable subject formation. Again, this is not to sanitize the forms of violence that can emerge, but rather to dwell with Zoliswa in that space of ambiguity that recognizes a historical condition, difference (in this case, of relatedness), as well as the real and consequential forms of violence that can be generated. Instead, everything can be explained by the universality of childhood development and its failures, making the infant (and the fetus) the ultimate subject of hope—and their early subject formation the ultimate object of intervention.

The Precipitate, the Ultimate Subject of Hope, and the Biopolitics of Psychic Life

At the clinic, the temporality is at the core of assessment, diagnosis, and care. As explored in the first chapter, the assessment process itself is composed of competing temporalities: the history of the caregiver and their family is told in and out of its chronological time, following the questions in the assessment. It starts with the Presenting Problem, the Event of their coming, but continues on as the caregiver narrates generations of personal and familial loss in relation to it; the identified patient herself out of time as she listens to her condition and its genesis; the therapist writing all this out-of-sync past history with an eye to what forms of care might be possible in the future.

The most explicitly temporal aspect of the assessment process is the Timeline, which is drawn in chart form. Year and Event are separated by a vertical line, where the caregiver is asked to offer to therapist any disruptions, ruptures, or significant life events that happened in the course of the child or adolescent's life. This starts with the year and place of the child's birth, and continues on to the present day. Their schooling, in one way or another, fills up most years: the year they were first put in daycare; the year they started school; their progression through school. "Disruptions in attachment"—that is, if they were cared for by anyone other than their primary caregiver, otherwise read as their biological mother—were noted with special care. The caregiver is also asked to provide a specific year when the child's behavior changed, and any life circumstances that might coincide with it.

The Timeline is studied carefully, especially in clinical supervision. The team, under the lead of the supervisor, is constantly trying to put together a picture of what might have happened, a mode of speculation that could possibly drive therapy. These temporal practices of speculation are probed in the therapeutic process to test their possible veracity, a technique of trying to get at what the team repeatedly called the "root cause." What is especially important here is how Event and Narrative are joined in a causal fashion. The discernment of a significant life Event coupled with a narrative about that Event's possible consequences produces a working narrative that gives meaning to what is otherwise a cumbersome and complicated family history, in the midst of which

one wonders if asking if finding a “cause” is, in the end, at all productive. Diagnosis, in this way, follows historical time’s inextricable couplet of crisis and critique: the (modern) desire for the possibility a true rupture that can produce a meaningful narrative about an amorphous process that, through that narrative, can be renounced. Psychiatry, after all, is a practice of history, and symptom, perhaps, its crisis, diagnosis its critique (see Koselleck 1988, Roitman 2014).

After the presenting problem, the second question is: what is the precipitating factor? This question produced a lot of confusion in the clinical supervision meetings, as the two experts—one a psychiatrist, the other a psychologist—had different ways of explaining it. The psychologist explained to the staff that the precipitating factor is the question of “why now?”—that is, why is care necessary now, rather than sometime before, or sometime in the future? In many cases, the counselor would simply record the event that made it necessary to bring the child in now—for example, getting caught with drugs at school; getting in a fight; attempting suicide, etc. The psychiatrist, however, explained to the counselors that it was not just “why now?” Rather, one must record what propelled and made the event itself possible in the first place. So, in the case of attempted suicide, the precipitating factor would not be the suicide attempt but, for instance, the abuse that propelled it in the first place. Even with the two competing definitions, the counselors would almost always record the “why now?” as an event, rather than the event’s propulsion. This was a continuing tension between the psychiatric and psychological practices in which the counselors were constantly trained. For the psychiatrist, what is recorded on the assessment is not that which is taken for face value based on what the caregiver says, but is the counselors’ interpretation, or perhaps translation, of what is being said. That is, given the interaction—the cadence and tone of the caregiver, their perceived level of concern, their openness, their withdrawal, their hesitance—for the psychiatrist, the counselors should translate a broader impression of what they think is going on, rather than just recording what is being said by the caregiver. The psychologist’s style, on the other hand, was to have the counselors record what is being said, and then in clinical supervision is where the translation occurs, based on the group’s input and questions about the encounter itself.

A precipitate is that which makes an event—a recognizable rupture—possible; it makes visible what was otherwise an indeterminate process. A precipitate accelerates, catalyzing a constellation of factors already operating, making them visible. The question “why now?” foregrounds the possibility of an otherwise, that this visible manifestation could have happened at some point before or after, but that there is something about this temporal juncture in particular that caused a reaction, illuminated the amorphous process, rendering visible a form of adversity in need of care. The precipitating factor can be a notoriously difficult field to fill in on the assessment form, especially in the psychiatrist’s view of its purpose, because it already requires a theory of what is happening *in situ*, it performs a kind of intimate expertise that is not always readily available or accessible. But, in the end, the precipitate is almost always caught in a simultaneous narrative of cycle: what catalyzes an event—stealing, using drugs or alcohol, aggressive behavior, depressive symptoms—is part of a larger cycle that a child is caught in, an inattentive, working mother; an absent father; an employed caregiver. With this narrative of cyclicity, the question increasingly becomes for the intervention apparatus: what if one could prevent crisis—that is, streamline processes so no precipitate triggers a reaction, and in the end, avoid critique? In simpler terms, what if one could “break the cycle” through normative-preventative interventions?

At the clinic, the staff tried to do just that, following a larger scientific-global health discourse. For my sustained year and a half at the clinic, all the clinic staff were trying hard to recruit young mothers for the “Young Mothers Program.” While it was frequently phrased in terms of “breaking the cycle” by the clinic experts who supported the program, I heard the clinic staff talk about it in ordinary conversations as recognizing both the prevalence of young mothers as well as the grounded, material challenges they face as young, black women trying to raise kids in the urban Location, an experience that at least half the clinic staff had been through themselves. Much like the Parents Program, which brought together mostly female caregivers of children and adolescents getting care at the clinic in support group fashion to engage on the challenges of being a parent in this historical-spatial milieu, the Young Mothers Program was imagined as a resource for support amid a recognizably impossible present.

Such a push toward intervening on pregnant women is part of a larger campaign, not only in the Western Cape and South Africa, but the global health arena which sees the health of mothers and their children one of the most important indicators for “development.” The Western Cape Government has, over the past five years, implemented a program called “The First 1000 Days of Life.” This is based on a global trend that emphasizes the “Developmental Origins of Health and Disease” (DOaHD) and stakes its claims mostly in the realm of epigenetics. The trend has been traced to an article published in *Lancet* which argued that infant height is the largest predictor for “human capital”—a person’s possibility of being a “good” economic actor later in life (Pentecost 2018). This culminated in a 2015 report by the United Nations, *1000 Days: Change a Life, Change a Future*. This first thousand days refers the period between conception of baby and their second birthday, the window that is said to determine their chances of flourishing later in life. While that original *Lancet* article placed most emphasis on nutrition, the first thousand days intervention was expanded to include two other categories of import for mothers—care/support and safety/stimulation. Under the “Care and Support” tab on the Western Cape Government Website, the first line reads: “Making sure that babies get the right kind of care, nutrition and stimulation is the best chance society has at breaking the cycles of poverty, violence, alcohol- and drug abuse¹¹.” Society, it seems, must be defended.

In *Society Must Be Defended*, Michel Foucault (2003 [1992]) is broadly concerned with the question of war, particularly if war is simply the continuation of politics by other means. In trying to trace the figure of war in post-1789 France, Foucault tracks a discourse of “race struggle” as a legitimating feature of waging war. Foucault (2003: 80) traces a “postevolutionary” discourse that inverts the previous terrain of justified war. Before, war was waged against society, a state form seen as unnecessarily unjust. In the aftermath of evolutionary thinking, however, the terrain of war becomes inverted: no longer is war waged against an unjust society, but it is society itself that must be defended—against the other “sub-race” of humans. In Foucault’s (2003: 81) terms, “the state is, and must be the protector of the integrity, superiority, and the purity of the race.” In tracing the emergence of what he sees to be the origins of racism¹², Foucault shows how the management

¹¹ <https://www.westerncape.gov.za/first-1000-days/development-stages/0-6-months/care-and-support>

¹² In Foucault’s (2003: 257) words, “Racism first develops with colonization, or in other words, with colonizing genocide.” Such a historical moment is in direct tandem with the revolution of evolutionism, thus tethering for

and regulation of society also started profoundly to change. Given that it is the purity of the superior race that must be defended, he traces a series of state regulatory techniques oriented at the level of the population, which he terms biopolitics¹³.

This is why sexuality becomes incredibly important in understanding the form of modern power: it is the place where individual bodies and the population meet. Because such a form of state power is based on the desire for normalization—the stability of the favoured race and its uniform reproduction—the policing of sexuality becomes paramount to carrying out an effective biopolitical project. The theory of degeneracy—traced at length in the introduction and Chapter 2—becomes the ultimate anxiety for the biopolitical state: the non-normativity of the “sub-race” of bodies subject to the state will further reproduce the “sub-race,” directly countering the state’s attempt at racial purity through policing and discipline. Thinking of the creation of Ndabeni, as traced in the introduction, it is clear how theories of degeneracy and biological inferiority create the value-neutral “scientific” grounds for segregation at a state or organization level. However, what is particularly germane for our purposes is how Foucault’s focus on the policing of sexuality—and the ways we can connect such interventions to projects of sterilization and eugenics, as he does—is that the biopolitical project of epigenetics does not attempt to stop reproduction, but police its direct aftermath. That is, rather than focus on the level of the non-normative *body*—in Foucault’s words, the body of the “sub-race”—such interventions attempt to discipline and police subject formation at the point of conception. I’m suggesting that by locating the body as the ultimate object of intervention misses something much more profound: the real biopolitical project, which attempts to police subjectivity at the point of conception and during early childhood development. It is not the body of the sub-race that needs to be modified, *it is “the mode of existing,”* to use Fanon’s words, that such a body signifies.

Biopolitical projects are efficacious and possible because they are conceived in and through the possibility of setting a norm, and are elaborated through a process of demanding adherence to that standard of normalization. It is no secret that the Good Family—and the subject it is imagined to produce as sovereign, autonomous, and stable—is perhaps the most effective way of ensuring the normalization intrinsic to biopolitics. A consummate union is biological reproduced in space, ensuring racial purity through the imagined formation of a specific kind of subject. By intervening at conception, providing a set of guidelines—and then policing them—about the proper ways and family form a child should be formed, is about policing how subjects should be formed, and, as a result, how relationality between people is conceived; that is, how someone understands themselves in relation to others. Such forms of policing reproduce the nuclear family without ever

Foucault a biological discourse to the project of colonization. But far before Foucault would write those words, Aimé Césaire (1951) and Frantz Fanon (1961) had already made this point extensively. However, as Cedrick Robinson (1983) shows in *Black Marxism*, racism and racial formation have a much longer history, which for him starts in the 11th century with the enslavement of “ethnic” whites, who were racialized as other-than-white. For a South African example, Hannah Arendt’s (1968) “Race Thinking Before Racism” shows how the originary colonization of the Dutch at the Cape in 1652 came with an immense arsenal of racisms two hundred years before Darwin would publish *On the Origin of Species By Natural Selection: or, The Preservation of the Favoured Races in the Struggle for Life* in 1859.

¹³ See, in particular, Anne Stoler’s (1995) *Race and the Education of Desire*, which was one of the first analyses of the question of race and colonialism in Foucault’s oeuvre, particularly *The History of Sexuality* (1976) and the (at the time) newly published lectures, *Il faut défendre société* (delivered in 1975-76), and published in 1992.

naming it, and alternative forms of relatedness—for example, dependence not independence the goal, multiplicity of relation, to the environment and extra-human forms like the ancestors—must be extinguished. It reproduces the cycle. Society needs to be defended from the cycle because the cycle produces and reproduces a radically different subject, and, by consequence, a radically different way of being in the world, and one at that which does not produce the forms of human capital intelligible to the value apparatus of late liberalism. That radically different form of relatedness—one which extends beyond the self-contained individual, beyond the form of the nuclear family, beyond the plane of the human itself into the cosmological—is the threat, not the biological reproduction of the body. Society must be defended against a different form of existing, not simply a different bodily form.

Lisa Stevenson's (2015) intervention on the psychic life of biopolitics sought to destabilize the presumed efficacy of humanitarian interventions that attempted to merely keep biological bodies alive. This was counterintuitive to the Inuit's form of life as it assumes life ends at the time of biological death, something she shows is profoundly inadequate. Through an exploration of the afterlives of people re-incarnated as a crow or found in a dream, Stevenson urges us to take *the psychic life* of biopolitics seriously. For her, this means attempting to understand the forms of life that exceed the human body and its remains, that which is not captured by a myopic focus on the body itself. However, in Stevenson's analysis, the *body* is still the object of intervention for biopolitical interventions, though she shows us the profoundly extra-bodily "lives" of such interventions. Something slightly different is happening when the fetus, and later the baby and early infant, becomes the ultimate object of intervention (as the ultimate subject of hope). The forms of policing that would occur—as I will discuss at more length in the last section—are imagined to be directed at "psychic life" itself, not the body. By this, I refer, for instance, to the scene in which the state rolls out a program (already suggested in South Africa) which would send social workers to every "poor" (a way of obscuring race by appeal to class) pregnant women's home to see if the living conditions and modes of discipline seem like they are not reproducing the cycle. The attempt to control the formation of that subject in the womb and later as an infant—the fantasy of controlling and protecting a malleable life from all "damage"—is no longer directed directly on the body, but on the fantasy that such policing could fundamentally alter the subject's psychic life later in life. This is different than, for instance, the policing that would occur around nutrition and exercise (the epigenetics discourse is highly focused on nutrition, for example). Those forms of discipling are exacted specifically on the body of the ("sub-race") mother, as her body directly influences the body of her baby, who the state wants to be "finally" healthy. But those body-level interventions are perhaps less insidious than the attempt to control, as if it were possible, how that baby will exist in the world—what kind of subject they will be, and if such a subjectivity will at all be intelligible to the value apparatus of late liberalism. What is a threat is not bodies as biological entities, but bodies that exist in the world in which the individual is not the only intelligible social and political form, ones for whom relational dependence makes a person a person, and ones who practice the distribution of care as central to formation—that is, those formed outside the fantasy of the Good Family.

There is Nothing Outside the Clinic

Space, once again, because paramount to understanding how such attachments to early childhood become particularly tenacious in Cape Town. While the spaces of all cities are both imagined and material, Cape Town's particularly history of segregation makes such imaginaries ferocious. This is due to a number of reasons, but one of the simplest and most important is the profound spatial-extension of the city. The city center and its suburbs—the “proper city”—is over thirty kilometers away from Khayelitsha. In many cities, such geographic distance would probably mark different city borders. And that was, in many ways, the ultimate goal of Khayelitsha in particular: a “black city” far enough away to be differentiation from Cape Town proper, but close enough for its inhabitants to be exploited for labor in that other city. Just as Kelly Gillespie (2014) argues it in her important essay, “Murder and the Whole City,” the historical politics of spatial segregation continue to be re-inscribed in many knowledge forms, and the crime statistics in particular. Gillespie shows how suburbs and Locations of color—where most of the violent crime and murder is accounted for—are represented as almost a different city, one that should be considered different from Cape Town proper.

The sprawling Locations and suburbs of color on the Cape Flats are present in a visible sense, but mostly thought to be inaccessible to white Capetonians, who imagine that their presence in township spaces would put them at undue bodily risk. One passes them on the way to the airport, or on the way home from breakfast in Muizenburg, but for all intents and purposes, such spaces are spaces of violence and risk, and thus inaccessible. For Khayelitsha residents, on the other hand, the “rest” of the city is inaccessible in a different way: they are physically *permitted* to go to the suburbs and the city, and indeed many travel to those spaces for domestic and manual labor, but they are off limits in a different sense. Two popular bus lines run, one municipal—MyCity—and one private one—Golden Arrow—which make somewhat regular trips to various parts of the rest of the city; additionally, there is the *kombi* taxi, a minibus which travels from the Location taxi rank to the city, making informal stops once it hits the city, as needed by the clientele; and finally, the train, which many people think of as the most dangerous for reasons I will elaborate in the last chapter. Importantly, all are expensive. The *kombi* taxi, when I was in the field, cost R16 (\$0.93) per direction from Khayelitsha to town. With a minimum wage of R15 (\$0.90) per hour, which was recently increased to R20 (\$1.50) in 2018, it takes two hours of work to just break even with transport costs if one works in the city. Aside from the material difficulty, the distance, and the fact that transport drastically decreases after dark, the city center is inaccessible to many Khayelitsha residents due to the hegemonic whiteness of the city center itself. Sure, it has bustling cafes, world renowned restaurants, an energetic art scene, and some of the world's most beautiful natural sites, but such spaces are inaccessible both because of their extreme expense (a cappuccino costs R30, two hours of work for the barista making the coffee in the thirty seconds it takes) as well as the way blackness is policed in the city, and not necessarily by the police as a state institution itself. Joyful blackness is strange in the CBD aside from a few very protected spaces. For many white Capetonians, it is strange to interact with a black person in the city center if they are not doing your laundry, serving you your food, or begging for change on the street. There are, of course, some exceptions, especially in government and some industry, but, for the most part, the pristine whiteness of Cape Town proper has been preserved for the past century.

This differential accessibility—one based on spatial imaginaries of inherent violence and the material inaccessibility as well as everyday policing on the other—vastly shapes how people inhabit the city. Many Khayelitsha residents have an intimate understanding of ordinary life for the white people for whom they work—how much groceries cost, what people eat, what people’s work schedules are like, how families interact, what leisure looks like, what labor looks like—something is certainly not true in reverse. For many white patrons, the only knowledge they have of the lives of those in their employ is the little their maid might tell them about their family, and the imaginations they have of the spaces of their lives from the spectacular representations of violence and abjection that are circulated with such force in Cape Town.

The most extreme stories of violence—raped infants and grandmothers, decapitated and dismembered bodies—circulate with great force, not only on the radio and in the newspaper, but are posted on telephone poles in the highest traffic areas of the city. One cannot escape the circulation of representations of spectacular violence, they are omnipresent, and find you. And, as Gillespie (2014) has shown, that violence is always close but nonetheless *elsewhere*: it is on the Flats, that other city that is technically Cape Town, but, for those who dwell in its most extravagant parts, is really not. For many Capetonians, such representations of the most extreme forms of violence humans can inflict on other humans are some of the only contextual resources for what life is like in that other city, or other “part” of the city. They are considered spaces not just of desolation and abjection, but of extreme and generalized sociopathy. Teresa Caldeira’s masterful *City of Walls*, based on her work in São Paulo, reads as though it could have been written about Cape Town. Caldeira (2000: 19) argues,

“The talk of crime—that is, everyday conversations, commentaries, discussions, narratives, and jokes that have crime and fear as their subject—is contagious... people... seem compelled to keep talking about crime, as if the endless analysis of cases could help them cope with their perplexing experiences or the arbitrary and unusual nature of violence. The repetition of histories, however, only serves to reinforce people’s feelings of danger, insecurity, turmoil. Thus the talk of crime feeds a circle in which fear is both dealt with and reproduced, and violence is both counteracted and magnified.”

Caldeira’s nuanced analysis opens a space in which to understand how the empirical fact of violent crime intersects with the imaginaries it produces about the people—who are generally “fixed” in particular city spaces—who practice it. The point is not to deny the presence of crime (something that Khayelitsha and Sea Point residents, in different ways, both fear) but how the narratives and representations of its circulation paradoxically amplify both violence and fear. Fear is productive of more fear, it accelerates, and consumes. Importantly, these racialized imaginaries of space in the post-apartheid city have been productive of a different form of segregation—now no longer about borders, walls, and barricades, but rather through the discursive circulation of “crime talk” and its affective contours. Talk of crime, I would suggest, enacted a post-colonial ethno-spatial fix, tethering a specific group of people and their presumed danger/infection to a particular space.

Even internal to Khayelitsha this is the case. People are afraid of violent crime, with micro-practices of safety and vigilance of paramount importance, especially when moving outside of your immediate neighborhood (explored at more length in the sixth chapter). Like the city proper,

spectacular violence is always elsewhere, while intimate violence—particularly domestic violence—is folded into the flow of ordinary. People who I knew who lived their whole lives in Town Two felt reasonably safe in the area largely due to the fact that everyone knows everyone, and so a larger sense of community relatedness translated into perceptions of security, which changed one's sense of risk, and structured possibilities for movement and sociality. However, for residents of Town Two, Mandela Park (otherwise known as Makhaya) was thought to be far more dangerous to many of my interlocutors than their own neighborhood; and even further afield, Makhaza represented one of the most violent parts of the township. Knowing multiple people who lived in Makhaya, for instance, was interesting because to them Town Two symbolized one of the most dangerous parts of Khayelitsha writ large. When I told the therapists early in my time at the clinic that I was staying in Town Two, they were immediately alarmed, thinking that I would be particularly unsafe in Town Two of all places, and Litha Park, where the train station, the main mall, and many of the township's NGOs were located, would be a much better option. Litha Park is perhaps one of the most affluent parts of the township, where almost all houses are protected by a gate. For many of my friends in Town Two, the gates themselves signified a kind of danger: because everyone was locked in their houses, much like the white suburbs south of the city center, "there is no one on the street." This meant that if something bad happened, there is no one looking out for you, and thus no one to help in times of danger.

Thus, a similar, but qualitatively different, form of spatial imaginary is operative in the township: spectacular violence, the kind of violence you read about, is elsewhere. On a return trip to Cape Town in 2018, I spent my first night with a friend in Gardens (a wealthy, trendy neighborhood in the city center), leaving my rented car parked on the road. Arriving at the car at 9am the next morning, the driver's side window was smashed, the back seat down, and the boot open. Just an ordinary day in Cape Town. Calling my friend in Khayelitsha, who I was supposed to meet at 10am, she exclaimed: "Why do you stay in the city sometimes? That never would have happened in Khayelitsha! Why don't you just stay with me?" For her, the knowledge of my social relations in the Location would have protected my car from vandalism, as it was assumed someone would have seen someone do something, and there would be community recourse. On many occasions, the city center and its suburbs were supreme spaces of fear for Khayelitsha residents particularly because no one is looking out for you there, the only kind of insurance one has amid crime and its constant talk. There is a reverse spatial imaginary at play: for white Capetonians, the city center is a space of refuge; for Location residents, it is an anonymous space of risk, particularly if you are a woman. Spectacular violence—the kind of violence thought to "disrupt" the ordinary—is elsewhere for both city dwellers, the spatial imaginaries of both creating incredibly effective enclaves particularly because of the affective force of the imaginaries themselves.

The city center imaginary (as an ideal type) of the Location, in particular, has been increasingly expressed in psychological terms: Location residents live in a state of "continuous traumatic stress" (e.g., Eagle and Kaminer 2013). Such theories rely on a distant representation of the Location as constantly violent, where everyone witnesses violent events on a near daily basis, a continuousness where the "event" proper loses its force. In course of everyday life, however, my own experience in Khayelitsha is much more of Caldeira's experience in privileged enclaves: *every* event pertaining to violence or crime, no matter how small, is circulated with great force among Location residents. When staying in Khayelitsha in December of 2015, I was sitting in my friend's living room with

his kids after a long day at the clinic. One of the kids came running in, screaming in Xhosa, that “gangster things” were happening outside, to which no one responded with fear but rather excitement that something was happening. Two young men, apparently from Makhaza (the place of violence), attempted to steal another young man’s school bag just outside the house. The young man who was victim was shaken and minorly hurt from falling, but otherwise okay. The school bag magically re-appeared in the street four days later. If that school bag—as the object of crime—was mentioned once in the next two weeks, it was mentioned fifty times. Everyone talked about the robbery, the young man, speculated who the other two young men were, speculated on why it came back profusely for weeks. Something finally happened that could reinforce the affect and bodily discipline of hypervigilance—the stolen (not-stolen) bag an artefact of crime’s presence. One universal of the elsewhere of violence, however, was the *iimbacu*, the predominately informal settlements concentrated mostly on the peripheries of the township—Sites B and C, Enkanini, Endlovini, and SST represent five of the largest sections of *iimbacu*. What is interesting, however, is that even though two of the four therapists lived in shacks in two of those settlements, they still thought of Town Two as particularly concentrated with gangsters and violent crime—and had similar feelings about the insecurity of being in the city center as well. Across the board, one’s sense of rootedness in a particular part of the city—a neighborhood in the Location, an enclaved community in the southern suburbs—produced relational imaginations of the elsewhere of exceptional violence. The violence that so signifies Cape Town’s post-colonial condition never seems to be where one is. This is not to say there is no violence: the politics of the annual crime statistics ground a scientific measure of what is considered explosive violence. Rather, it is to point to the felicity of spatial imaginaries in creating spaces that are themselves productive of violence.

Many of the psychologists and psychiatrists who work in institutional settings on the Cape Flats occupy a peculiar position in relation to many of their peers in who live in southern enclaves. As opposed to them, the psy-experts *actually go* to the Location for work, they are physically present on a daily basis, and so their perceptions of life on Flats achieves a certain claim to veracity, an empirical grounding to what is otherwise an imagined space for their peers in the suburbs. And all of the thirty or so psy-experts I spoke with talked about the communities in which they worked with a great deal of certainty: they knew what ordinary life was life, given the spatial and durational contours of their work. What is both efficacious and problematic about grounding their representations in the empiricity of their work is that it assumes *what is inside the clinic is also outside*. Their appeal to the empirical as a way of justifying the representations assumes that there is nothing outside the clinic. However, given the scarcity of resources in the public mental health system itself, the system is set up in a way so that only the most severe—really, only the most spectacular—cases ever make to institutional care, whether at the secondary or tertiary level, whether inpatient or outpatient. The spectacularity of the circulation of violence as an experience of the city is reinforced by the spectacularity of the cases themselves. Spectacular violence is, thus, everywhere. It is my contention here that the practices of spatial imagination produce the reality of what is outside of the clinic, regardless of what may be out there, the reality of which makes the functionalist theory of cyclical violence plausible and possible.

In October of 2016, I had a conversation with a psychologist who works at a tertiary psychiatric institution that treats racialized communities on the Cape Flats. At this point in the conversation, we were talking about the difference between substance use and a substance abuse disorder. In

general, she thought that few people had a true substance abuse disorder that would be treated with a twelve-step-like program (i.e., couched in terms of addiction). Rather, substance use was profoundly social for her, a way of “self-soothing,” as she, and nearly all of her colleagues on the Cape Flats, would put it. Talking particularly of adolescents:

One has to be very careful stigmatizing them, saying they are a drug user or abuser, and I think that happens a lot and can be problematic. For example, when drug testing at the schools, they may find an adolescent test positive for *dagga* [marijuana], and some of the schools will suspend the adolescent for a few weeks and again, I don't think that is right. At first, you are stigmatizing the adolescent, you don't know what the level of use is, there is no assessment, they might have experimented. To suspend the adolescent then what do they do with those two weeks? Then they really are in trouble, they are hanging around the streets, then they have nothing to do, and then there is the possibility that they might get drawn into gangs, and those who are really struggling academically fall behind further, and there is a real risk of dropout. And then again drop out will just escalate the problem, and then I suppose there is the possibility of the adolescent will start using more, they don't know what to do with their time, what are their prospects with regards to the future, they probably not going to be able to find a job very easily, so I think one has to think much more critically and again not locate it only in the adolescent, I think that is another danger. It is like locating the problem in the individual child or adolescent, making him or her the problem, well what's the point of that, it ignores the system. It completely ignores the system that the child is located in. I'm reading a book that is very relevant to your research, it is called *Gang Town* and it talks about a lot of these things, Khayelitsha and Mitchell's Plain, because it gives you really good context and all the dynamics at play.

In many ways, this psychologist's worries are laudable, and strongly opposed to some of her other colleagues who are very quick to locate pathology in an individual. She emphasizes the system, that these adolescents are caught in a larger system that propels substance use. What is problematic, I think, is the vagueness of what she sees as the “system:” she is not referring to structural violence or political-economy, but rather the ecology of violence in which adolescents are entangled and from which there is no exit. Referencing *Gang Town* as a representation she takes as contextualizing her therapeutic work is important in this regard: “it gives you really good context and all the dynamics at play.”

Gang Town is a 2015 book by Don Pinnock, a local Capetonian journalist. Winning the City Press Tafelberg Nonfiction Award, *Gang Town* has been widely circulated in Cape Town as the text illuminating the problem of gangsterism in the city since the end of apartheid. The cover dons a young black man, who in Cape Town would be racialized as colored, shirtless with tattoos, one of which is a prominent image a revolver, and who is pointing a pistol with a grin on his face signifying both pleasure and aggression, with a ball cap pulled down, obscuring the top of his face. In the background, Devil's Peak, Table Mountain, and Lion's Head stretch in the distance, a series of mountains iconic of Cape Town's city center but neither visible nor accessible from the Cape Flats, where the book is based. **CAPE TOWN** is written in black, with **CAPE** crossed out in red and replaced with **GANG** written above the now effaced **CAPE**. The image of the young man's body is presented in such a way to elicit both desire and disgust, a body to be both feared and pitied.

The book is dedicated to his late father, with the epigraph reading “You were ever present here.” The presence of his father, who we later learned was a respected and feared police officer, echoes his argument about the “breakdown” of families, with the absence of fathers being one of its most extreme expressions. His flourishing later in life as a liberal journalist, it intimates, was made possible by his father’s “ever presence here.”

Pinnock is a prolific writer: he has written fifteen books, on topics ranging from naturalism, travel photography from Africa to Antarctica, as well as gangs, rituals, and rites of passage. He is also an accomplished academic, with credentials from the University of Cape Town, and a PhD in Political Science from the School of Oriental and Africa Studies at the University of London. With his exegesis of colonial and apartheid histories of segregation and focus on political economy, many read his work as progressive, attempting a nuanced understanding of gang life through interviews, participant observation, and careful historical study.

In *Gang Town*, Pinnock traces a history of segregation for communities racialized as colored, with particular focus on the history of inner-city segregation in District Six, forced removals, and the politics of policing under apartheid. While most of his historical context is confined to communities racialized as colored, he frequently moves into talking about townships racialized as “African.” Surely, when he is discussing the different kinds of gangs—he, like many others, draw structural differences between “colored” gangs as pushing drugs while “African” gangs are more “warrior” in fashion—the gangs racialized as “African” stand out. In Pinnock’s (2015: 133) words,

“Of all the gangs I’ve ever met, the warrior gangs of Khayelitsha made me the most nervous. They were very young—maybe 14 or 15—edgy, probably on tik [meth] and all had a knife somewhere. They were prepared to talk and be photographed as long as I paid them drug money. If insufficient, it was clear to me they would extract more at knifepoint and my camera for good measure. There was about them a *feral unpredictability*; quick to be prompted into almost anything that suited their immediate mood. But they were still kids keen to show off and earn my interested adult regard. Eventually we got on fine” (emphasis mine).

Foregrounding his own fear in relation to a particular type of blackness—the “African warrior”—as he speculates on their substance use, weapons, and use for the money offered so he could capture an image of what he propels his readers to see as their pathological black bodies. They had “*feral unpredictability*,” as Pinnock casts them in realm of pure animality, wild, whose core drives cannot be placed in check, who need taming. Finally, they are placed in the position as children, a positionality that is not just about their young age but a human designation for their non-humanness—surely, Black men of any age under apartheid were “boys.”

Pinnock argues, much like Deborah at the outset of the chapter, that understanding adolescence is important for understanding gangs. Pinnock (2015: 144) says that his “breakthrough” in understanding adolescent came when “spending time within a traditional Xhosa culture in the Eastern Cape.” Pinnock argues in the course of a few hundred words that traditional Xhosa rites of masculinity—especially the circumcision ritual, the rite of manhood—retain social order by dealing with the “warrior” energy of young men, which, otherwise uninhibited, would run amok.

Not only is the brazen functionalism of the claim wildly problematic, but his causal narrative about the breakdown of the “function” of ritual is even more extreme. Pinnock (2015: 146) writes,

“Such practices continue because these cultures have learned what the West has forgotten: if a culture does not deal with the warrior energy of its young men and the spirit energy of its young men it will turn up outside in the forms of gangs, wife beating, depression, drug violence, brutality to children and even aimless murder.”

Gangs are understood in purely functional terms: society, it is imagined, is in disequilibrium—to give Pinnock credit, such a disequilibrium is attributed to apartheid policies—and gangs offer a functional answer for the presence of violent crime due to the universal nature of adolescent development. Functionalism—in its many variations—does, keenly, explain everything. When the function of the ritual breaks down, its consequential expression produces a laundry list of extreme differential behaviors, gradating to peak at the most severe. When the function is vacated, it “*will turn up*” in the most morally repugnant—both affective and effective for his rampant racializations—forms: “brutality to children and even aimless murder” (Pinnock 2015: 146). For Pinnock, there is also a secular rationalization for such behavior. There are two kinds of pathological adolescents, “life course persistent youths” and “adolescence-limited youths.” The biopolitics of psychic life return with great force here: “life course persistence youths” are those who “may have been disrupted from the beginning by prenatal damage and deprivation of nutrition, stimulation, prenatal attachment and affection” (Pinnock 2015: 152). The “anti-social” behavior Pinnock is documenting, like those feral warriors, can be traced not only to childhood attachment but its genesis, the womb. “Adolescence-limited youths,” Pinnock tells us, have all the proper forms of attachment during childhood, but are driven into such behavior due to “peer pressure” (ibid). For Pinnock, the former certainly takes precedent, however, as his next expansive chapter, “Families in Crisis,” outlines at length.

The chapter starts dramatically, “Much can be learned about a teenager with tattoos on his chest, a gun in his hand and murder on his mind from the emotional context of his origins” (Pinnock 2015: 155). The two symbols—tattoos and a gun—met with Pinnock’s prophetic access to cognitive intentionality give his reader just the kind of pornographic contours as the cover of his book they want and need—that is, the desire to find a reason why blackness has such “*feral unpredictability*.” The desire is met with, in the end, a simple answer: the immediate aftermath of conception. A stark, lucid origin: the moment of conception sets the scene for blackness’s capacity for ferality. After scientific racism, as traced in the introduction and second chapter, there is perhaps the liberal moment of causative pathology, attributed either to culture or to environment. By appealing to the culture “African warrior” and environment “prenatal deprivation,” the reader is asked to suspend the consequential racializations of Pinnock’s work. When Pinnock (2015: 157) argues, “This [poor attachment] is compounded by South Africa’s still unsolved racism coupled with economic deprivation,” his reader is given reprieve from any discomfort they have. Pinnock invokes “racism” as something *out there*, located in certain illiberal others who do and say racist things, as well as simplistically invoking economic deprivation to satisfy the liberal craving for vague, structural explanations. Rather than providing structural context or calling out racism, such a sentence makes his racialization and consequent racism that much more felicitous: they are legitimated within and through a liberal frame.

Pinnock by and large repeats all of the same narratives about attachment we saw the psy-experts mobilize in the previous chapter. The subheadings speak volumes: “Fathers: anger and shame,” “Mothers: prenatal problems,” “Grandmothers: generational problems.” Later, however, the shifting terrains of class and race come to the fore. Pinnock argues, “It is important to emphasize, however, that toxic stress is not directly *caused* by poverty, but by the strains poverty places on parenting. This child/parent relationship depends entirely on the quality of parental care: good parenting completely cancels out the effects of poverty” (Pinnock 2015: 172). Here, we are given two sides of a claim: poverty places pressure on parenting; but, if a parent is good enough, poverty doesn’t matter. Pinnock both emphasizes and disavows structural strain on parenting. Poverty, then, does not need to be remedied to solve the developmental crisis, just the parents. For Pinnock (2015: 179), “What it also suggests is that Cape Town may have a major prenatal health crisis on its hands.” The crisis provides the critique (as diagnosis)—and so the stage is set and legitimated: enter the biopolitics of psychic life.

As a solution, Pinnock wants to work toward resilience. He cites the “Early Childhood Development Policy” (ECDP), a document in draft form in 2015. For Pinnock, the policy “recognizes that the development of South Africa depends on the extent to which it can unlock the potential human capital within its youngest population” (Pinnock 2015: 227). As practical measures, the policy wants to “support pregnant women and children under two years of age” (227). As a way of supporting women, the policy “promote[s] at least two home visits by professionals during pregnancy and bi monthly visits until a child is nine months old” (ibid). A particular form of policing makes the biopolitics of psychic life possible—the state would now surveil not only black women’s bodies in the classic biopolitical sense, but, more important, ensure that they are creating the right kind of subject, one that won’t reproduce the cycle. Offering his set of “givens” to the reader—the assumptive features of the social order that are to endure—Pinnock’s last is, “Poverty will, seemingly, always be present” (Pinnock 2015: 224). A constellation of felicitous elements congeal Pinnock’s world of gangs; but, in the end, he is not writing about gangs, but blackness. Pinnock’s racializations—feral, unpredictable animals who brutalize children and commit “aimless murder”—produce the reality of race that needs to be intervened on; assuming poverty will always be present, Pinnock reinforces his argument that parenting can be remedied under poverty, the proper object of intervention; and poof, the body, but more importantly the form of existence as I have argued, of the black woman is that which needs to be intervened on. Society must be defended.

While Pinnock attempts to give context and describe the “system” the psychologist spoke about, I have tried to show how the invocation of a violent history is profoundly undone when coupled with racialized representations. The psychologist’s spatial imaginaries of ordinary life in the Location are confirmed through his representational world, a world that is created from a particular position. The fact that there is nothing outside the clinic—the combination of spectacular representations of violence and the encounter of only the most spectacularly violent cases—produces the reality of lived space, which fundamentally shapes, I suggest, how she practices care. The legitimization of spatial imaginaries, of the elsewhere of violence, through these racialized representations produce the reality of what makes functionalist and theories of cyclical violence possible: they provide the grounding legitimacy for interventions in the genre of the

biopolitics of psychic life. Such interventions are geared toward the production of human capital, after all, which in the end produce a history that only accelerates the asymmetrical distributions characteristic of late liberalism.

In *Time and the Other*, Johannes Fabian (1983) shows how, historically, anthropology has made its object by placing its exotic other in a different time than the anthropologist herself. By representing the ethnographic Other as temporally distant, static, and out of time—that is, not “coeval” with the modern anthropology—Fabian shows how effective temporal distancing and othering is in the construction of objects of inquiry and problematics, which also profoundly shape the kinds of solutions that are posed. Through this chapter, I have tried to argue that the cyclical time of psychotherapeutic theories of violence withhold a similar kind of denial of coevalness with their clients: placing their patients in the cyclical time of violence is an act of temporal distancing. Time, in this way, becomes an efficacious way to explain everything, particularly what many therapists see to be non-normative lack—that is, alternative modes of relatedness and strategies of endurance outside of the Good Family. Placing people in such a form of cyclical time accounts for their non-normativity, it provides an effective, alluring, and compelling way to understand contemporary configurations of relatedness outside of the Good Family. In this way, Zoliswa’s utterance haunts Pinnock’s epigraph: for her, a father’s absence was the ultimate sign of care for his family; while, for Pinnock, his father’s “ever-present here” is the legitimating narrative of his stability. Trapping patients in a form of cyclical time, thus, evades more than it illuminates: the cycle is itself made possible by racialized representations of a form of life mostly unknown in any detail to the therapist; as a consequence, such representations—in tandem with this particular form of cyclical time—legitimizes interventions on the non-normative body as a way of trying to discipline subject formation. In this final section, I want to ask what it would mean to take up a different kind of cyclical time, one not based on a vision of a normative (or, perhaps for Foucault, pure) future or one that could be “broken” by normative therapeutic interventions, but rather what Scott asks us to understand in Grenada: a form of cyclical time that acts as an ethics of memory for a catastrophic history.

Ubuhlungu and the Deep Pain of Catastrophic History

I want to return to the genre of Zoliswa’s offering in the first part, her reflective ambiguity about the interplay between masculinity and labor, and the forms of violence it generated that were inflicted on her. A day not long after we were sitting with Deborah in the beginning of 2016, I asked the team during a break what they thought of cycles, if they thought it was helpful to use them to think about a collective predicament. Unanimously, they all agreed: of course there are cycles both in families and the collective of which they are a part. I asked them: what is the cycle? Zoliswa, again, and Viwe soon after her, responded: *ubuhlungu*—*pain*, or, as the team would further specify, *deep* pain. I asked them to elaborate. Zoliswa said that people, especially of her generation, have difficulty accessing and working through the deep pain of their histories—pain, she thought, that would be felt by their kids no matter how much regardless of care, in the middle of living life. Viwe, as always, responded with historical context: he said talking about pain under apartheid was a sure way to get killed, or something close to it. Talking about anything personal, for so many decades, was not a successful strategy for endurance. For him, it is that pain that is felt, that reverberates, that locks and holds, that amplifies and has lives of its own. Read this way,

the violence of everyday life could be read through the deep pain of history, one that consequentially lives on today in a time where little, at the end of the day, has changed.

This form of cyclical time is much more in line with Scott's discussion of the catastrophic history of Grenada. The deep pain of history is a (quiet) ethics of memory, one that is recursive and cumulative, one that does not narrate crisis through critique. Rather than finding recourse in a pathologization of non-normative relatedness—a sense of linear time that can explain everything—pain is a witness to that history in cyclical form. This does not mean that the past is doomed to repeat in the future—rather, the future is itself held in abeyance. Rather than relying on an ideal, progressive future in which everyone isn't broken and disparate things find cohesion, the deep pain of history—*ubuhlungu*—asks what it means to foreground (even if quietly, or perhaps, silently) catastrophic history in non-linear form as a condition, dare I say resource, for life. In Scott's (2014: 96) words,

“To mourn... those whose grief is inconsolable, whose injury no justice can repair, is not to believe that there is nothing but repetition. Instead it is to activate a sensibility of time that is at once recursive and cumulative rather than successive and teleological, a sensibility of time, however forgotten, is not forgetful.”

Noma's words haunt here: it is strange when something doesn't end. That something is not a cycle of pathological violence that can be “broken” during conception—as I have tried to show, attempts at controlling subject formation have done just as much violence as good. Rather, it is strange when the deep pain of history never seems to end, a sensibility of time that keeps the future at bay, an ethics of memory, perhaps, in the ruins of the present.

CHAPTER SIX
Night / Time & Space
Spatial Generations of Memory

The door was locked abruptly at eight, everyone inside, no questions asked. And everyone knew. Three doors, to be precise: the outside gate locked with a padlock, with its sharp, grey edges that pierced the intense sky blue of the house's exterior; the cage door, standard everywhere in Cape Town, which can be locked from both sides; and the main door, deep brown with a small plexiglass window with colored glass that occluded views from both sides. The den seems smaller than before, all of us here, no one ready for bed for a few hours, nowhere to go. We sat, eating our meal—umqusho, samp and beans—as we watched a popular soap opera on SABC3. As the night wore on, the television lost its central focus, and every noise from the outside marked a possibility. Who was out there? What were they doing? What was happening out there in the night-time? Speculation and excitement abound: raucous laughter, a group in song, shouting, a scuffle—things were happening in the night-time, at least for the kids. The sounds of the night opened the possibility of another world to be entered. For their mother, every sound was a sound to stay away from. Laughter surely is nice, but laughter can turn into something else. The sounds of the night marked a disruption between generations, as a space of possibility and as a space of danger.

I had been warned about “dark time” many times. If I were leaving the Location, I had to do it before six, before dusk, while daylight was still on its last legs. If I couldn't leave by then, I should stay. Never drive at night. Never walk at night. Dark time hovered as a beacon of danger, to be avoided at all costs. It became increasingly hard to reconcile the stark differences between the time and space of the night: for many of my younger friends, the night time was a space of play and possibility, a space outside of school and the home to revel and find yourself. But for an older generation, the space of the night-time is always precarious and vulnerable—the space of the night-time subjects one to violence like no other. The night-time was a scary place because things happen in the night-time no one can explain: when darkness comes, you can't see properly, things get escalated quickly, shit goes down. After 9pm—the official hour of dark time, 8pm time to start rounding everyone up—anything could happen. The darkness takes something profound out of one's control, it is a space of transformation, one where you can be who you aren't, if only for a minute. And with transformation comes danger. Danger that a simple moment at dark time can take your child away from you, a gamble of what it offers and promises as well as what it might take away.

At the clinic, staying out at night was a symptom, literally. The vast majority of assessments I worked with listed “staying out at night” as one of the presenting problems a caregiver gave to the therapist about the identified patient. This was never questioned by the therapists or the supervisor. Staying out at night was a cause for concern, playing at dark time illuminated

something problematic about the child. At first, I was perplexed, feeling as though accepting this as a symptom was a psychiatric tool of pathologizing adolescence—what kid doesn't want to hang out with their friends in the evening? Both the normativity and the privilege of my being perplexed became increasingly clear, as staying out at night meant that child wasn't being twice as good, and if they aren't being twice as good, what can a parent hope for? I started to see the night-time as a space charged with a struggle over history and its remains, a space that illuminated the tensions and impasses between generations in the aftermath of a violent history, as a space where the afterlives of segregation met the burning possibility of a different future for those born after its end. The night-time is a symptom because, as a space, it holds the affective intensities of different generations of memory as they are woven, worked through, and worked out in a dreadfully long present. The kind of generational care that is attempted in the present—the harnessing of a violent past toward the possibility of a different future—finds its ultimate task in the space of the night-time.

Finding why the night-time was so important in the Location was only possible by finding out why it was so important in its relational other, the rural village. Listening to what the night-time conjured then and there opened a space to attempt an understanding of the night-time as symptom in the urban. And like all of the other ways the Location and the village are connected, the space of the night-time and its affective conjuring between the generations is profoundly about the time of labor, the violence of labor, the danger of labor—and, of course, its necessity. Listening to the inextricability of labor from (the night-) time as a gendered and generational relation opened a space to reflect on the generational impasse in which all of the therapeutic work I have explored throughout these chapters plays out.

As an experiment, I started imagining what it would look like to explore the problem space of the nighttime through images. Given my positionality in the space I inhabited throughout fieldwork, I was purposeful in not taking photographs with people in them, and took only a sparing few of spaces that seemed to call. I met an emerging Johannesburg-based photographer, Masixole Ncevu, who grew up in Khayelitsha before pursuing his career. After a few conversations, we planned to try and capture the affective forms the night-time elicits through images. The idea was that every moment of the day-time was itself “toward” night-time, that the day and night were not separate but moments on a spectrum that were both day and night and neither—a theme that would increasingly emerge in the ethnography. Each photograph is titled at the time of day it was taken, most depicting the forms of movement the night-time demands in relation to labor practices.

There is No Nighttime: Gender, Generation, Labor

A COMPOSITE OF 20 DAILY MORNINGS. *Up at 3 am. No question about it. Darkest time of the day. Cold, always, no matter what time of the year. Water has to be boiled in the kettle at least five times to have enough for a bird bath. Kids' lunches. Out the door by 4:30am, sharp, not a moment later. Thirty-minute walk to the taxi rank. Lines. Always. But Golden Arrow isn't running right now. Kombi is crowded and uncomfortable. The train isn't safe enough, especially third class. Long walk too. Thirty minutes later, after the driver chaotically swerves in and out of lanes, accelerating and shifting like he is in a race—right, this why you take Golden Arrow—finally in Cape Town city center.*

Another kombi to Sea Point, this time no line, still crowded. Fifteen-minute walk up the hill with all this stuff. Arrive at Madame's at 6:45, fifteen minutes early. Better safe than sorry. Make breakfast, get the kids off. Wonder what she is going to ask you to do today. Hope your kids' transport arrived on time in the Location. Wonder what is left to cook for them when you get home. Shoprite too far to walk after work, not on the way, too heavy to carry all the way from town. Maybe just pap tonight.

In the third chapter, I explored the history of migrant labor in South Africa, emphasizing the inextricability of the rural from the urban for many spatially-extended families, a condition of being in two places at once. In contemporary Cape Town, many workers have to straddle two different worlds as well: between the Location and the city proper. Given that the “Location strategy” was one of the supreme techniques of apartheid control to at once exploit Black laborers without giving them permanent presence in the urban space, it is important to note how effective an ongoing Location strategy is elaborated through the neoliberal governance of the post-apartheid city. In many ways, little has changed before and after the transition in terms of the forms of available labor and their spatial politics, an utterly contemporary race-spatial fix so quintessential of colonialisms on the continent in the twentieth century. In this chapter, I focus specifically on one form of labor that was central to apartheid domesticity and continues today: domestic work. Domestic work continues to be carried out by black women, who live in a Location/suburb on the Cape Flats and commute to the city center and its suburbs daily for work. If one lives in Khayelitsha, that is a minimum thirty-kilometer daily commute, usually for a post that begins at 7 or 8am. While that may seem like a relatively short distance for a commute, it is frequently experienced as an epic journey given the relative lack of effective *and* affordable transit¹.

Domestic work is not necessarily regulated like employment in a café, however. While there has been post-apartheid unionization of domestic workers, Ally (2008, 2011) has shown how it is has actually resulted in depoliticization of the work, rather than labor solidarity. Very few of the dozens of domestic workers I knew well had even heard of the union, let alone actually being members. Thus, much like under apartheid, the labor contract between domestic worker and madam (a word still used widely, pointing to the gendering of one's superior as a white woman, who controls the domestic space) is largely made between them. Given that, with the introduction of small claims court and its accessibility, there is certainly increased accountability for severe abuse of one's domestic workers. However, the racial and gendered politics of the informal labor contract itself—the fact that losing one's job places in jeopardy, in many cases, a dozen or more people's livelihood across three or four generations—makes it so that enduring abuse is seen as a better alternative than attempting a claim, which may provide money in the immediate future, but comes at the expense of having reliable, permanent work. Given post-apartheid migration patterns, the number of black women who are looking for domestic work far outweigh the demand for such labor. In addition to this, there are fine-tuned racializations of the quality of work ethic of different African

¹ Faranak Miraftab (2012) argues that processes of “location creation” both under British and Afrikaner colonialisms continue not only in the fixing of Black Capetonians in peripheral urban spaces, but also through the creation of municipal-funded “improvement districts,” such as the Cape Town Business District, which essentially employ a private police force to make the CBD safe for White Capetonians through the surveillance of Black urban presence. In this way, the CBD continues to be a racial enclave that protects the whiteness of the city center, in many ways, as Miraftab argues, consistent with Location strategy quintessential of British colonialism in South Africa.

women. By and large, a discourse circulates in white Cape Town that pits Xhosa women against Zimbabwean and Malawian domestic workers. Xhosa women are racialized as having poor work ethic, who set very clear boundaries on their work. Zimbabwean, and even more so Malawian, women are racialized as having an unbeatable work ethic, far superior to the many Xhosa women a few kilometers away, who are racialized, continuing with the apartheid legacy, as “lazy.” Given that many of the Zimbabwean and Malawian laborers looking for domestic and gardening work are immigrants without official authorization to work in the Republic of South Africa, it is interesting to see how white Capetonians racialize their form of blackness as being harder workers tied to their “ethnicity” as non-Xhosa—rather than, for instance, noting that their illegal status in the country places them in an even more precarious situation than their Xhosa counterparts, who can lodge legal complaints given their citizenship. For women of other southern African countries, however, the precarity of their situation makes them disposable by their white employers, with little or no options for recourse. Rather than understanding their work ethic as a symptom of direness of their situation, essentialist racializations pit the worth of differently racialized Black workers against each other based on “ethnicity”—some “cultures,” it is argued, are simply more efficient and effective than others (see Introduction, Chapter 2 on race/culture/ethnicity in South Africa).

The gendered and generational politics of the night-time make this form of labor even more difficult. Getting from home to the train station, taxi rank, MyCiti Bus or Golden Arrow Bus stops is no small feat at four in the morning. If one lives in the *iimbacu*, the “informal” shacks with no roads or planning organization, one has to travel in and through the dark alleyways, with no lighting, until one finds a main road with a routine taxi route. At that time in the morning, one can be waiting on one’s own for a while. Carrying at least enough cash to get to work and probably a little more to get food on the way home, a cell phone, and one’s ID, one’s vulnerability to petty theft is obvious. Then one has to get on a first *kombi* taxi to get to the taxi rank, where taxis to and from the city go. There are long lines, especially by 5:30-6:30 am, when everyone is trying to get to work on time. Most likely, one will have to take another *kombi* taxi or MyCiti bus to where one’s madam lives, or walk long distances just as the sun comes up. Many women I knew wouldn’t take the train because it felt like the most unsafe of all places—at that time of the morning, the third-class cars can be quite empty, with long waits in-between stops and frequent train stalls makes it feel as though one is in a dark box with no possibility of escape or calling for help should someone tries to rob you. With increasing access to MyCiti routes across the Cape Flats, with stops closer sometimes than the main taxi-ranks or the train station, which also use a pre-loaded card to pay the fare, many prefer the service. However, one still has to find one’s way from one’s home to a bus stop, which, depending on both the location and type of home (RDP, shack, etc.) can be quite difficult at both dark times: in the morning on the way to work, and in the evening on the way home.

Sindiwe Magona, one of South Africa’s most prolific writers, grew up in the former Transkei and spent her youth on the Cape Flats under apartheid, a similar life journey as many of the people who have animated these pages. Her 1991 *Living, Loving, and Lying Awake at Night* is ethnographic fiction at its best, exploring particularly the vexed relationships between gender and labor in Cape Town under apartheid. A rumination on the forms of impossible sacrifice that have, and continue to, drive migrant labor for Black South African women; the politics of presence-absence in raising

children in the face of the demands of labor under a fascist regime; the interpersonal politics of making a living in the city once one arrives; and the racial contours of informal labor contracts, *Living* reads as though it was written this year, not during the last decade of apartheid.

Living opens with a young woman, who, as she puts it, is trapped, lying awake at night somewhere in the rural Eastern Cape thinking of the previous day's labor:

“It was right at the time of night when dreams glue eyelids tight and spirits, good and evil, ride the air; when lovers stir, the fire spent once more rekindled; and the souls of the chosen sigh as they leave the flesh, homeward bound. A woman lay wide-eyed on her grass mat on the floor of a tiny, round, mud hut...As always, yesterday she had been up with the first bird's song. Long before morning broke, her day started. She had crept away from her mat; not to wake the baby still sleeping. Fear-filled, she went to the cardboard box where she kept food. Enough mealie-meal for today's morning porridge. If she made it really thin, used as little mealie-meal as possible, she could save some for the next day, perhaps. But maybe it would not be enough even so” (Magona 2009 [1991]:1-2).

A portrait of the forms of gendered labor in the rural, which have and continue to be obscured by the masculinity of migrancy, *Lying* opens with a different portrait of the pastoral than we are used to. In the third chapter, I wrote about the longing for the pastoral in the urban, where the rural continually lingers as an affective trace that disrupts the grind of the urban, but Magona here provides the affective and material contours of black women's labor to make it in rural. The young woman details her morning, which also starts in *ekuseni* (deep morning), which includes gathering kindling to start a fire to make the porridge; nursing her new baby when she awoke, and then taking the baby on her back to gather manure in the veld; and covering the hut's floor with the cow dung, acting as an anti-bacterial agent, a pest repellent, and as a warming agent all in one—“she spread her love through her fingers: dung and water and her tears mingling in her offering” (Magona 2009: 2). Still with the baby on her back, she takes the first long walk to the river to gather water for morning uses. On her walk, the baby wouldn't stop crying, even though she had been fed, the young woman worrying that her “breasts were drying” due to her own malnutrition. And still, after this long walk, she forages for berries and spinach, if the goats hadn't got all of it, and then digs in the same earth for possible roots, if she got there before the sangoma (traditional healer), of course. Walking back from the river, she thought of how long the two cups of mealie-meal would last; how long until she stopped producing breast milk at all; how there were no cows in the *kraal*, and so not even dry cow-dung to use for the fire; and five children who relied on her to eat: “now, as she lay awake, these same thoughts stole her sleep; stole her forgetfulness; robbed her of what little peace should have been hers in the middle of the night” (Magona 2009: 4).

This young woman is not yet thirty, and has lived in this hut for some time with her five children. She was married at a young age, and ever since her husband was forced to spend eleven months of year in the goldmines of the Witwatersrand. Every time he would return, during the holiday season, she would soon again be with child. If all her pregnancies were successful or if all her infants survived, she muses, she would have double the children she has now. Although she loves her husband, she is unsure of the sustainability of her present predicament, and worries that her husband can't be the provider she and her children need.

“Leaving,” as this opening chapter is called, is a reflection on just that (im)possibility: is leaving the rural the only possibility for her children to flourish? Lying awake on this night, she wonders that if she goes through with this, who will take care of her children? Feed them? Take care of them if they are sick? Reflecting on her connection to her children—how she can tell them apart by just by hearing their coughs, their movements, their laughs—she thinks: “if I couldn’t do that, I would not be a mother” (Magona 2009: 6). By this, the young woman is reflecting on her own ideal image of motherhood: one who is so present, attentive, and caring that she could recognize her children simply by the sound of their cough. Repeating that to dictum to herself—“I would not, would not, be a mother”—she comes to a realization: “I will not be a mother that way.” By this, this young mother is realizing that being a mother in those affective and relational terms will be their ultimate, collective death. Maintaining the relational contours of that ideal mother-child relationship would be unsustainable for the family as a whole. In the narrator’s words, “The only way she could be a mother to her children, she saw, would be to leave them” (Magona 2009: 6).

Just as has been explored across the chapters, the ultimate form of love that many people are forced into choosing is absence and physical distance from their beloved children to make their lives at all possible, particularly if their lives are going to be any better than their parents’. The structural contours of space, labor, and love in twentieth century South Africa produces separations that are at once intimate and national-historical. The only possible choice for this young mother was leaving, migrating to the urban in the hope of making enough money to send to her children so they might have a different set of opportunities. As her “heart began to bleed” thinking about her decision as she crept into the night-time, she knew that her husband’s mother, who, while she never liked her daughter-in-law, would take care of the children. She could see the gradual scene of her children waking up and realizing her absence. Will they understand, even with time? Looking at the silent, dark landscape of Umtata from a hilltop, the young woman gave “one last sigh, for the children who sent her away, whose hunger drove her through night, river, field, forest, and mountain. How she loved them” (Magona 2009: 10).

We later learn that the young woman’s name is Atini, who makes it to East London and begins working as a domestic work for a white madam who calls her “Tiny,” unable to pronounce her name in isiXhosa. In addition to Atini, Magona reflects on the interconnecting stories of six other migrant women working in urban spaces as domestic workers. Giving intimate contours to the precarity of the work—the inconsistent pay; having “fixed” papers; the outrageous demands of the white patrons, including the demand that maid’s perform gratitude in relation to their negligible pay; being raped by a Bantu authority at the behest of a madam so the authority would fix her maid’s papers under Pass Law legislation (for which she is to be grateful), for example—Magona provides an image of South African whiteness under apartheid that is little changed in the post-apartheid era. In Atini’s reflection on her decision—she didn’t get back to see her children until a full year after leaving—she tells us that she lives in a perpetual hell as a slave, but it is a hell that was worth it: “If I had not done that, I know that today not one of my children would still be living. And, perhaps, neither would I. We would all be dead. Of hunger...I’m still here, the one reason I will go on doing this job that is killing me. At least it is giving life to them. For my children I will go on being killed every day, slowly but surely, by kitchen jobs. How can I leave them?” (Magona 2009: 50, 55).

How can I leave them?

Being present for her children meant being absent. Leaving them would have entailed staying with them in the village. Atini's relational reversal of presence-absence and leaving-staying illuminates so profoundly the forms of social relations produced in South Africa's long racial project of spatial devastation in the pursuit of capital—social relations that uniformly obscured by the grids of intelligibility that draw rigid boundaries around the proper expressions of love and violence, care and neglect. In other words, the ultimate form of leaving them would have been staying with them in space in Umtata.

Atini's decision while lying awake that fateful night collides with a completely reimagined relationship between day, night, and labor in the urban. We first encounter her as she reflects on the temporal dimensions of the day's labor schedule, which begins before dawn breaks and ends as the sun goes down. There is some rest possible in the night-time in the rural, however little. The urban space, however, has its own particular configurations of the relationship between time and work. When I presented the idea for this chapter to the clinic team in June 2018, they were all very skeptical at first. Night-time? Who cares about the night-time? As we began to talk, however, something changed, and we all found the night-time to be an interesting anchor point that connects a series of related, difficult issues. The most startling argument Zoliswa, Zodwa, and Viwe made in relation to the night-time was: "Steve, in the Location there is no night-time, only day-time, because of work, you see."

They proceeded to tell me that the configuration of lighting in the Location—the subject of the next section of the chapter—made it so that it was always light out, that work was always necessary and a possibility in the urban. Before, they told me, when they lived in the Eastern Cape, labor was consistent with the times of the day, and when dark time came, work was over for the day. In the urban Location, however, the high-mast lighting creates an atmosphere where rest is impossible, a space where one can always be working. Viwe, in October of 2016, explained this to me, but I didn't understand how profound it was until much later. As he put it in relation to his mother who worked as a domestic work in Cape Town while he was very young in the late 1970s and 80s:

She would leave very early and come very late. It was hectic. You don't have this parental involvement, you will only have sometimes to sit with your mother on the weekends. She will wake up very early and come back very late. If, for me, that is what also, what gave me the desire to become who I am, to care. Right through this process, I started to realize that something sparks in my head, that I wonder what life could be like for the children who are coming after us, like the young brothers and sisters, because of the hardship. Not only for food. But you suffer in terms of emotion because you lose touch with your own parent arrangement.

When Viwe points to the lack of parental involvement, he is making a similar rhetorical move to Magona by detailing both the pain of being separated from his mother as well as his understanding of her ultimate sacrifice for him. The exact sacrifice that Atini wagered—killing herself as a slave so her children might not only stay alive but go to school and thrive—was the same one Viwe's mother made. Describing this form of recognition as a "spark"—much like Nobuhle described her

impetus to care for post-apartheid generation in the first chapter as something that “hit” her—Viwe’s understanding of his mother’s predicament drove his own passion for generational care. Wondering what it would be like if dislocation and separation were not necessary for a younger generation growing up in post-apartheid South Africa, it was his mother’s sacrifice—though formed through treacherous pain and suffering—that enabled his life as a care-worker, sparked his generational care as a political therapeutic. In the face of an ongoing present moment in which there continues to be no night-time in the Location, Viwe mobilizes his own history toward the shifting generational configurations of space and labor toward a different future for his “young brothers and sisters.”

Dark Time: Lighting, Surveillance, and the Racial Politics of Criminality

That light, it is like football stadium at night. Scorching, but cold. Burning brighter than the sun just over there, those lights have never-ending legs, shadows cast longer than a skyscraper. In the day-time, they fade into the background, the large, alien-like lights, which are everywhere. Long white poles that seem to go on forever, with six light-heads that cast sharp light in every direction. When you notice them finally in the day-time, you wonder how their monstrosity evades constant focus, everywhere but nowhere. Inside the house, the light is so strong as it hits the window, makes it hard to sleep sometimes. But outside, the street is not illuminated either. Just long shadows, half dark, half light. Turn a corner, pitch black. Turn another one, burning light. The light is everywhere, but is unpredictable, much like the night-time itself.

As has been discussed at length, a central technique of colonial and apartheid control was the creation of the Location, a space that was designed for efficient surveillance of Black migrants in the urban space—a built environment conducive to recognizing and dealing with ‘legal’ and ‘illegal’ migrants. The space of the Location, therefore, was and continues to be based on shifting notions of criminality, legality, and illegality. Under apartheid, any black person racialized as African present in the urban without proper documentation for bona fide labor for white patrons were “illegal” urban residents. Apartheid racializations and spatial policies thus institutionalized the criminalization of black urban presence (or, as explored in the introduction, medicalized Black urban idleness as a form of madness). As Mamphela Ramphele (1993: 16) reminds us, from 1916 to the repeal of pass laws in 1986, there were over seventeen million prosecutions for “illegal” urban presence. In the post-apartheid era, representations of and discourses about black (urban) criminality are uneasily familiar to colonial and apartheid representations, which pit the figure of the black criminal as the largest obstacle to peaceful urban space. A constitutive representational feature of this figure and the fear it elicits is how the space of the night-time provides an efficacious space for his menacing criminality. Blackness fades into darkness until the two become inseparable².

² The representational politics of the relationship between darkness and colonial intervention need no introduction. From Dutch settler accounts of the Khoi as “phantoms, unreal and ghost-like” (Arendt 1968) to Hegel’s (2002 [1837]) racial 19th century geography which correlated the epidermal darkness of the peoples of Africa with their need for Enlightenment, the metaphor of darkness has done profound racializing work in the colonial history of sub-Saharan Africa, as it continues to do today. Also see Zine Magubane’s (2001) “Which Bodies Matter?” on Sara Baartman.

The built environment of Locations perfected the dual mandate of breathless surveillance of black migrants as well as ensuring their presence as impermanent, for their “true” home was in the self-sovereign Bantustans. The same-sex hostel, or labor compound, was one of the most important techniques in following through on that dual mandate. The hostel form—such as those found in older Locations like Langa, Gugulethu, and Nyanga—at once made surveilling the (il)legality of its residents while simultaneously making it impossible for entire families to live there. The hostel was thus in line with the single-wage technique of exploitation, which required pastoral cultivation (like Atini’s account) to subsidize. Hostels were thus gendered not solely because they were same-sex, but because they re-enforced the colonial and apartheid strategy of fragmenting families by removing able-bodied men for labor in urban and extractive centers. Ramphele (1993), however, has shown how women and children were always a part of hostel and Location environments, regardless of apartheid strategies of control. Ramphele (1993) shows how one’s bed—supposedly one of the most intimate of spaces—was intricately tied to surveillance and the possibility of establishing ‘legal’ urban presence. In Ramphele’s (1993: 20) words, “one’s very identity and legal existence depend on one’s bed.” If stopped by a Bantu official, having “fixed” papers as well as a firm attachment to a specific bed in a specific hostel enhanced one’s perceived legality in the urban space. However, as Ramphele compellingly shows, the apartheid state’s attempts at control were always evaded and resisted, with entire families “living” in a single bed, what she calls a “bedhold,” in her aptly-titled ethnography, *A Bed Called Home*.

With hostels, the figure of the bed, at least in theory, made the surveillance of urban “criminality” seem streamlined. However, in the *iimbacu* parts of various Locations, where people dwelled largely in informal housing and shacks, effective “Bantu” surveillance was much harder to achieve, especially at night-time. An effective strategy of lighting was necessary for surveillance in Location spaces not connected specifically to a verifiable “bed.” In her important geographic history *The Power of Apartheid*, Jennifer Robinson (1996: 185) details the relationship between lighting the dark night and control in a Location in Port Elizabeth during the first two decades of apartheid:

Another physical problem hampering control was the lack of electric light, which meant that most areas were totally devoid of illumination after dark. As one superintendent wrote, street lights in isolated areas ‘would be a commendable proposition from a control point of view bearing in mind the difficulties experienced in effecting some measure of control in these areas at night time’...According to the superintendent, ‘the darkness [was] serving as a useful ally to the multifarious misdemeanors’ of the unruly element.

Robinson goes on to show how ordinary residents of the Location were afraid of the night-time because of the uncertainty it elicited, who asked for an increase in police presence due to mounting fears of crime. However, the apartheid officials were more concerned with the “control point of view,” illuminating the Location strategically to maximize surveillance and minimize cost. The high-mast light was an effective answer.

The history of high-mast lighting has been traced to the 19th century, which was used in cities such as Philadelphia and Vancouver to illuminate large portions of the city at night—an urban planning strategy that has since been replaced with street lights (Walton & Neilson 1969). The most common use for high-mast lighting today is on large freeways and highway interchanges. While streetlights

provide more localized light for residents, such a strategy would have proved ineffective for apartheid planners, as the illumination of Location spaces quickly became a pressing concern for control, and high-mast lights could effectively light much larger portions of the Location, requiring less overall infrastructure.

Simone Browne's *Dark Matter* explores the often-understudied relationship between racialization and surveillance within the history of surveillance studies. In her work, she develops the concept of "racializing surveillance" to illuminate "when enactments of surveillance reify boundaries across racial lines, thereby reifying race, and where the outcome of this is often discriminatory and violent treatment"—and, in the process, draw boundaries about what is out of place (Browne 2015: 8, 16). Quoting Foucault's *Psychiatric Power*, Browne (2015: 68) further develops the concept of "black luminosity," which is "an exercise of panoptic power that belongs to, using the words of Michel Foucault, "the realm of the sun, of never ending light; it is the non-material illumination that falls equally on all those on whom it is exercised." Browne counters Foucault by pointing to the particular techniques of racialized surveillance. In doing so, she offers a conceptual language in which to understand how techniques and practices of surveillance are enacted by simultaneously demanding the hyper-visibility of the Black body while also foregrounding its erasure as a non-human form of being, or "un-visibility," quoting Ralph Ellison's *Invisible Man*.

Browne shows how "illumination" is not only one of the supreme techniques of modern surveillance but also a central facet of the modern experience of urban life, where darkness is evaded through night-time illumination. Delving into the writing of Jeremy Bentham, Browne shows how the Panopticon form—in addition to being an omniscient gaze that is simultaneously always and never looking—was precisely about "extend[ing] to the night the security of the day" (Bentham in Browne 2015: 24). Further, Browne explores the archive of "lantern laws" in early 18th century colonial New York, which were titled "Law for Regulating Negro & Indian Slaves in the Nighttime" (1713) and "A Law for Regulating Negro's [sic] & Slaves in the Night Time" (1731). Such laws required black persons moving around the city in the nighttime to possess a lantern that would clearly illuminate their presence from afar—a profound technique of black luminosity, which rendered slaves hyper-visible, a visibility that enabled an immediate recognition of their non-humanity.

There are a number of important considerations to be explored in mobilizing Browne's Black Atlantic archive in South Africa. While her archive and specific example of lantern laws are from a radically different historical conjuncture, Browne's overall analysis of racializing surveillance has import for understanding the illumination of Location under apartheid. The inability to see—and thus control—migrant laborers who were not tied to a bed but living in various informal and formal arrangements produced major anxiety in the uniform application of pass laws during this time. Illumination of the Location, through the form of the high-mast light, was both a quick and effective way of enhancing black luminosity. It allowed for the effective surveillance of black "criminality"—both in terms of the legality of urban presence and in terms of urban crime—that enshrined in law the necessity of hyper-visibility through proof of "legal" urban presence.

This history of racializing surveillance in apartheid urban planning now collides with the post-apartheid city, whose planning entrenched institutionalized segregation as it is inhabited in a so-

called “democratic” era. Contemporary scholarly work on crime in South Africa broadly, and Cape Town in particular, has been explosive, much of which attempt explanations of why liberal democracy and an “increase” in crime seem to go hand-in-hand in the postcolonial world³. Some important work has pointing to the ways in which the apartheid era stressed the hyper-visibility of the (probably) criminal “African,” and the ways in which the post-apartheid era has seemingly devolved responsibility for black citizens’ sense of safety in urban spaces. Many of the Khayelitsha residents I knew thought little about the police in the contemporary space of the Location—either that they were inept on following through in dire situations, or were presumed to be corrupt and not trustworthy—is a clear legacy of the history of policing during apartheid. With these highly circulating perceptions of South African policing—even though the majority of police officers with the contemporary South African Police Service are racialized as “African”—there has been a post-apartheid surge in “vigilante” justice.

At once, Location residents have to contend with the palimpsest of apartheid-era racializing surveillance as well as a general lack of recourse if they are victims of a crime. The night-time enters once again as a space that articulates the material and structural history of segregation with the contemporary iterations of post-apartheid urban life. The high-mast lighting that either produces insomniac burning illumination or casts large shadows on a spectrum of darkness are an artifact that illuminate the relational interplay of surveillance and abandonment of black life under both the apartheid and post-apartheid State in different ways.

In 2017, the Social Justice Coalition in Cape Town launched a major campaign toward implementing better public lighting through the integration of street, rather than high-mast, lighting. A 2017 article covering the campaign, titled “Khayelitsha’s apartheid-era street lights” reads:

Public lighting there is so bad that formal and informal areas are mainly lit by high mast apartheid-era lights which cast deep shadows and make it dangerous for residents to move around, especially in informal settlements where residents fall victim to criminals who prey on them⁴.

The electricity map, created by the City of Cape Town, shows the stark difference between Khayelitsha’s lighting system—which continues to be high-mast—and its neighboring suburb (racialized as colored) of Mitchell’s Plain is instructive. Mitchell’s Plain is completely illuminated through streetlights and, in comparison, Khayelitsha finds itself in relative darkness, with almost exclusively high-mast lighting sparsely placed through the Location⁵.

³ Some prominent examples include: Ashforth (2005), Atlebecker (2007), Chance (2015), Comaroff & Comaroff (2004, 2006a, 2006b, 2016), Diphooorn (2015), Donham (2011), Ellis (1999), Gillespie (2014), Hansen (2006), Jensen (2008), Morris (2006), Nyamnjoh (2006), and Super (2010).

⁴ See also “Let there be light: An update on the #AnotherLightUp project in Khayelitsha” (2017) and “Street lighting in Khayelitsha and Nyanga – a crime story” (2017) both on *GroundUp*.

⁵ See the City of Cape Town’s lighting grid comparing Mitchell’s Plain and Khayelitsha at: <https://www.iol.co.za/news/south-africa/western-cape/khayelitshas-apartheid-era-street-lights-9101553>

During a conversation with Andiswa, the young woman whose history forms the core of the second chapter, she told me a widely-circulating story that offers particular cues to the danger of the nighttime. One night, a woman is coming home from work—“...it was dark, it was at night, maybe around...late...around seven but in a dark place”—and she is raped by a group of young men. As they took turns raping her, one of the men seemed to “want even more from the woman”. After they are done raping her, this particular man “opens the bag of this woman, and he was like no, man, this is the same meal we had yesterday at home, this is the lunchbox that we have at home, this is my mother.” In the aftermath of the event, his mother is completely broken and the young man can’t believe what he had done, seeing her pain every day and living with his guilt. As a response, he wrote his mother a letter, leaving it by his side as he committed suicide.

Andiswa offered this story as a way of talking about her own fear about the threat of sexual violence, particularly at night. After she told it, we spent some time discussing the different facets of the story, one that she reiterated many times was commonly circulated urban legend of sorts. We discussed how this grotesque scene was only possible because of darkness, because of the nighttime. If the group attempted this during the day, the young man would have recognized his mother, and presumably protected her—though Andiswa continually interjected with her own skepticism about his lack of recognition of his own mother (“come on, this person does not know the accent of his mother, her smell, etc.”). But that is precisely why the nighttime holds such affective force: it held within it the capacity to obscure one of the most essential recognitions of another person—one’s mother. Dark time has such dramatic transformative potential as to obscure an act so deeply painful and devastating that it would drive the young man to suicide.

We also discussed the practical issue of lighting—that it wasn’t just the nighttime, it was the nighttime without illumination that propelled the act. But, as we spoke more deeply, we both agreed that there was a contour to the story that couldn’t rely simply on the absence of material light as there were a multitude of ways the young man could have recognized his mother. It was something about the nighttime. Extrapolating from this, I asked her whether or not she thought that the figure for the mother was a kind of metaphoric stand-in for social relations and community more generally—that the intersection of sexual violence and darkness held within it a moral tale of how rape is always a violation of a larger sense of community and its breakdown. Smiling but serious, she responded in English: “They say people do things like that without knowing and I don’t even get it. Because we live in a democratic world, we have been through a lot, all of us, and then people they discriminate our rights, people like us, all of us, and then I just don’t get it.” She went on to explain how the “breakdown of community” was the goal of apartheid in any case, and her own difficulty of reconciling that history with a “democratic” present—that is, why certain forms of violence continue to endure, forms of violence that seem paradoxical to the experience of a collective struggle. Andiswa’s critique is rare: rather than focus on vague notions of criminality as the ultimate cause of the degradation of post-apartheid democracy—mostly because criminality erodes the democratic imaginary of public space—she is rather pointing to how intimate and domestic violence is just as political, if not more so, than violent crime generally.

The clinic team and I discussed the force of the nighttime during lunch in early February of 2016. On the topic of sexual violence, Viwe told us how just the evening before when he was in a *kombi*

taxi coming back from the market at 8pm, and there was a young girl, probably twelve or thirteen he said, who was in the taxi by herself. This greatly upset Viwe because he felt her parents “didn’t teach her to listen to the nighttime.” I asked the team—Viwe, Zodwa, Zoliswa, and Noma were all present—what listening to the nighttime meant. As a response, they drew a timeline of safety for me:

TIME	MOVEMENT
6:00AM	Morning begins. Any dark time before this is still nighttime, and is unsafe.
6:00AM – 9:00AM	It is safe to move around the Location. Everyone is going to work, children are walking to school, there are lots of people on the street, safety in numbers.
9:30AM – 12PM	Not safe to move around by yourself, especially if you are a woman, and certainly not in a part of the Location you don’t live in or aren’t familiar with. Everyone is at work or in school, so there is no one on the street. People not working aren’t up yet, so the Location streets are like a “ghost-town.” Absence of others is the prime marker of vulnerability. One is also cautious of people moving around at this time—what are they doing?
12PM	Safer to move your extended neighborhood; still indeterminate to move around unknown areas, but safer: people are up and on the move.
2:30PM – 7:30 PM	The longest and most secure safety window during the day. Everyone is up; children are out of school, playing in the streets; people will start returning from work soon. Most people are out of their houses during this time, making it the safest.
8PM	Dark time. Nighttime begins and lasts until 6AM the next morning. Only walk in groups. Women should not move around alone. Children should be in the house, with the door locked. It is acceptable for young men and men to move around in groups or on their own at their own discretion.

Interestingly, listening to the night-time isn’t just about a general sense of vulnerability when it is dark, but is perhaps more profoundly about the times of daylight that evoke the same insecurity as the night. The night and day are not relational others, but profoundly a part of each other in different ways: High-mast lights erase the night-time in favor of work; absence of people during the day contain traces of the night during the day. The ordinary strategies of *listening* to the night-time thus constitute a series of highly specific set of spatial practices not reducible simply either to lightness or darkness.

The timeline also demonstrates an unlikely social fact: children are crucial to a sense of collective safety. Both in staying in Khayelitsha and listening to ordinary practices of movement, it is clear that if children are out of school, they are playing in the streets. In addition, their caregivers know they are playing outside, and will either spend considerable time outside socializing during this safe time, or be attuned to the children, periodically checking on them. Eyes are everywhere, and the sense of solidarity that is produced allows for more free movement in both familiar and unfamiliar spaces. In this way, pre-adolescent children are perhaps the single most important presence in the constitution feeling safe in post-apartheid peri-urban space.

This timeline, of course, is not the same for everyone, but rather representative of four people who live in very different kinds of neighborhoods in Khayelitsha—two in informal *iimbacu* settlements, one in an RDP house in a mixed-housing neighborhood, and the last who lives in a home in perhaps the affluent neighborhood in the Location, called Litha Park. Interestingly, the most affluent neighborhoods of the Location are generally considered the most un-safe. People who live in Litha Park tend to have security gates reminiscent of the white southern suburbs. Because the houses there tend to be larger and more accommodating—it is the neighborhood in which most government officials in the Location live—there is far less participation in socializing in the space of the street like in most other parts of the Location. I heard many people say they would rather find themselves in Site B, a vast neighborhood in Khayelitsha with predominately “informal” housing, at sundown than in Litha Park. And this is precisely because the presence of other people—of many eyes, or *amehlo* in isiXhosa—produces a greater sense of safety, the knowledge that the majority of one’s community members are looking out for you (sometimes in unwanted ways, especially in the region of rumor), and it is only the small few that may attempt to assault one. Connected back surely to the increase in vigilante justice, spatial solidarity as a collective looking out for your fellow community members is crucial to the production of space and spatial practices in the post-apartheid Location. In this last section, I explore the contestations and impasses around this production of space, particularly between the last generation of South Africans who grew up under apartheid in the rural homelands and the first post-apartheid generation of urban South Africans who grew up in a “liberated” South Africa in the Location spaces created to control and surveil their parents.

That Ain’t the Kind of Love I Understand

One day in October 2016, Zoliswa and I had a long conversation about childhood, and her thoughts on raising her own kids in Khayelitsha, given her childhood in the Eastern Cape and later migration to Cape Town. I asked her if she thought childhood was different for her children in the space of the urban Location. She responded,

Yes, there is a huge difference. Growing up in the Eastern Cape, this example I told you now [talking back, “backchatting” or challenging one’s elders], you don’t have to explain, even if you are right... as a kid you can’t be right. You did something wrong, you can’t be right; there is no explanation. You can’t tell your mother that another kid bet you up, she will say go back and fight for yourself. So there was those things, you [as a child] have to hide your feelings, keep it inside because you say even if you did nothing wrong, you can’t say anything back.... But

here and nowadays... but in the Eastern Cape, ne, you have to respect everybody, like all the adults in the community, ne, but here and nowadays... First of all, in the Eastern Cape there were no street lights, when it is 6pm in the evening you know it is dark so you know you have to be at home. And here [in Khayelitsha]!? At 6:00pm it is like still okay, to be out, so you can't tell a child to be at home at 6:00pm, so it is still early if you say 6, but it was dark there then, and here there are lots of kids playing, some of them you don't know, some you do know. In the Eastern Cape, your child will play with the children that are around, and they will not go very far. You can always see. But here, even if they are just one street over, on a back street, you can't see them because it is full.

A year and a half later, she also told me that when she was a child in the Eastern Cape, it was the duty of the child to return home and turn on a porch light promptly at dark time, and wait for his or her parents to return. Just as she articulated above, as well as with Magona's Atini in the first section, there were structured times of day for labor and domestic sociality. The fact that a large proportion of caregivers listed "staying out at night" as a presenting problem to the therapist reflects this generational impasse around urban space and time. For a post-apartheid generation, the night-time is one of the only times of the day where pleasure is possible, a time when school and homework are over, as well as domestic chores and cooking. Given the limited domestic space and privacy in many Location homes—particularly because many homes span three or four generations—being outside of the domestic space and occupying the urban space with one's peers is one of the only breaks from what is for many young South Africans a grinding day. But for their parents, being out at night is not just an afterlife of a different kind of childhood in the pastoral space, but brings with it the affective fear of threat and vulnerability as explored in the second section. For their parents' generation, the space of the nighttime holds within it a strange and perhaps magical capacity for transformation, where things are different than what they seem, where darkness occludes judgment and action: one moment in the nighttime could alter the course of their child's life forever.

As Zoliswa put it to me,

A huge problem is that I don't know what it is like to be young here, in the Location. I don't know what it is like to go to school here, what you are exposed to. I have so many questions for my children because I don't know what to expect, but I do know, given my work, what to worry about, you see, mos, I know what's out there because of my job and that's what worries me. When I was young there was a big field to play in and, when darkness came, you went it, all together, at the same time. Kids don't come in at dark here anymore. You don't understand your own children because your childhood was so different....

Before, we were connected to the earth, the ancestors...and also it was just different, not as hectic, there were no gangs, no drugs. Other [non-Black, non-South African] parents might feel like they don't understand their kids, but parents outside of here don't know what it is like to grow up in a different world than your kids, just a different time...

The space of the urban Location remains a strange one for Zoliswa, who still considers Lady Frere in the Eastern Cape her proper home. However, her own children were all raised in Khayelitsha,

and while they travel to the Eastern Cape sometimes for the December holidays, the only home they know is the Location. Even though Zoliswa has lived there longer than any of her children, the strangeness of the Location makes it so that her own children are the experts of urban life in the Location. Seeing the intimate struggles of many children and adolescents in Khayelitsha as a daily part of her therapeutic work, Zoliswa is tasked with caring for a series of adolescent struggles that bear little resemblance to her own experience, even if many of the structural struggles remain eerily familiar. In drawing a difference between the struggle of black South African parents to understand their children as occupying a different register than more generalized generational difference characteristic of many places in the world, she is articulating the impasse that is created in a moment that straddles the promise of liberation and its ultimate failure. The two worlds—the form of life in the pastoral under a fascist segregationist regime and the routinized abandonment of poor black urban life in the post-apartheid Location—share similarities in different expressional of racialized rule quintessential of racial capitalism. However, the experience of the two worlds is radically different, as parents try to cope with the legacies of their own history in the face of the multifarious struggles their children face. The nighttime enters as a space that straddles these two worlds, where parents' form of care for their children is ensuring they are twice as good—and thus not out at night—a form of care that is frequently experienced as unnecessarily disciplinary.

James Baldwin's first novel, *Go Tell in On the Mountain* (1953), explores the generational contours of the afterlives of slavery in the urban space in mid-twentieth century New York City. The novel opens with Johnny, Baldwin's semi-autobiographical protagonist, on his fourteenth birthday. Wondering whether or not anyone, and especially his mother, will remember his birthday, he joins his siblings—his younger brother, Roy; and his two little sisters, Sarah and Ruth—at the breakfast table. His father, John Grimes, a well-known preacher in Harlem, is out of the house. In his absence, the children, led by the boastful and chaotic Roy, talk about their father in a tone of deferential disdain, with their mother defending her husband to children: Roy says, 'I just don't want him beating me all the time...I ain't no dog.' His mother replies, 'your Daddy beats you...because he loves you.' After laughing, Roy responded: 'That ain't the kind of love I understand, old lady. What do you reckon he would do if he didn't love me?' (Baldwin 2001: 26). His mother guaranteed him that his father's strictness—in not letting him play in the streets, in not going to the movies, etc.—was ultimately a sign of his care, and a directed strategy that she assured him if he followed, he would not end up in jail. Responding to this, Roy says: 'You think that's all that's in the world is jails and churches? You ought to know better than that, ma.' His mother's defiant response, already articulated in various forms, was that, in talking about his father's form of care: 'You're going to find out one day...mark my words...But it'll be too late then...It'll be too late when you come to be...sorry' (Baldwin 2001: 27).

Johnny is older than Roy, who is the apple of their father's eye. This is especially hurtful for Johnny, as he is the one most poised to follow in his father's footsteps and become a pastor, taking daily care with his religious practice, as he ruminates on his queerness. Roy, on the other hand, is constantly rebelling against his father, defying him at every turn—the ultimate form of which is his stressed disinterest in the church. Regardless, Gabriel treats Johnny with overt disdain, taking him to task for every little thing, angry that Johnny is the son Roy should be. We later learn that Johnny is not Gabriel's biological son, that his mother, Elizabeth had him just before meeting Gabriel—a marriage that would result in the three of Johnny's half-siblings. Because it is his

birthday, Johnny is given a small amount of money and leave from his chores to doing something on his own. Returning to his family home in Harlem after seeing a film in mid-town, Johnny finds a chaotic scene in which his brother, Roy, had been stabbed on the other side of town by white boys, and now lie in critical condition in the living room, his mother and aunt tending to him. While Roy is resting, Gabriel and Elizabeth accompany Johnny and Florence, Gabriel's older sister, to the church to pray for Roy's full recovery.

The second part of the novel, "The Prayers of the Saints," let's the reader into the specific prayers each of the adults—Florence, Gabriel, and Elizabeth—have for Roy. Each prayer starts with the person squarely in the space of the church, at first reflecting on the day's happening and the offering they might make for Roy. But their reflection on what happened to Roy is inextricable from their own history, a piece of Roy's scene resonant with their own history, in intimate and structural domains. The possibility of reflection on the then-present forms of racialized urban governance and the fear of raising children even in the safer North required a much deeper, intimate reflection on their own histories of oppression in the South, before migrating to the city.

Florence and Gabriel's mother was born on a plantation before abolition in the 1830s. She had grown up as a slave, working in the fields from a young age. During this time, she had four children, one who died of sickness in infancy, two of whom were sold auction, and one who lived in the master's house, who she was not allowed to acknowledge was hers. Moving to another southern state after abolition, their mother continued to work in domestic capacities for other white families, during which time she had Florence and Gabriel. Their mother had no desire to go North, as many people were doing. She wanted Florence to the same—to stay in the South and tend to their own domestic needs as well as take care of her younger brother, Gabriel—but all that Florence wanted was to go North. Much like Gabriel's affection for Roy, their mother favored Gabriel in every way, giving him deed to the house and sending him to school, on which he did not concentrate, angering Florence, who wanted an education more than anything. But he was a man, and it was assumed that Florence would at some point be married and be the charge of another man, tasked with caring for those future children. Gabriel was exactly like Roy, who lies in critical condition as Florence's memory-prayer is sent out, constantly acting out, defying discipline, and getting into trouble, all the while Florence did the majority of the household labor.

When they were teenagers, Florence's best friend, Deborah, was gang raped by a group of white men in the field, the two of them in quiet solidarity about their intersection and compounding oppression as Black women in the South. As they grew up and their mother aged, Gabriel would become a preacher, while Florence finally went North. After their mother died, Gabriel and Deborah started seeing each other more frequently, mourning two losses in different ways, and eventually got married when Gabriel was twenty-one, in 1901. Knowing each other as long as they could remember, it seemed to make sense even if it were an unlikely pairing. As Gabriel became more involved with the church, aided by his pious wife Deborah who was widely known as woman of God, it eventually became clear that Deborah was not able to have children, a consequence, it is intimated, of her violent rape while she was still very young. Gabriel's affection for Deborah as a woman of God was in constant conflict with his growing hate for her, a hate filled with love for she provided a warm home for him, but one ultimately consumed, perhaps, by her inability to have his child. Gabriel met another woman, Esther, who was in many ways Deborah's complete opposite,

who he had an affair with, which resulted in a child, a boy. After a falling out with Gabriel, Esther took her son—who she named Royal, as Gabriel told her that it was his preferred name for a boy, emphasizing a regal bloodline—to the North. Years later, news came that Esther had died, and her mother and stepfather went to retrieve her body and her son. Now living in the same town as his son—frequently the subject of gossip, as people wondered who his father was, as Esther never spoke of him—though no one but Gabriel seemingly knew it. Never speaking of it to Deborah until her untimely death, Gabriel watched his son grow up in front of his eyes but at a distance, for Royal only knew him as the town reverend. Royal—much like Roy many years later, and like Florence’s own judgement about Gabriel himself as a young man—was also constantly getting into trouble, and not participating in the church. Multiple times Gabriel attempted to discipline him from afar, to stay out of trouble and to stay safe, advice Royal frequently brushed off, the talk of a strange reverend, who was really his father. Royal left the South for Chicago, where he ultimately died as a young man, caught up in a gambling conflict. Not too soon after, his barren wife, Deborah, was also dying. Just before he died, she asked him why he never acknowledged Royal as his son, saying that after Esther died, she would have joined him in raising him as their own. Gabriel couldn’t believe that Deborah knew all along, something that epitomized the inextricability of his love from his hate for her. Afterwards, Gabriel left for New York City, where he met Elizabeth, Roy and Johnny’s mother, through his sister, Florence, who also ended up there.

Elizabeth had followed her lover, Richard, who we later learn is Johnny’s biological father, from Maryland to New York, hoping for better opportunities and the possibility of an education. First staying with her aunt when arriving in the city, and then becoming a maid, Elizabeth quickly learned, perhaps not unlike Magona’s Atini, that there not a great difference between the north and the south, except that it promised more, but “what it promised it did not give, an what it gave, at length and grudgingly with one hand, it took back with another” (189). One night, Elizabeth was waiting for Richard to come to her madame’s house for dinner, for which he did not show up, which was strange for Richard, who was always timely and courteous. At this point, Elizabeth knew she was pregnant, but had not found the right way to tell Richard yet, as they both were struggling to make ends meet for themselves. Two white police officers showed up at her madam’s house, telling Elizabeth that Richard was arrested for stealing, and took her to the Tombs to see him. After dropping Elizabeth off the night before, Richard was waiting for the subway. While waiting three young Black men were being chased by police officers, and the three boys stopped next to Richard. The police officers assumed they were all together, and the shop owner even identified Richard as being part of the burglars. During the trial, Richard was miraculously let off, but the precarity of his situation foregrounded a deep despair about his position and hope for a different future. Seeing her partner’s distress, Elizabeth did not tell him that she was pregnant. Later in the evening after he was released, Richard killed himself, unknowingly leaving Elizabeth and her unborn baby, who would be named Johnny, on their own.

For all three saints, Roy’s stabbing evoked an intimate recognition of, and identification with, their own specific histories of discrimination, migration, and struggle. The memory-prayers thus enact a kind of affective recognition of the continuity of the history of their lives—a prayer that is also an act of generational care. The beginning of the novel, when Roy tells his mother that his father strict discipline is not the kind of love he understands illuminates a generational impasse about a form of care that is deeply rooted in their parents’ fear of the repetition of the pain of their own

history on their children's generation. The parents' generation history of struggle—growing up in Jim Crow South with the constant fear of imminent death, as well as intimate death all around them before migrating to the city for the possibility of a different life—forms the basis of sometimes unintelligible care for their children, who they wanted to have a different set of possibilities. The inextricability of their own history of struggle—which informs but is incommensurable with the present—from the contemporary iterations of their child's struggle create an impasse between care and violence in the urban space. Roy's quip at his mother that she has to stop teaching her children that there is only church or jail illuminates the impasse so supremely: drawing on their own history of struggle toward a different set of possibilities for their children, which require them to be twice as good, Elizabeth and Gabriel enact a form of generational care that is mostly unintelligible to their children, but do so with the certainty that they're "going to find out one day...but it will be too late then" (Baldwin 2001: 27).

While the two histories are incredibly different in a multitude of ways, a similar form of generational care governs the fear of the nighttime in the urban Location in South Africa. Also living a history of dislocation, fragmentation of families, unfree labor, rural-urban migration, and their aftermaths, the parents I knew in Khayelitsha similarly enact forms of disciplinary care that the nighttime in particular evokes precisely because of the affective recognition of their own history of struggle and its haunting continuity in their children's generation. The fear of that repetition, of the commitment for something different for their children, forms the basis of a form of potential in the present, acts of generational care formed in the relational space between the generations that straddle the end of apartheid and the failed post-apartheid liberation project.

Viwe articulated this with far greater precision in a conversation in October of 2016 in Khayelitsha:

Taking you, from specifically my background, where I come from, how things were before. Because we are coming from an apartheid situation, apartheid syndrome, where it has affected us in many different ways, where you don't know how to parent a child, because you have never been in that setting, your father only come from Joburg in mines, just to create a child and vanish. When the father came back, the child is running away because she is not familiar with her father who is arriving. And it will take a week for this child to form an attachment to this father. So... and then looking for women or a girl child at that time where one who is made to be in a sort of domestic working attitude. And a man is also groomed as this soldier, as this hardworker, specifically in the mine or in the farmyards. You don't know nothing about human development and human science and how to look after one another because at that time we were not allowed to look after one another. We were not formed in groups or close families. Apartheid was a syndrome...

Geographically, they call it—what do they call it, the freedom child? there is this term now [I interjected with "born frees"]—there is geographic born frees, democracy, rights, where were you in those days to have accounted for, there must be a long list for a human being to live a good life. Parents of the day never have the opportunity to be in groups, never have the opportunity to be closely located together in their houses. Now the children of the day are so exposed even in terms of the media, they can be together to share and ask questions, our parents have even passed away if we may call our grandparents even parents, never knew

their own parents, not because they don't want to ask but because they think it is something that is not there to be asked.

Our children want to see the... they want to make sure they are present, they will ask, so take from there that this big challenge. You never been in that process as a parent, now you have to accommodate the right for the child to know. We cannot say they are lacking in terms of parenting skills. But we can also look at: where do they come from?

Here, Viwe illuminates his task as a father and as a therapist: how to reckon with the “apartheid syndrome” that so profoundly fragmented families across time and space. As the afterlives of that fragmentation continue, as explored in Chapter 3, as well as the structural continuity of racialized governance through the country’s neoliberal acceleration in the post-apartheid era, parents “of the day”—those who lived the last decades of apartheid, like Viwe himself—are caught in practicing care for their children in a different world, all the while recognizing the resonances between their history and their children’s present. Decentering the facile narratives of poor parenting skills, Viwe’s question—*where do they come from?*—is profound both in metaphoric and material valences. In one way, Viwe’s “where” refers to the socio-political world of apartheid, which included fragmentation, dislocation, segregation, and racialized violence as enshrined in law. In a more grounded way, the “where” also foregrounds the material space of the rural Eastern Cape, the place where most “parents of the day” are from, and in which they grew up. At once, the task of post-apartheid parents is to contend with the profound dislocation that comes with reckoning with the afterlives of both “wheres”—their own painful, intimate history under the fascist regime, as well as the unknown fears of the post-apartheid urban Location, which seems, at every corner, to hold the possibility of threat for their children. “Staying out at night” is a symptom, a presenting problem, for this generation of parents precisely because of disorientation that is at once temporal and spatial. As the afterlives of a different *time* and *space* collide with a resolutely contemporary moment, which holds within it both historical continuity and radical emergence, the nighttime as a space illuminates, in its burning darkness, the contours of intergenerational impasse, and the forms of care that attempt repair in the hope—as Viwe’s words in opening chapter announce—that, one day, “the child of my child will rise.”

CONCLUSION

At the Edge of Which We Wander

History in the Present

“Would it be ridiculous to consider our lived history as a steadily advancing neurosis?... Would it not be useful and revealing to investigate such a parallel? What is repressed in our history persuades us, furthermore, that this is more than an intellectual game. Which psychiatrist could state the problematics of such a parallel? None. History has its dimension of the unexplorable, at the edge of which we wander, our eyes wide open.”

—Édouard Glissant, *Caribbean Discourse*, 1981

On the Power of “Post—”

As I write this conclusion a few days before the fifth “non-racial” elections in the Republic of South Africa, I am struck by news coverage in the United States, which has a renewed, if fleeting, interest in South Africa. *Time’s* international cover headline for its May 13, 2019 edition reads: “The World’s Most Unequal Country.” The headline is set in white typeface over a Johnny Miller photograph depicting a highway as stark divider between the informal settlement of Makause and the wealthy Johannesburg suburb of Primrose, demonstrating how proximate radically different economic situations are. Similar stories have flooded United States newspapers in the previous weeks, most with a general tenor of shock that, somehow, twenty-five years after Nelson Mandela’s African National Congress took control in the country’s first “non-racial” elections, South Africa remains a vastly unequal, spatially segregated, and racially discriminatory nation. For the liberal media, such shock, such general wonderment, comes from feeling something out of place: the possibility that liberal democracy is productive of inequality, segregation, and racism—elements reserved for other, less-than-liberal regimes in the liberal imaginary.

As I tried to show, and as many others already have, liberalism and white supremacy are not mutually exclusive entities, but powerful, co-producing bedfellows—even if the former publicly denounces the latter¹. A partial task of this dissertation has been to show one arena in which these two bedfellows is profoundly, and quietly, reproduced is in the figure of the Good Family, and the discourses and practices oriented toward its representational and material stability in the contemporary world. A parallel attempt has been to show how historical attention to race, space, and labor opens up a different way of understanding contemporary forms of life—particularly alternative configurations and practices of relatedness—in South Africa, outside of the dominant

¹ Some personal favorites include Steve Biko’s essay (2002[1972]) “White Racism and Black Consciousness;” Hortense Spillers’ (1988) “Mama’s Baby, Papa’s Maybe;” Frank B. Wilderson III’s (2010) *Red, White, and Black*; and Achille Mbembe’s (2013) *Critique of Black Reason*.

paradigms of pathology and violence. Such practices of generational care, viewed through the window of the clinic and its practices, illuminate the place of historical violence in the present, and the therapeutics offered as a possible response. Both arguments congeal around the contradiction of such journalistic shock, to which Glissant, in the epigraph, responds.

Liberalism (as a political philosophy for good life and governing) and liberal-democracy (as the procedural, practical instantiation of such philosophy in the form of political organization) has no active conceptualization, and consequential practices, to deal with the legacies of the violent histories that have been forged in their name. In *Periodization and Sovereignty*, Kathleen Davis (2009) shows how one of the most supreme techniques of modern power has not been the usual culprits—monopoly on the legal use of coercive power; biopower and biopolitics; territoriality; militarization—but rather periodization. Davis shows how the classic Euro-American periodization between the Middle Ages and modern world (uniformly, unsurprisingly, around 1789) bolstered the modern state's claim to power and control by effectively evacuating Medieval elements of social and political life (superstition, magic, unreason) from modern life (logic, science, reason). Of course, as many have shown, the modern state remains profoundly magical, superstitious, religious, and unreasonable, but it was through effective periodization, the stark differentiation of temporal duration, that a modern form sovereignty was accomplished. I would argue such relationship between periodization and sovereignty endures in many places: 1865 and later 1964-65 in the United States; 1994 in South Africa. The (sovereign?) power the of “post-” is real: once the prefix is affixed, for liberal democracy, something is over. Juridically—and the law is important in this regard—a nation-state should be able to start anew.

Some might counter this, citing, for instance, Broad-Based Black Economic Empowerment (BBBEE) in South Africa. Aren't such initiatives precisely about attempting to “repair” the violent legacies of history in the present? I would say not. Under the meritocratic ideal of liberal democracy, such initiatives imagine they are somehow leveling the “playing” (fighting?) field, a juridical measure to account for the fact that a certain racialized minority or majority need to “catch up” to the rest of the country, resulting in a purportedly altruistic paternalism. By pointing to such a juridical measure of redress, the liberal state at once gets to claim a “non-racial” state—a state free from the acknowledged violence of the past—as well as claim profound legal redress. But, in the intimate recesses of ordinary life, the magnitude of history endures beyond liberal periodization and juridical redress. By making history neurotic, Glissant disrupts the progressive temporality of liberal periodization, reminding us of the parts of lived history unexplored or not easily recognized by the liberal gaze, the multiplicitous and multidirectional return of history.

Throughout *Generational Care*, I have tried to find the fault line between the unexplorable dimensions of history in the present and the liberal-psychological discourses that attempt to explain the unexplorable away, to explain everything. In the process, I found the clinic not solely a space of categorization, violence, and diagnosis, but one where history is practiced, one where the unexplorable finds an expression even if it is unspeakable, one where a form of mnemonic, and not cognitive, recognition set the conditions for care. I have been asked the question many times: “but do you think such therapy ever really helps? Don't they just go back to their impossible lives?” The question in itself assumes recovery as a stage one achieves, therapeutics as the procedural vehicle through which it is made possible. There is no recovery, only times of more or less comfort,

more or less violence, more or less health, more or less loss, more or less distress, more or less hope—such times, however, are in no way distributed equally. “Generational care,” as a practice and analytic is thus all about how the unexplorability of history animates in everyday life, the recognition of how a much larger history sets the ground for a present predicament. It is in this way that certain forms of psychiatric practice can be seen as a practice of history, practices that disrupt, even if solely on the level of the ordinary and cruddy, the progressive temporalities that would see such animations over, misplaced, or mis-(re)cognized.

If something of the unexplorable was illuminated by practices of generational care, the dissertation also explored the tenacious theories and practices that hold great power in occluding the same history. I have tried to show how the Good Family is made possible through a series of assumptions about the kinds of familial configurations thought to produce stable subjects. Through differential emphases—histories of scientific racism; the problem of culture; theories of attachment, cyclical violence, and adolescent development—I have attempted to show how the first years of life are the felicitous duration in which nearly everything later in life can be explained. But such felicitous duration is, I suggest, based on a violent and fantastical norm, one that holds no room for understanding alternative configurations and practices of relatedness. By arguing, for instance, that absence is a form of care, I have sought to destabilize enduring assumptions about a child’s proper relation to a caregiver. I have done this in the hopes of imagining different practical and conceptual experiments in care, ones that don’t attempt to explain everything, ones sensitive to difference outside the value-neutral language of culture, and ones that don’t reproduce the racializing logics of lack, failure, and inadequacy.

In this way, I have argued, following others, that a global Black studies archive—one attentive to specificity but not paralyzed by it—is crucial for understanding the resonant solidarities and worldly contours of global white supremacy. By drawing on writers like Hortense Spillers and Sinidwe Magona, James Baldwin and Steve Biko, Édouard Glissant and Nelson Mandela, Frantz Fanon and Ramphela Mamphela, I have attempted to build a conceptual and literary archive that traverses multiple scales, places, and problematics. In doing so, I hoped not to reproduce the transhistoricalism of race so well critiqued by Stuart Hall, but to show these larger connections while dwelling in the details, to appeal to specificity while not getting fixed in space. In tandem with this conceptual choice, I have also sought to engage a kind of critique in the genre of what I called “queer style.” I imagine parts of this dissertation may have been read by some (if it was read at all) as ungenerous, monstrously critical of psychology and classical anthropology, myopic. As I outlined in the introduction, my approach to critique is purposefully monstrous in the queer sense, one that errs on the side of critique adequate to the scale of wrong life. While I tried to make the argument that such a scale of critique is a form generosity in drag, I realize I may not have accomplished that here. But if queer style is about anything, it is about the queer art failure.

In *Duress: Imperial Durabilities in Our Times*, Ann Laura Stoler (2016) asks how, given omnipresent “imperial durabilities” (such as the Location) in the contemporary world, there is a consistent failure to adequately recognize the multiplicitous presence of colonial and imperial

formations today². Throughout *Generational Care*, I have attempted to show the occlusive and evasive qualities of certain (psychological/anthropological) theories that attempt to explain everything. But, in addition, I attempted to understand the contours of generational care, which opens up new ways of re-cognizing imperial presence in the present. Generational care—as a political analytic of generation (introduction), as a set of grounded practices (Chapter 1), as an image-archive (Chapter 4), as an impasse (Chapter 6)—dwells in that hard place, at the edge of which we wander.

² As Stoler (2016: 7) writes, “‘Duress’...capture[s] three principal features of colonial histories of the present: the hardened, tenacious qualities of colonial effects; their extended protracted temporalities; and, not least, their durable, if sometimes intangible constraints and confinements.”

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