

“DON’T LAUGH AT ME. JUST TRY IT FOR YOURSELF AND SEE WHAT HAPPENS”¹
TRYING PSYCHOANALYSIS: TREATING DISTRESSED IMPERIAL MINDS IN 1920s
AND 1930s COLONIAL INDIA

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In her book *Imperial Bodies*, E. M. Collingham has described how the European experience of India was “intensely physical.”² It began on the sea journey from Britain with the sufferings of seasickness regarded as almost inevitable. On disembarkation the *Imperial Bodies* were confronted by exotic and diverse smells, a hostile and potentially debilitating climate, and the threat of frequent physical illness and the dangers from insects, snakes and other wild animals. She showed how from the second half of the nineteenth century the body of the British coloniser came to symbolise Western racial and civilisational superiority. The civil servant, as a senior agent of British manhood, became an embodiment of colonial power and his healthy body emphasised sporting prowess, the moral character of his class and muscular and physical power.³

This paper will show that the experience of India was not only physical but also a mental one, as the new arrivals were faced with the challenges of races and religions, cultures and environments unlike anything they would have experienced at home. For some the failure to cope would ultimately result in mental breakdown. The underlying theme of the thesis, of which this paper forms a part, is that there were certain British *Imperial Minds* who were unsuited mentally to the stresses and challenges inherent in running the British Empire in India. The paper, researched using original medical records, highlights how Freudian psychoanalysis was one innovation in treatment methods used to combat and relieve mental distress.

¹ Berkeley-Hill, Owen Lt. Col (IMF) Indian Medical Service, ‘The position of psychology in the teaching of medicine,’ *Indian Medical Gazette*, vol. LXV (5), (May 1930), p. 282.

² E. M. Collingham, *Imperial Bodies: The Physical experience of the Raj c1800-1947*, (Polity, Cambridge, 2007), p. 1.

³ Collingham, *Imperial Bodies*, p. 123.

Recent work on psychiatric hospitals in India place psychiatrists in the role of representatives of the imperial enterprise.⁴ Whilst accepting this position this article argues that the relative autonomy of British psychiatrists in hospitals for Europeans in colonial India enabled significant individual contributions to the development of Western psychiatry in the sub-continent. It will explore how one particular practitioner developed his own professional interest by introducing a new form of treatment to India, psychoanalysis. The author will introduce the idea that there were distressed, unhealthy *Imperial Minds* who had difficulty coping with their role in the Raj. Using the example of one psychiatrist or alienist, Owen Berkeley-Hill, the article will show that his introduction of psychoanalysis to India was radical, controversial and against the general view of the psychiatric establishment in Britain.⁵ It will argue that, yes, Western psychiatrists were conscious servants of Empire and reflected elitist imperial attitudes, but research provides evidence that there was a genuine desire to improve the lives of their vulnerable patients suffering from mental illness.

Andrew Scull's concept of asylums being overcrowded *museums of madness* has been a powerful influence on modern historians of psychiatry.⁶ His opinion: that asylums 'provided a context within which, isolated from the community at large, the proto-profession [of alienism or psychiatry] could develop empirically-based craft skills in the management of the mad', criticised the autonomy and power which psychiatrists held over their patients.⁷ Scull seems to condemn the whole profession whilst not recognising that individual practitioners could and did help patients to recover from mental illness. Scull's view of the jostling for professional power by psychiatrists via the state apparatus controlling mental health provision has been challenged in recent years. Melling has identified what he terms a 'late Whiggism'⁸ amongst some historians of British psychiatry

⁴ See for example, Ernst, Waltraud *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, c. 1925-1940*, Anthem Press, (London, 2013).

⁵ Alienist was the preferred term used by and to describe psychiatrists in India until the early 1930s.

⁶ Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth Century England*, Allen Lane, (London, 1979).

⁷ Scull, Andrew *The Insanity of Place/The Place of Insanity: essays on the history of psychiatry*, (Routledge, Abingdon, Oxford, 2006), p. 21.

⁸ Melling, Joseph 'Accommodating Madness: New research in the social history of insanity and institutions,' in Melling, Joseph and Forsythe, Bill (eds) *Insanity, Institutions and Society*, (Routledge, London, 1999), p. 14.

whose attitudes are more benevolent towards psychiatrists in charge of asylums. The Whiggish vision of science was one of inevitable progress with psychiatrists playing a strategic role in developing a liberal social order.⁹ This paper will show that the work of Berkeley-Hill fitted into this latter definition of the inexorable advancement of science.

Health challenges in the Raj

As the British consolidated their influence in India and its population there increased, it became clear that there was a need to provide accommodation and treatment for those Europeans with a mental illness. Consequently, in the eighteenth century, three lunatic asylums, Calcutta, Madras and Bombay – the main centres of British population – were established for European patients. Asylums were also built for Indians, who were segregated racially from whites. During the nineteenth century many mentally distressed Europeans stayed temporarily in one of these asylums awaiting a return to Europe.

With the development of medicine in the second half of the nineteenth century a number of medical men began to give their professional counsel on matters relating to health for the European intending to travel to India. One such doctor was George Yeates Hunter, an Army surgeon in Bombay who had spent twelve years in the country. In his view it was undoubtedly inadvisable for women and young men to go to India because of the effects of the tropical climate.¹⁰ He wrote that new arrivals would experience a much greater risk of cholera, “the scourge of India,” and of liver disease and find that contracting malaria was inevitable.¹¹ Nervous disorders were more prevalent in India than in Europe, he asserted, and inflammation of the brain and spinal chord were more frequent.¹² In his opinion insanity was certainly more frequent in Europeans in India “attributable in part to malarious fevers accompanied by head symptoms, and in part to solar heat and the intense nervous irritability which prolonged tropical residence sets up in the nervous centres.”¹³ The sensible course, he prescribed, would be to stay in England with its better climate and diet as

⁹ Melling, ‘Accommodating Madness,’ p. 10.

¹⁰ Hunter, George Yeates *Health in India: Medical Hints as to who should go there: and how to retain health whilst there and on returning home*, (Thacker and Spink, Calcutta, 1873), p. 15.

¹¹ Hunter, *Health in India*, p. 5. Emphasis in original.

¹² Hunter, *Health in India*, p. 8.

¹³ Hunter, *Health in India*, p. 8.

the likely outcome for those who went to India and stayed for some years was “a ruined constitution and a prematurely shattered nervous system.”¹⁴

Half a century later the message from senior doctors remained much the same. In 1923 Sir Andrew Balfour became the Director of the London School of Hygiene and Tropical Medicine after working in the Sudan, South Africa and the West Indies. Part of his contribution to a major textbook on his subject in 1921 asserted that ‘[T]here can be no doubt that the nervous system is that on which the chief stress of a tropical climate falls.’¹⁵ He cautioned that very hot and dry countries were those which challenged the nervous system the most and that women and children were especially susceptible mentally and physical to this type of climate.¹⁶ Nevertheless, despite all the warnings British people did go out to India to serve the Raj at the risk of their health.

The European Mental Hospital at Ranchi

After the Great Rebellion or Indian Mutiny of 1857-58 the British consolidated their power in India with an accompanying introduction, and sometimes imposition, of Western science and medicine across the sub-continent.¹⁷ However, in the view of Radhika Ramasubban, the health resources of the colonial state were used almost exclusively for the needs of the military and of the European community.¹⁸ In the eighteenth century this was clearly true of mental health care. The East India Company opened three asylums for its servants and soldiers and their dependants in the capital of each Presidency, or administrative area. These were: Bombay in 1745/6, Calcutta in 1787 and Madras in 1794.¹⁹ They were designed for short term treatment or accommodation prior to a return to Britain. From 1818 to 1870, the

¹⁴ Hunter, *Health in India*, p. 19.

¹⁵ Balfour, Andrew ‘Personal Hygiene in the Tropics and Minor Tropical Sanitation,’ in Byam, W. And Archibald, R. G. (eds) *The Practice of Medicine in the Tropics by many authorities*, Oxford Medical Publications, Henry Frowde and Hodder and Stoughton, 3 vols., (London, 192), vol. 1. p.5.

¹⁶ Balfour, ‘The Practice,’ p. 5.

¹⁷ See, for example, Arnold, David *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*, (University of California Press, Berkeley, USA, 1993).

¹⁸ Cited in Arnold, *Colonizing the Body*, p. 63.

¹⁹ Crawford, Lt Col D. G., *IMS A History of the Indian Medical Service*, (Thacker, London, 1914), see vol. 2, pp. 400, 428 and 415 respectively. Most doctors in colonial India and virtually all psychiatrists were members of the Indian Medical Service and, by definition serving army officers subject to military discipline.

Company provided for its employees their own asylum, Pembroke House, in London for the mentally ill in those three institutions who could be repatriated to Britain.²⁰ Ernst has pointed out that deportation, as she terms it, was costly but had the advantage of keeping 'social misfits and unproductive elements' permanently hidden from Indians and made them no longer a burden on the Company finances in India.²¹ This policy continued throughout the nineteenth and much of the twentieth centuries. The situation was made more difficult by the First World War with the unavailability of ships to return patients to Britain. In addition repatriation became problematic for the authorities owing to the increasing number of patients who were 'country born' whites, categorised as 'domiciled Europeans' with little or no family connection with Britain and the growing number of people of mixed British and Indian heritage who defined themselves as European and 'Anglo-Indian.'

Towards the end of the nineteenth century there was much discussion in government and medical circles about the need to replace the Calcutta Asylum for whites because of its poor state of repair.²² A perusal of annual reports of mental hospitals indicates that cost appeared to be the delaying factor.²³ In 1918 the purpose built European Mental Hospital was finally opened in Ranchi, 250 miles north west of Calcutta with an enormous catchment area stretching from the North West Frontier to the Burmese border. In 1919 Berkeley-Hill became its medical superintendent. It remains operational to the present day as the Central Institute of Psychiatry for India, being both a psychiatric hospital and one of the country's major medical training centres for psychiatrists. Original medical records from the 1920s and 1930s stored there were consulted in the preparation of this paper.

Admission to the European Mental Hospital was from its inception determined on racial grounds. In an article about the his new hospital, Berkeley-Hill declared that it was

²⁰ See <http://www.nationalarchives.gov.uk/hospitalrecords/details.asp?id=2972> (Accessed 29th August 2015).

²¹ Ernst, Waltraud *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58*, (Anthem Press, London, 2010), p. 28.

²² See, for example, Office of the Surgeon General with the Government of Bengal, *Triennial report on the Lunatic Asylums in Bengal for the years 1918, 1919 and 1920*, (The Bengal Secretariat Book Depot, Calcutta, 1921).

²³ See, for example, *National Library of Scotland, India Papers, Medicine - Mental Health, 1867 - 1924 Annual Reports of the Insane Asylums in Bengal* available at <http://digital.nls.uk/indiapapers/browse/pageturner.cfm?id=77025123> (Accessed 16 01 16)

only intended for the treatment of persons of European or American heritage and “Natives of Asia or Africa” were not eligible for admission.²⁴ Wealthy or high caste Indians were, however, occasionally admitted. Jews and Armenians could enter as could some people of mixed European and Indian origin, who were officially termed as Anglo-Indians. From 1911 an Anglo-Indian was legally defined as

a person whose father or any of whose other male progenitors in the male line is or was of European descent but who is domiciled within the identified territory of India and is or was born within such territory of parents habitually resident therein and not established there for temporary purposes only.²⁵

Thus a mentally ill woman of mixed heritage who only had European female ancestors could not be admitted. The rules were breached for very wealthy Indians and for some Indian Christians. An objection to the latter came from the Bihar and Orissa Government who protested at the admission of 31 Indian Christians on the grounds that they were “not strictly Europeans.” The Government of India was required to mediate and declared that all but three of the Indians could be admitted as their “habits are those of Europeans.” The three were ordered to move to an asylum for Indians but, mysteriously, two and a half years later had not arrived.²⁶

It was accepted at the time by British residents and medical men that India presented many health challenges, both physical and mental, for those coming out from Europe.²⁷ They were faced with stresses from loneliness and isolation; from the misunderstanding and sometimes dislike, or even abhorrence, of different cultures, races or religions; from a climate which could be both alien and debilitating; and from an underlying fear that the

²⁴ Berkeley-Hill, Owen ‘The Ranchi European Mental Hospital,’ in *Journal of Mental Science*, vol. 70. no. 288, (January 1924), pp. 67-76.

²⁵ See James, Sheila Pais, “ The Origins of the Anglo-Indians” in *International Journal of Anglo-Indian Studies*, vol. 10, no. 2, 2010 <http://home.alphalink.com.au/~agilbert/covij18.html> (Accessed 6 04 12). This definition was incorporated into the Government of India Act in 1935 and repeated in the Constitution of India in 1950 and is still extant today.

²⁶ Government of Bengal *Triennial Report on the Lunatic Asylums in Bengal, 1918, 1919 and 1920*, (Calcutta, 4th May, 1921), p. 2.

²⁷ See, for example, Diver, Maud *The Englishwoman in India*, Blackwood, Edinburgh, 1909. and Balfour, Andrew and Scott, Henry Harold *Health Problems of the Empire: Past, Present and Future*, (Collins, London, 1924).

unexpected and bloody uprisings of 1857-8 might happen again.²⁸ As is the nature of mental disorder some Europeans were more affected by these stresses of rule in India than others and some of these *Imperial Minds* were less able to cope and succumbed to mental distress. They were likely to be the kind of people to be treated at Ranchi.

One advantage for patients of the European Mental Hospital was its small size. At its peak it had around 200 residents and it never became overcrowded. As a relatively small unit it had a high staff to patient ratio conducive to more personal therapeutic relationships. It was built in a 'villa style' with relatively small and simple units rather than following the model of the substantial and Gothic Victorian warehouse common in Britain. It resembles a spacious resort with new two storey buildings with verandas set in flower gardens and painted brilliant white. It included recreation rooms which could be used for such activities as sports, crafts, a library and a cinema.²⁹

The British had long sought to keep their mentally distressed residents separate from their Indian counterparts. Ernst has argued that one key factor for the British in India was that lunatic asylums, which were renamed as mental hospitals in the 1920s, were 'instrumental in keeping those Europeans out of sight who were seen to be out of their minds.'³⁰ This factor, combined with a retirement age of 55 for civil servants and soldiers, reduced the possibility of Indians seeing Europeans behaving irrationally or showing signs of mental and physical decline. Such manifestations would have contradicted the prestigious image which the British sought to maintain of being a superior race with a more advanced civilisation.³¹ Ernst has written that, along with other public buildings such as schools, court houses and railway stations, mental hospitals were 'bricks-and-mortar

²⁸ See, for example, Chapter 3 in Edwardes, Michael *Red Year: The Indian Rebellion of 1857*, (Cardinal, London, 1975).

²⁹ Berkeley-Hill, Owen "The Ranchi European Mental Hospital," in *Journal of Mental Science*, vol. 70. no. 288, (January 1924), pp. 67-76. <http://dx.doi.org/10.1192/bjp.70.288.68>

³⁰ Ernst, Waltraud 'Colonial Psychiatry: the European insane in British India, 1800-1858,' in Berrios, German and freeman, Hugh *150 Years of British Psychiatry, 1841-1991*, (Gaskell, Royal College of Psychiatrists, London, 1991), p. 159.

³¹ Stokes, E. *The English Utilitarians in India*, (Oxford University Press, Oxford, 1963), p. 10.

manifestations of patriotic pride and self-satisfaction: symbols of the assumed benefits of an allegedly superior, and rational, enlightened civilisation'.³²

The care of the white mentally ill in hospitals was partly humanitarian but it was also political as their buildings were designed on a practical level to protect the British from the gaze of the Indian public. The Indian gaze was forcefully obstructed as the European Mental Hospital had, and still has today, a high wall around which, in parts is 16 feet high.³³ With its new buildings and high walls this was the hospital into which Berkeley-Hill introduced psychoanalysis to India in the 1920s and 1930s.

Psychoanalysis: a new form of treatment in India

In his autobiography Berkeley-Hill claimed, and available evidence appears to confirm this, that he was the first trained psychoanalyst in India when he went out to join the Indian Medical Service³⁴ in 1907.³⁵ He moved to Ranchi after experience in the Lahore and Yeravda Asylums, and in the army in East Africa, before taking charge of Ranchi in 1919. He became a founder of the British Psychoanalytical Society in 1913 and of the Indian Psychoanalytical Association in 1922 serving a period as the latter's president. He believed that in the 1920s there was only one other European-trained psychoanalyst beside himself in India, Claude Daly, a major in the Transport and Supply Corps and not a doctor.³⁶

Ernst has observed that in nineteenth century India psychiatry was regularly perceived as 'permanently and intrinsically' linked to both the civilising mission role in the

³² Ernst, Waltraud 'Out of sight and out of mind: insanity in early nineteenth century British India,' in Melling, Joseph and Forsythe, Bill (eds) *Insanity, Institutions and Society, 1800-1914: A social history of madness in comparative perspective*, (Routledge, London, 1999), p. 246.

³³ Berkeley-Hill, *All Too Human*, p. 244.

³⁴ The Indian Medical Service was a branch of the Indian Army and its doctors were serving officers subject to military discipline. They were required to supply medical care to British civilians in India.

³⁵ Berkeley-Hill, Owen *All Too Human: An Unconventional Autobiography*, (Peter Davies, London, 1939).

³⁶ Hartnack, Christiane "British Psychoanalysts in Colonial India," in Ash, Mitchell G. and Woodward, William R. (eds) *Psychology in Twentieth Century Thought and Society*, (Cambridge University Press, New York, 1987), p. 245.

Raj and to the mechanics of colonial control.³⁷ By the end of the century developments in psychiatry gave it an international focus and it was becoming a world-wide science. It was moving beyond the boundaries of a nation-based blueprint of colonial psychiatry which had given moral and political justification to British rule and India.³⁸ Berkeley-Hill's introduction of psychoanalysis to India as a therapeutic tool was both radical and audacious and an illustration of his knowledge of wider, European developments in his professional field.

Andrew Scull has pointed out that psychoanalysis was not popular with the psychiatric establishment at this time. He observed that in the early decades of the twentieth century most British psychiatrists believed that psychoanalysis 'encouraged more introspection when what was called for was a stiff upper lip.'³⁹ Senior figures in the British psychiatric hierarchy were contemptuous of its worth. Thus, Charles Mercier, a former President of the Medico-Psychological Association,⁴⁰ declared in 1916 that it would soon 'join pounded toads and sour milk in the limbo of discarded remedies.' Britain's first professor of psychiatry, Joseph Shaw Bolton, dismissed psychoanalysis in 1926 as "insidious poison."⁴¹ Yet, Berkeley-Hill was never part of the establishment. In his campaign for much needed physical improvements to the newly established European Mental Hospital he was threatened with dismissal from the Army if he did not apologise for his severe criticism of the authorities in the press for their meanness and indifference towards his patients.⁴² He had described in the widely read *The Statesman*, a daily British newspaper of Calcutta, how conditions in the hospital were 'worse than a kaffir's kraal.'⁴³

³⁷ Ernst, Waltraud 'Crossing the Boundaries of Colonial Psychiatry: Reflections on the Development of Psychiatry in British India, c. 1870 - 1940,' *Cult Med Psychiatry*, no. 35, (2011), p. 540. <http://dx.doi.org/10.1007/s11013-011-9233-z>

³⁸ Ernst, 'Crossing,' p. 538.

³⁹ Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Civilization*, (Thames and Hudson, London, 2015), p. 327.

⁴⁰ The Medico-Psychological Association, the professional body for British psychiatrists, was to become the Royal College of Psychiatrists in 1971.

⁴¹ Shaw Bolton and Mercier both cited in Scull, *Madness in Civilization*, p. 423n.

⁴² Berkeley-Hill, *All Too Human*, pp. 247-249. He reported in his autobiography that he had been ordered to grow a moustache because it was expected of men of his rank.

⁴³ Berkeley-Hill, *All Too Human*, p. 249. He told the newspaper readership that, for example, there were only 12 pairs of shoes for 92 male patients.

Berkeley-Hill was a prolific writer and between 1921 and 1938 Berkeley-Hill produced 16 articles for the *Indian Medical Gazette*, and he also wrote for the *British Medical Journal*, the *British Nursing Journal*, the *Nursing Journal of India* and other professional publications. Quotes in his oeuvre indicate that he was familiar with some of the latest methods being implemented by psychiatrists in Germany and the USA. He consistently and unashamedly promoted the discipline of psychiatry and the speciality of psychoanalysis in his written work. He used psychoanalysis at a racial level to explain the different behaviours of different cultures and religions but also at the level of the individual patient in an attempt to understand explain and overcome his or her mental distress. Two of his articles, originally written in 1919, were banned by the Government of India in the early 1920s, at a time of major civil unrest, because of their provocative content. One with the grand title of 'The Anal-Erotic Factor in the Religion, Philosophy and Character of the Hindus,'⁴⁴ concentrated on Hindus, and the other less provocatively named on Moslems 'Study of the Life and Character of Mohammed.'⁴⁵ Their subject matter was an uncompromisingly forceful condemnation, from a psychoanalytical perspective, of the fundamental nature of these two religions and how their adherents must inevitably behave in a child-like manner because of the inbuilt weaknesses and failings in their beliefs.

When writing about Hindus, Berkeley-Hill said that they had the disadvantageous traits of the anal-erotic personality, which manifested as irritability, bad temper, unhappiness, hypochondriasis, miserliness, a tendency to bore, a tendency to dictate and tyrannise, and so on. He contrasted these weaknesses unfavourably with the European virtues of determination, persistence, reliability and thoroughness.⁴⁶ Hartnack has written that Berkeley-Hill became convinced that British rule was therefore justified as Hindus, in essence, could not be expected to be interested in responsible leadership because they lacked the psychological disposition for it as they were, in psychoanalytical terms, obsessive-compulsive and infantile.⁴⁷ He had similar views on the character of Moslems. He

⁴⁴ Owen Berkeley-Hill, 'The Anal-Erotic Factor in the Religion, Philosophy and Character of the Hindus,' *International Journal of Psychoanalysis* vol. 2, part 3/4, (1921), pp. 306-338.

⁴⁵ Owen Berkeley-Hill, 'Study of the Life and Character of Mohammed,' (1919) in Berkeley-Hill, Owen *Collected Papers*, (The Book Company, Calcutta, 1933)

⁴⁶ Berkeley-Hill, 'The Anal-Erotic Factor' *passim*.

⁴⁷ Cited in Christiane Hartnack, 'British Psychoanalysts in Colonial India,' in Ash., Mitchell G. and Woodward, William R., *Psychology in Twentieth Century Thought and Society*, (Cambridge University Press, New York, 1987), p. 242.

used psychoanalytic concepts in an attempt to show that the origins of Islam lay in an individual neurosis. He pointed out that Mohammed was a posthumous child who was raised by a domineering and often absent grandfather whom he disliked intensely. Thus he sought to overcome this powerful grandfather by creating a religion headed by Allah, the omnipotent father-figure, and consequently Mohammed attributed to Allah unlimited power of the kind a child supposes his father to hold.

The Indian historian, Shruti Kapila, writing in 2007, found Berkeley-Hill's arguments politically naïve. She criticised him for attempting to portray the old stereotypes and assumptions of racism and imperialism in the new language of psychoanalysis and giving them, therefore, an, alleged, new rationality.⁴⁸ Hartnack has made a study of British psychoanalysts in India. She observed that Berkeley-Hill regarded Hindus and Muslims as having 'child-like' attributes in common, but if encouraged by the British, the colonial rulers could exploit these immature traits to its own advantage by encouraging them to unite to strive for peaceful progress in India. This would lead to the triumph of the civilised, by which he meant the British and their 'civilised' Indian supporters in India.⁴⁹ That he could conflate Hindu and Muslim religion and culture into unity under British rule could be described as political naivety although he was not alone in this view in British India.⁵⁰

In addition to his Freudian interpretation of the two predominant communities in India, Berkeley-Hill, as medical superintendent of the European Mental Hospital, introduced psychoanalysis as a method of treatment for his individual patients there. His statements on the psychoanalytical interpretation of the nature of individual mental illness were less likely to be controversial as they were aired in the enclosed world of the European Mental Hospital and to the narrow domain of the professional psychiatrist. The two case studies below are significant because they illustrate how he used psychoanalysis as a therapeutic tool to introduce new ways of treating his patients and to interpret what they

⁴⁸ Kapila, Shruti 'The 'Godless' Freud and his Indian Friends: An Indian Agenda for Psychoanalysis,' in Mahone, Sloane and Vaughan, Megan (eds) *Psychiatry and Empire*, (Palgrave Macmillan, Basingstoke, 2007), p. 135.

⁴⁹ Hartnack, 'British Psychoanalysts in Colonial India,' p. 244.

⁵⁰ See, for example, Baden-Powell, Robert *Indian Memories: Reflections of Soldiering, Sport etc.* Herbert Jenkins, London, 1915. Kincaid, Dennis *British Social Life in India, 1608 – 1937*, George Routedledge, London, 1938 and Mason, Philip. *The Men Who Ruled India*, 2 vols., (Jonathan Cape, London, 1953).

disclosed to him as their doctor. He is clearly familiar with Freudian concepts and how they can be used to draw a picture of a troubled patient, a distressed *Imperial Mind*.

Mrs B G was born in Britain in 1886, married first in 1905 and a second time in 1915.⁵¹ She was admitted to the European Mental Hospital in 1927 from the Bhowanipore Mental Hospital where she had developed severe laryngitis from constantly shouting loudly. Berkeley-Hill noted on 6 April 1927 that she was wearing dark glasses and she asked to be sent to the Blind Asylum, a suggestion she said had been made to her when she had travelled to India on the ship from England. There was no indication on the file that she had defective vision. Most of her medical notes were typed, but Berkeley-Hill wrote in the margin in his own hand ‘? Castration’ (*sic*) suggesting a psychoanalytical reference to a symbolic castration anxiety referring to the fear of being degraded, dominated or made insignificant.⁵² She had been to Queen’s Square Hospital in London, where she claimed to have been “thrashed with hypnotism” just like Russian people in gaol. The implication in the notes is that she was delusional which Berkeley-Hill ascribes to “sexual symbolism – masochism.” On 26 March 1927 his entry stated that she was “extremely garrulous – Delivered a speech to me which for complete absence of meaning could only be paralleled in a legislative assembly.” On 5 January 1928 she told him she wanted to avoid “the Female Section [of the European Mental Hospital] and the sight of all females,” to which he commented that this was “Homosexual Panic.”⁵³

Another example is the case of Mr A B, a thirty year old European admitted to Ranchi in September 1920.⁵⁴ Until May 1921 “the case ran a chronic pernicious course” but a change was observed when psychoanalysis began that month. Following analysis Berkeley-Hill

⁵¹ These notes on Mrs B G can be found at A-988-O-M in the archives held at the Central Institute of Psychiatry, Ranchi, India.

⁵² For an explanation see, for example, Zakin, Emily ‘Psychoanalytical Feminism,’ in Zalta, Edward N., *The Stanford Encyclopedia of Philosophy*, Summer 2011 <http://plato.stanford.edu/archives/sum2011/entries/feminism-psychoanalysis/> (Accessed 7th April 2015)

⁵³ Defined as “panic due to the pressure of uncontrollable perverse sexual cravings” by Kempf, Edward J in ‘The psychopathology of the acute homosexual panic. Acute pernicious dissociation neuroses,’ <http://dx.doi.org/10.1037/10580-010>

⁵⁴ The psychoanalysis of Mr A B is described in detail in Berkeley-Hill, Owen ‘A Case of Paranoid Dissociation,’ in *The Psychoanalytical Review*. vol. 9, number 1, (January 1922), pp. 1-27 (Reprint held at Central Institute of Psychiatry, Ranchi.)

wrote that Mr A B's parents had split up following an unhappy marriage. He had come to India in 1913 where he became obsessed with astrology. Berkeley-Hill wrote that he regarded Mr A B's relationship with a Miss E, aged forty-two, as the provision of a substitution figure for his mother and elder sister at home in England. Mr A B wrote long letters to Miss E which Berkeley-Hill said acted as a kind of self-analysis by the patient. One letter, Berkeley-Hill asserted, contains "an ever increasing number of the operations of repressed homosexual tendencies" and "delusions of persecution" began to appear in Mr A B's writings. The latter during analysis admitted that as a boy he had enjoyed dressing in his sister's clothes and playing a female role in their games and Berkeley-Hill the analyst regarded this as further clear evidence of repressed homosexuality. When Mr A B sent Miss E the gift of a sunshade Berkeley-Hill wrote that this was 'a notorious phallic symbol' though he did not link this with homosexuality. Berkeley-Hill observed that Mr A B's health improved as indicated by the content of the patient's letters. Miss E, unimpressed by her fervent admirer, later threatened her admirer with court action for his unwanted attention.

The development of Berkeley-Hill's commitment to Freudian concepts was highlighted in his address to the conference of the Far Eastern Association for Tropical Medicine held in India in December 1927. The title of his paper concerned the mental hygiene of Europeans in the tropics and he used much of his time talking about how Freud and psychoanalysis could be used to help Europeans cope with the pressures of life in the colonies. He cited the views of Carl Mense, a German doctor who had co-edited a textbook on *Tropenkrankheiten* or tropical diseases. Mense had written that a large per centage of Europeans who elected to go to the tropics were already eccentric 'and it is owing to the existence of an inherent abnormality of temperament that they came to leave their own homes!'⁵⁵ Berkeley-Hill acknowledged that such a notion was not popular amongst the English but he admitted he saw much truth in it. He told his audience that Europeans living in the tropics were prone to a neurotic syndrome with a central symptom of hyperexcitation manifested in a general irritability or a condition of morbid anxiety. Neurologists, he asserted, would recognise the strongest interpretation of this as Freud's *Angst-neurose* or anxiety neurosis.⁵⁶ He expanded his views giving what he called the Freudian explanation of the cause of this anxiety neurosis i.e. the voluntary sexual abstinence of men and women.

⁵⁵ Cited in Berkeley-Hill, Owen 'Mental Hygiene of Europeans in the Tropics,' in vol. 1, *Transactions of the Far Eastern Association for Tropical Medicine, the seventh Congress, held in India, December 1927*, (Thacker's Press and Directories, Calcutta, 1929), p. 391.

⁵⁶ Berkeley-Hill, 'Mental Hygiene,' p. 392.

Some colonists chose to escape the psychic tension set up by this anxiety state by resorting to alcoholism.⁵⁷ Some European males underwent a 'regression,' he said, from a heterosexual to a homosexual level which could be seen 'in any club in the tropics,' and these were 'unmistakable signs of the regression of libido.'⁵⁸ Ultimately, he proclaimed

The essential cause of all kinds of anxiety consists in a lack of physical gratification of the sexual hunger; the anxiety arises in the inborn fear-instinct, and the exaggeration of its manifestations represents a defensive response to repressed sexual impulses.⁵⁹

An understanding of Freud will enable the colonial physician to understand and so treat more effectively the problems presented by distressed patients, he maintained. The physical causes of sexual abstinence and *coitus interruptus* should be removed and treatment, if still needed, could commence with a greater likelihood of success.

Hartnack recognised that Berkeley-Hill improved the quality of care and treatment for the British and Anglo-Indians in Ranchi and, indeed described his work as *avant garde* whilst ignoring the dominant Indian culture outside the walls of the European Hospital.⁶⁰ She believed he deliberately neglected the existence of Indian culture, though this seems a rather harsh conclusion as he married an Indian woman and chose to live on in India with her after his retirement until his death in 1944. However her view that he identified with British colonialism cannot be denied from the evidence of his published work. She said that as the two leading European psychoanalysts in India Berkeley-Hill and Daly both failed to note any positive aspect of Indian culture. Instead, she said, 'they compared the behaviour of Indians in a negative way with other dependant people, with women, infants, and the Irish, and time and again with European neurotics.'⁶¹ In criticism of this group behaviour was attributed by them to the 'psychopathological defects of individuals,'⁶² which led to races or religions becoming immature when compared to the British.

It is clear from an examination of his medical case notes and writings that Berkeley-Hill believed that psychoanalysis had proved to be a valuable asset in the psychiatrist's repertoire of treatments. He acknowledged that his audience might doubt the credibility or

⁵⁷ Berkeley-Hill, 'Mental Hygiene,' p. 394.

⁵⁸ Berkeley-Hill, 'Mental Hygiene,' p. 394.

⁵⁹ Berkeley-Hill, 'Mental Hygiene,' p. 395.

⁶⁰ Hartnack, 'British Psychoanalysts,' p. 249.

⁶¹ Hartnack, 'British Psychoanalysts,' p. 249.

⁶² Hartnack, 'British Psychoanalysts,' p. 249

even mock his embracing of psychoanalysis in the treatment of those with mental disorders but he held out a challenge to sceptics: “Don’t laugh at me. Just try for yourself and see what happens.”⁶³ He might have been patronising in his attitudes, but he was genuine in his determination to try new ways of improving the mental health of his patients and his conviction that they could work.

Berkeley-Hill’s fundamental belief in the power of psychoanalysis to heal is summarised in an article he wrote in 1921: ‘Psycho-analysis is an education in the highest sense of the word, for it “leads out” the mind of the patient and thus gives him an understanding of his personality which cannot be otherwise than the greatest value to him’.⁶⁴ He stressed that, as part of their training, it was vital that those practising psychoanalysts must themselves go under analysis by a competent practitioner. He retired in 1934 but continued to produce articles for medical journals. His later writings show that he was still committed to psychoanalysis as a way to understand and treat mental disorder in individuals.⁶⁵ Berkeley-Hill was certainly ‘practicing’ his skills on patients and learning from that practice. Some of his methods were more successful than others. Thus, for example, his unsuccessful attempts to treat six long term patients diagnosed with *dementia praecox*, today known as schizophrenia, by inducing meningitis through the injection of sterile horse serum into their bodies makes alarming reading.⁶⁶ This, like his use of psychoanalysis, illustrated clearly the power he had to experiment with new forms of treatment. He devised a motto for his hospital: ‘[T]he care of the human mind is the noblest branch of medicine.’⁶⁷ His autobiography implies he was an awkward and cantankerous man but his writings confirm that overall he sought to maintain the philosophy behind this dictum.

⁶³ Berkeley-Hill, ‘The position of psychology in the teaching of medicine,’ *Indian Medical Gazette*, vol. LXV (5), (May 1930), p. 282.

⁶⁴ Berkeley-Hill, Owen ‘Psychoanalysis and the General Practitioner,’ *Indian Medical Gazette*, vol. LVI, no. 12, (December 1921).

⁶⁵ See for example Berkeley-Hill, Owen ‘Some reflections on the part played by inhibitions in the mother of sexual reciprocity,’ in *Marriage Hygiene*, Kodak House, (Bombay, 1935). This is from an article imprint held at the Library of the Central Institute of Psychiatry. The pages are unnumbered.

⁶⁶ See, for example, Berkeley-Hill, Owen ‘A short report on some therapeutic investigations carried out at the Ranchi European Mental Hospital,’ *Indian Medical Gazette*, vol. LXII, (May 1927).

⁶⁷ Berkeley-Hill *All Too Human*, p. 259. The words are taken from Hugo de Groot, the seventeenth century Dutch philosopher and jurist.

Conclusion

Academic criticism by historians relates how the sheer size and impersonal nature of the English county asylums had a detrimental effect on individual residents. The much smaller European Mental Hospital, which exercised much greater control over numbers and type of people admitted there, retained greater scope for the development of a closer working relationship between staff and patients. The hospital had the task of treating those distressed *Imperial Minds* unable to cope with their allocated colonial role and isolating them from Indians used to seeing, allegedly, more superior representatives of the Raj. Within this framework the psychiatrists at Ranchi kept up to date with Western medical developments and sought to use new therapeutic methods such as psychoanalysis on behalf of their patients.

British psychiatrists in India the 1920s were committed agents of imperialism and for them British rule in India was a given. They were also dedicated to the development and championing of their medical discipline, Berkeley-Hill practised psychoanalysis, within the framework of a belief in the superiority of the white race and Western civilisation, as a therapeutic tool with his European patients, his distressed *Imperial Minds*. The medical records he kept showed he used it with all the enthusiasm and commitment of a convert who has discovered a new religion.

Ashis Nandy, a clinical psychologist who has written prolifically on the psychological problems caused and left behind by colonialism, has summarised the impact of the introduction of psychoanalysis to India. Referring to Berkeley-Hill he said

One should not be too harsh on [this] well-meaning, simple-hearted practitioner of the young science of psychoanalytic psychiatry when the dominant culture of the new fully-grown science has not done much better . . .⁶⁸

Berkeley-Hill did not have the benefit of a critical analysis of the achievements or otherwise of psychoanalysis by the generations that followed him. However his innovatory techniques were introduced in a crusading spirit with a genuine belief that he could help and cure his mentally distressed patients. He was aware of the scepticism, amusement or contempt of its critics but he was so sure he had found a new and successful mode of

⁶⁸ Ashis Nandy, *The Savage Freud and Other Essays on Possible and Retrievable Selves*, (Princeton University Press, Princeton, New Jersey, 1995), p. 100.

treatment that he dared them to try psychoanalysis and delight in its results. Berkeley-Hill and his colleagues, with their enthusiasm, curiosity, passionate belief in the benefits of their caring profession and non-radical political stance, would fit into the Whiggish interpretation of history.

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