Recent and innovative contributions by medical anthropologists, psychiatrists, historians of medicine and clinical psychologists have begun to move away from western centric theoretical abstractions on mental illness, but instead focus on the ordinary lives of patients and their families, on their affective, emotional and subjective worlds (Jenkins & Barrett 2004; Kleinman 1989, 1999, 2012; Kring and Germans 2004; Rheynolds-Whyte 2009). These contributions re-centre research and medical interventions on the process of making and remaking subjectivities within distinct contexts - social, historical, cultural, and political. As Jenkins et al. (2004) demonstrate, values, manifest in psychosis, are not only alive in the experience of caregivers and researchers, but they are inseparable from contested values in the political and moral economies that support them. By looking at illness narratives in early colonial Namibia, this paper will explore questions of change in the perception of medical interventions, shifts in the efforts at coherence and self-making as well as issues of political and moral economy (Good 2012; Martin 2009). I will draw my analysis from archival sources to explore the ways in which supposedly delusional talk, far from being delusional, is subversively political as a vehicle to caricature the paternalism of the culture of colonialism and to reveal the complex moral and political economies of the colonial world. While the links between colonial psychiatry, racism, and oppression figure prominently in histories of the diagnosis, treatment and institutionalisation of the mentally ill in Africa, there is an absence of patient-centered accounts, in the analysis of the efforts of the colonial-era subjects themselves to be pro-active not merely as ‘the mentally ill’, by clinical or court definition, but as persons embedded in social relationships with their kin and significant others. Moreover, despite an emerging scholarship (see Keller, and Swartz), little is known of the experience of European settlers in the colonies. In this sense there is a need for a more balanced representation, one that shows the ambivalence of colonial psychiatry and its reach into the lives of the colonial subjects, Africans and Europeans alike. In this paper I will focus is on the personal narratives of a German colonial settler and of her efforts to escape diagnosis and institutionalisation in German South West Africa.

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