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INTRODUCTION

Madness, the Psychopolitical, and the Vernacular

Rethinking Psychiatric Histories

This volume seeks to ignite debate and experimentation within a broad field: histories and anthropologies of psychiatry and madness. Let's ask: How are we able to discern madness in any history or archive? It is critical to widen the spectrum for what may count as madness, in keeping with history's many variations and also the fresh historiographical edge offered here.

Consider the *Oxford English Dictionary*. It defines madness capaciously, with telling quotations from 1384 through 1990, embracing imprudence, delusion, wild foolishness, exuberance, uncontrollable rage, insanity, psychosis, and mental impairment (*Oxford English Dictionary* 2023a). Michel Foucault ([1961] 2006), in his 1961 history of madness, extended his reach from social perceptions of madness to the experiences of the mad and transgressive. For Africa, the challenges of periodizing and characterizing madness and psychiatry are different. Foucault placed the key rupture in his European history of madness in the seventeenth century

with the widespread arrival of custodial care and internment. Yet as Megan Vaughan (1983, 1991) has pointed out, in most of colonial Africa, asylums only appeared sparsely, and not until the late nineteenth century.

Still, something other than his focus on confinement and early psychiatric science is what makes Foucault's work scintillating and necessary reading—as generative as Frantz Fanon—for Africanists and others writing postcolonial histories today. Foucault stressed the creativities surrounding madness and its representations, and he longed to hear the speech and sounds of the mad. His yearnings linger afresh in the experimental lines of this book, with each chapter somehow digging for pleas, tones, and stories mined from an archive.

It would be wrong to strictly oppose madness to the psychiatric—a hollow, misguided binary that. Rather, it is precisely Africa's psychiatric spaces that offer up many of the vivid, patient-authored archival slices deciphered here. These fragments emit words, sounds, and deliria. They also enable the intensity in interpretation that is the hallmark of this volume. Madness veers from, or gets entangled with, the psychiatric and also the psychopolitical. This point is worth pursuing further by asking where else madness, its clatter, thresholds, and forms may be hiding.

This volume joins that emerging, still slender field: madness histories from the Global South. A highlight here is the many histories of Africa's long decolonization, though other epochs are present. This introduction signals key concepts and registers by which madness and psychiatry may be traced, since the volume is intended for scholars across geographic fields, including historians and anthropologists of Africa and of psychiatry, and for students in a wide diversity of classrooms.

Plying the archive is a basic technique here, with chapters hewing close to the perplexities of diverse fragments. The book aims to breathe fresh life into that long-standing problematic. It also engages textures, sensibilities, and silences, and technologies, politics, and forms (Foucault 1972; Farge 1989; Derrida 1995; Trouillot 1995; Steedman 2001; Hamilton 2002; Stoler 2002, 2009). The chapters demonstrate how lively unexpected archival bits may become as their authors unfasten slices and expose psychopolitical and mirroring effects. Amid such intricacies, intimate, official, and vernacular dimensions emerge. Subjectivities flicker in, in startling and generative ways.

Many chapters open new conceptual ground, working across institutional and intimate scales and attending to the perceptions of patients, kin, and clinicians, among other figures. Lurking are state, institutional, and clinical

regimes, suggestive of the psychopolitics of state, policing, security, and persecutory platforms. Most terrains are Africa-based, but the implications extend across racialized worlds.

Most histories of madness, everywhere, draw near to the psychiatric (Eghigian 2017). A few follow that fervent literary tendency of the 1990s, when vast "waves of writing turned to 'madness' to signify everything" (Pietikäinen 2015, 3). Others combine the objective and the subjective, drawing on metaphorical, symbolic, or psychoanalytic registers. Complex textures, delinked from the clinical, unravel situations of madness.

Powerful histories, this book shows, join milieus, psychopathologies, and selves. Psychopathology often begins out of a toxic milieu (Canguilhem 2012; Hunt 2016). The poison or harm may stem from a family (Winnicott [1965] 2006), a racialized or colonial situation (Sadowsky 1996, 1999), or a camp—as defined by Giorgio Agamben (2000), a biopolitical space of exception.

Social exclusions and riots yield much about turbulence, madness, forms, and figurations. Such may be unmoored from psychiatry and its category work. Yet, for colonial worlds, racialized injury, stemming from violence, segregations, and exclusions, fueled agitation and insurgency (Hunt 2016). Still, vernacular healing and charms often intervened, in discreet, secretive, dramatic, or insurrectionary ways (Littlewood and Lipsedge 1982; Bhugra and Littlewood 2002; Mahone and Vaughan 2007).

The vernacular may embrace healing technologies, persons, and practices. It suggests a social category (healers), a spatiality (township or shrine), or a tonality (rage, ambivalence, or hankering). Small clues may be pressed to draw out objects, places, or frictions. And I argue here that, given the vexed nature of the word *vernacular*, it is rewarding to poise the vernacular in relation to the "residual," taking account of those elements in a present that were "effectively formed in the past," yet are "still active in the cultural process," "effective" in the present, as Raymond Williams (1977) luminously suggested. I return to this vexed word below.

Psychiatric Strands in Africa's Many Histories

Much can be gained by attending to singular episodes from African histories. Each discussed here suggests the continent's psychiatric contours of madness.

Psychopathologies associated with "difference" emerged in Africa's contact zones by the seventeenth century, and more powerfully from the nineteenth century, a time that Gilles Deleuze (2008, 16) glossed powerfully as "paranoid imperialist formations." Those who suffered or acted out had nightmares, heard voices, or sensed their special capacities for visionary seeing, divination, and spirit possession. Others developed skills in healing somatic, social, and psychic maladies. That affliction is a path for healing is an idea as old as the seventeenth century (Feierman 1979, 1981; Janzen 1982; Hunt 2013b), though likely much older (Schoenbrun 2007).

From the late nineteenth century, merchants, anthropologists, missionaries, and colonial officials brought European notions of madness to Africa, as they began to colonize the continent. The attentive among them noticed that Africans resorted to possession and trance, had diverse ways of organizing care, and used copious consecrated charms. Many epics (Biebuyck with Mateene 1969) and oral traditions from precolonial polities speak about trickster figures and deranged monarchs. Consider Shaka, the Zulu king gone mad (Eldredge 2014), rendered as insane in Thomas Mofolo's (1931) novel. Shaka's harshly autocratic reign (1816–28) blurred with perceptions of his madness and use of terror to govern (Hamilton 1998). Soon and nearby, a missionary was collecting Zulu traditions that told of vernacular nightmares, trembling, madness, and kind or vengeful ancestral interventions (Callaway [1885] 2019; Lee 2021).

In Johannes Fabian's (2000) study of nineteenth-century explorers in central Africa, madness manifested when some European men seemed "out of their minds." Their irrationalities went with quiet, cannabis-induced *ecstatis* within such early colonial scenes of scientific inquiry. Such madness could seem more lighthearted than pathological, while the "mad frenzies" (Hokkanen 2018) of early European colonialists in Malawi involved mental agony, imperial tensions, and the plentiful consumption of quinine.

Madness has long permeated colonial histories of crisis and alienation in Africa. The label *superstition* distorts maladies, therapeutics, and forms. Madness could erupt in a refuge, a religious gathering, or a rebellion, as in Simon Kimbangu's life (Martin 1975; Vellut 2005). Likewise, a Libreville man turned delirious after participating in Bwiti, a religion with rituals known for healing mental states, and one of Africa's finest ethnographies ever of mental images and the religious imagination (Fernandez 1982).

Maria N'koi emerged in 1915 as a disruptive, insurgent woman healer, a decade after a spate of suicides in a violent, derelict colony, King Leopold's

Congo. Madness lay not always with *reactive suicides* in this milieu. In poetic, analogical patterns, madness would appear through a strong idiom: trembling trees. Possessed, distraught women knotted themselves up in high branches and vines, as if cut asunder and quaking in the wind. In Maria N'koi's domain, women entered into months of ceremonial dancing, alternating between quaking and quiet (Hunt 2016).

Missionaries translated such afflictions as *neurasthenia* (Hunt 2016). This European psychiatric attribution had no clinical effect in this early colonial world with few doctors. Yet the language of nervous trembling, barrenness, and spirit-shaken trees was *residual* and thus *vernacular*, to use the vocabulary that I develop further below. Each disturbed woman also entered into a trancelike "crisis of presence" (Martino 2012): she was possessed. These healing methods from a Congolese *shrunken milieu*, shriveled by force and many disappointments, were part of a therapeutic pattern found across a wide region that morphed with nervous dances and insurgencies during this acute decade (Hunt 2016). Kenya's Taita context of the 1950s, explored in this volume by Mahone (chapter 7), also combined emergency and possession as crucial streams.

Megan Vaughan (1983) pointed out in her prized essay "Idioms of Madness" that only a tiny proportion of Nyasaland's mentally disturbed ever reached the notice of the colonial authorities. Yet diviners, healers, and the possessed were active, operating like psychotherapists. A different view of colonial madness emerges out of Albert Schweitzer's iconic hospital in rural Gabon, where the year 1927 saw a man named Njambi arriving in chains after murdering someone in a mad fit of rage. Schweitzer glossed etiology in pejorative and primitivist terms, aligning madness with superstition. Njambi was still present at Schweitzer's hospital three decades later. This special patient moved about aplenty, since the famous doctor's treatment was manual labor, except during his angry outbursts when confinement or pharmaceuticals were Schweitzer's remedies. Sometimes Schweitzer intervened by calming his patient with words or his mere presence. Njambi became an everyday element in this racialized clinical space. He perceived the hospital as home, a protector from menacing forces. Yet this patient was rare. This Gabonese hospital provided residential care for few *madmen* over the decades, even if it incorporated the special Njambi fervently (Zumthurm 2020).

Shula Marks (1988) worked from an amazing cache of letters and with special ethnographic sensibilities, and she portrayed a radically different web of colonial relations and spaces. With a strong epistolary strand,

fraught words between a white British Fabian woman and Lily Moya, a lonely Black South African schoolgirl from the Transkei, come vividly alive. Marks tracked down the boarding school and the girl's kin relations, as well as the asylum where she landed. Similarly, Megan Vaughan (2005) sensed that a flurry of letters, written by a subaltern clerk in colonial Nyasaland through his relentless use of a typewriter, were an important trove, and she mined them for suggestions of lunacy and humiliation.

Who could write always matters. Asylum care—or harm—is a staple of Africa's psychiatric histories (Vaughan 1983; Deacon 1996; Marks 1999; Sadowsky 1999; Jackson 2005). The spaces have varied, with some more segregated and insidious than others. From the interwar years, it was not unusual to witness bursts of rage and categorize them as *acute mania*. Such was the case for Isaac O., a literate nineteen-year-old in colonial Nigeria. He began to act strangely and was seen nearly naked on a highway in 1932. Once arrested and interned, he contested his confinement in the Yaba Lunatic Asylum. A copious documentary trail followed, as did his release from a prison and asylum. Conflicts emerged between him and the authorities over a *juju* tree and a curse. Sadowsky (1996) contextualizes the patient's delusions in relation to colonial domination, and by 1945 Isaac O. was back in Yaba. To interject Raymond Williams's (1977) versatile language again, elaborated below, *residual*, *emergent*, and *dominant* colonial registers mingled in Isaac O.'s story. And they combined with *vernacular* elements—a curse and the juju tree. (These elements furthered Sadowsky's [1999, 48–52] subtle interpretations of patient writings found in case files.)

Wulf Sachs ([1937] 1996; Dubow 1993) is iconic. In 1928, this Jewish psychiatrist was working with Black schizophrenic patients at the Pretoria Mental Hospital. In 1929–30, Sachs underwent psychoanalysis in Berlin and came into contact with Sigmund Freud. Soon, Sachs was inviting an urban Rhodesian healer, John Chavafambira, onto his psychoanalytic couch in 1930s Johannesburg. This healer-entrepreneur, a fascinating human instance of the vernacular,[1] narrated to Sachs his autobiography and dreams. He harked back to his father and grandfather, healer figures, and was keen to find—through Sachs and their big city—modern forms of expression and success. Repertoires of vernacular healing a few generations deep unfold within Chavafambira's biography, enigmatically composed by Sachs. So did his current practice as a healer and diviner in the city. His aspirations were intense, and over time his ambivalence toward the white psychoanalyst grew. Sachs's affection, anger, and ambitions were fraught.

The discord that transpired within this strange colonial duet has enabled many significant reflections since (Dubow 1993).

Cold War historiography and traces (Geissler et al. 2016; Roschenthaler and Diawara 2016; Vaughan 2016; Herzog 2017) have become an important new edge in African history, including its histories of madness. Fine inquiries into ethnopsychiatry in colonial and fascist worlds as well as the figures who pushed forward transitions toward transcultural psychiatry and psychoanalysis are emerging (Deluz 1991; McCulloch 1995; Heaton 2013; Herzog 2017; Collignon 2018; Antic 2019; Kilroy-Marac 2019; Delille 2020), including some transformative Swiss ethnopsychoanalysts who visited Africa, like Paul Parin (Parin 1980; Reichmayr 2020; Conci 2023). Terror, torture, and madness have opened up the psychopolitics of postcolonial regimes, like those of Jean-Bedel Bokassa (Titley 1997; Shoumatoff 1988), Idi Amin (Pringle 2019; Leopold 2021), and Mobutu Sese Seko (Wrong 2000). Dictatorial ambitions mixed in Africa with psychopathology or that idiomatic word, madness.

Prophets, City Wanderers, and Global Mental Health

If we turn to everyday lives in African cities since the 1960s, the numbers of persons found wandering, ecstatic, or confused—often labeled with that vexed word, schizophrenic—deserve analysis, tallying, and phenomenological reflection (Corin 1998; Henckes 2019; cf. Bateson 1972). There is episodic data: some poetic (Yoka 1999; Tonda 2021), some individualized or intriguing. Some have gone far by studying the subjectivities and conditions of one striking and deranged figure in a setting of precarity (Biehl 2005). Others have theorized subjectivities and subjections around "postcolonial disorders" in diverse settings (Good et al. 2008).

Julien Bonhomme (2008) writes of one lunatic, André Ondo Mba of Libreville, seen with a colonial helmet and ever busy, wandering. This *schizophrenic*—the word is Bonhomme's—made graffiti all over Gabon's capital (among parallels, see Büschel, chapter 3). Using supernatural language, he wrote on city surfaces while "blending mystical, sexual, and political themes." Born in 1943, he fell mad during a 1980s Bwiti initiation, itself a foray into occult forces. His chronic psychotic condition, sometimes labeled paranoid, enabled creativity. Aligned with God, his life seemed a set of miracles. As he wrote his revelations down daily, thousands of pages on scrap paper and public walls mounted up. Obsessed with science and white

people, he copied bureaucratic knowledge and listened to voices through a loudspeaker with supernatural shivers. While ridiculing the Gabonese state, his status as madman kept him from being arrested. His textuality in graffiti form, like his visibility as public wanderer, came to align the city with divination.

Hasty classifications will always be problematic. Prophetic deliria and other ascriptions of madness emerge out of all kinds of African settings, before moving into diverse scholarly reflections. A history of when and how the wandering of *les fous* (mad people) became so prominent in Africa's postcolonial cities is an important historical question. The answers will surely be multiple, related to precarity, chaos, and securitizing regimes. At the same time, the alignment of prophets with madness is very old in Africa and the Caribbean, where this conjuncture landed many insurgent and oracular rebels in hospitals, jails, asylums, and in everyday streets (Edgar and Sapire 2000; Palmié 2002; Brown 2003; Bilby and Handler 2004; Hunt 2016; Brown 2020).

Global Mental Health is a recent, partially scientific phenomenon. Unveiled in the 2000s, the powerful rubric has many ambitions and tentacles (Summerfield 2012; Lovell 2019a) and wide zones of activity: in poverty, clinical trials, NGOs. Mixed in are postwar trauma work, group therapy for paying middle classes, and community work in needy villages and refugee camps. Its reach extends to humanitarianism, evidence-based science, and technologies of securitization (Howell 2011). Global Mental Health beckons for sensitive ethnographic research on its "emergence" as well as accruing forms of "self-evidence" (Daston 2007, 808). Some criticize the imperial resonances and implications of Global Mental Health (Summerfield 2012; Ecks 2016; Rose 2018; Beneduce 2019). Yet its processes of translation and distortion are rarely studied with care. A critical analysis might take in a range of languages—psychoanalytic (Hall 2018), religious, pharmaceutical, carceral—or even draw on critical race theory (Du Bois 2007; Moodley, Mujtaba, and Kleiman 2018).

Relevant also is a "psycho-therapeutic turn" (De Vos 2011) within humanitarian aid. This strand began in the 1990s, when trauma eclipsed hunger as the most flagged issue by international aid agencies. Both streams—the psychiatric and the psychosocial—deserve sensitive attention to patient and expert experiences, textualities, and muteness. In central Africa, the word *madness* has long been on many lips. Yet the mental suffering of children and others in zones of war often knows waiting and unspeakability (Waugh et al. 2007; Goltermann 2010; Otake 2019;

Salisbury 2020), even if they have inspired theoretical and clinical innovation (Polat 2017).

In emergency zones of neoliberal Africa, *psy* discourses have been translating traumatic experience into new lexicons. New categories are conjoined with idioms, weighed down by the psychiatric yet shaped by vernacular elements speaking to residual traces from the past. These idioms may be adopted in speech, interiorized by those seeking care, or offer up confessional forms of exposure therapy. PTSD is a rich category and vein for investigation (Fassin and Rechtman 2009), just as Sadowsky (chapter 5) shows depression as a plentiful historical seam.

Most everywhere in Africa—chaotic city streets, PTSD zones, and carceral energies directed at migrants moving across borders—we find theaters of madness. Many are intermixed with healing churches, mosques, spirit possession, or the clinical kiosks of *tradi-practiciens,* healers often in a quasi-clinical, mimetic mode. Mixed into *psy* languages are vernacular words, linking pasts with a present. In our still neoliberal time, the psychiatric remains a dominant register, and only partly due to Global Mental Health (Lovell 2019a, 2019b). Yet many are the mediations of residual elements amid digital economies or the traumatic memories of a generation (Behrouzan 2020).

Niches and Category Work

How to categorize any mental illness is always refractory, while the distribution of care is an important matter to study. Which symptoms or maladies align with idiomatic words for "madness," with psychological disturbance, or specific categories? At the same time, Africa knows just a scattering of hospital psychiatrists.

Muted within this volume is the arrival into Africa of the psychotic medications that remade psychiatry globally from the 1950s, just as wards were emptying, restraint forms diminishing, and WHO pharmaceutical guidelines entering. Likewise, we still know too little about postcolonial psychiatry in Africa (yet see Akyeampong, Hill, and Kleinman 2015). The first African psychiatrists and psychiatric nurses are quietly suggested here, later generations not at all. A serious, sensitive, and well-trained African psychiatrist, who was working in a small Catholic psychiatric hospital in eastern Congo in 2019, now is working for a big international NGO in the Sahel. Money talks: he wants to support his family and keep up with school fees. In most

of Congo, indeed across most of rural Africa, there are no or few psychiatrists and caseloads are immense.

Subaltern assistants in asylums and clinics have surely been important through their labor, care, transactions, and bricolage. "Middle figures" (Hunt 1999) would have reshaped vernacular fragments, lexemes, and claims. This is a rich area for which more research is needed for all periods. Little is known about how patient experiences align with vernacular or biomedical ideas, inside and outside of traumatized zones.

Clinical psychiatry, it should be remembered, hardly would have touched the lives of Africans across all epochs suggested here. Today, official discourse about mental health may suggest that 2–5 percent of the population are ill, while some 95 percent of Africans are still thinking and acting in terms of what I have generalized here as vernacular practice. Is the incoherent person walking through a countryside or city, with vines or collected debris trailing behind, and suffering from a relative's curse, bad or "mad" in emic eyes? It is helpful to embrace "techniques of nearness," to use Walter Benjamin's marvelous phrase (1999, 545; Hunt 2016) when unpacking local words and interpretations, as well as milieus. Africans arriving at war-zone clinics in some regions might be treated for one nonpsychological condition after another, while their afflictions stemmed from trauma. When is treatment strongly pharmacological in Africa, with what medications? In fact, relatives and neighbors deal with the vast majority of mental disturbance, at least in rural Africa. Many psychiatric cases coming into medical or carceral institutions arrive with violence: agitated, turbulent, they cannot be managed at home.

Category errors are difficult to avoid. Still, category work should begin with vernacular words and idioms, and also with psychiatric and medical words at play. The ambiguities and mixtures are legion. And, the researcher's evolving vocabulary—what is "mad," vernacular, emic, schizophrenic, and the like—needs to keep the uncertainties in mind while seeking out greater specificities about meanings and patterns of resort.

In *Mad Travelers* (1998), an important psychiatric history set in France, Ian Hacking narrated the emergence and decline of a diagnostic category in the nineteenth century. He argued for attending to *ecological niches* that enable new symptoms to swell. A new category goes with many persons presenting with the novel malady. A niche may be worked out through the nuanced factors that generated the new category. This European history resonates with several chapters here. A niche may explain the psychopathologies of slavery or colonial racism. Yet I still prefer Georges

Canguilhem's (2012) term *milieu*, which is in keeping with the way Georges Balandier (1951) signaled the magnitude of "social pathology" in the decolonizing of equatorial Africa of the 1950s. Many a milieu generated colonial psychopathologies, whether of a state, securitizing practices, nervous zones, or analogous registers and scales (Revel 1996; Hunt 2016).

Madness may be individualized, or it may take on collective forms. A person may ignite a mood or rebellion with implications for public order. Some psychoses erupt as violent madness, as Good and Good (2010) showed for the masses "running *amuk*" in 1997 Indonesia. Yolanda Pringle (2019) has investigated how Uganda's early postcolonial state confronted "mass hysteria" in the 1960s, when a "psychic epidemic" of unstoppable laughter mixed with violence and affliction. W. J. T. Mitchell found something similar in the "affective temporality of the Trump presidency" and American rallies of madness. He turned to a frequently quoted line of Friedrich Nietzsche: "Insanity in individuals is somewhat rare. But in groups, parties, nations, and epochs, it is the rule" (Mitchell 2018). These words are not unfitting for Africa or for most colonized worlds.

Just as *category work* is a growing thread of analysis, pulling in collective or individualized directions,[2] Delille and Crozier (2018), in their fine history of transcultural psychiatry since the 1950s, explain that *epistemic objects*—like *amok*, schizophrenia, and refugee suffering—may convert and standardize case histories and conditions. Such objects enabled transcultural psychiatry to emerge as semiautonomous in relation to psychiatry. Similarly, Henckes, Hess, and Reinholdt (2018, 2, 12) use psychopathological "fringes" to conceptualize "zones of vagueness" within psychiatric practice. Ranging from culture-bound syndromes to psychotic risk, some diagnoses may unsettle classifications or destabilize expert knowledge.

Working out such forms of doubt and hesitation in African zones may yield insights and nuance. Controversies over categorization may take place among some mixture of anthropologists, psychiatrists, psychoanalysts, "African moderns,"[3] or healers, whether in conversation or not, or provoke conflict or debate (Parle 2007). The interwar psychoanalyst Wulf Sachs ([1937] 1996) discussed diagnostic categories with the Rhodesian healer who he angled onto his psychoanalytic couch in 1930s Johannesburg. Similarly, in the 1960s, the Nigerian psychiatrist Thomas Adeoye Lambo overturned remnants of racism through reshaping colonial psychiatric categories (Heaton 2013). Moreover, from the 1940s, Kenya's too-powerful psychiatrist of that colony and of Mau Mau, J. C. Carothers, was

busy honing diagnostics in demeaning, racist, and violent ways (Carothers 1947; McCulloch 1995).

In colonial or decolonizing situations, category work spills out everywhere, every day, well beyond conventional psychiatry of the day. Such a dispersal arises when mania, possession, insurgencies, and prophetic currents come into play. African patients, kin, and healers objectified illness beside colonial categories and suspicions. Tentative boundaries abound in fraught situations almost everywhere. The Italian anthropologist Ernesto de Martino (2012) clarified magic as a subaltern technique, one used to combat hate, poverty, and suffering before situations of humiliation and marginality. Spirit possession is liminal, its trance-like states situated between illness and healing, the visible and the invisible. In colonial Africa, missionaries, authorities, and medics were wont to translate spirit possession into coarse psychiatric categories. Yet Africans had their own diagnostic languages, drawing on "vampire stories" (White 2000) and other traces of accusation, resentment, and sorcery. The key actors were rarely psychiatrists. Yet sometimes, as Büschel, Mahone, and Keller (chapters 3, 7, and 8) tell in this volume, they would show up with reading suggestions, political sensibilities, or cameras, and work against dominant psychiatric strains.

Historians of psychiatry usually attend to experts—psychiatrists or others who published or left traces in institutional archives. Yet in situations saturated with racialized power, the categories of Europeans tended to be primitivist, while the category work of Africans unfolded in spaces of dominant, racialized control. Thus, it is important to ask: When and how did categories—African or European, "traditional" or modern—get reified or overlap? Psychiatric case notes may distort. Brittle clichés construe and condense the "primitive" (see Hölzl, chapter 2), while only some encounters with vernacular speech and practice involved seeking out knowledge and understanding (see Büschel, Heaton, and Keller, chapters 3, 6, and 8). At the same time, African knowledge about a colonial milieu as forceful, dangerous, or pathological circulated, often with rage. The ensuing friction could generate frenzy or "therapeutic insurgencies" (Hunt 2016).

Few colonial Africans, even self-identifying moderns, sought out cosmopolitan psychiatry. Nor was this clinical science much on offer. Yet the diagnostic grids of sensitive Europeans who listened and observed do suggest a broadening of categories through exchanges with patients and kin or grappling with ethnographic perplexities (Sachs [1937] 1996; Field 1960). As early as the 1850s, Lemba healing texts from the lower Congo (Janzen

1982) and Amazulu traditions from South Africa (Callaway [1885] 2019) told of derangement, deliria, uncontrollable hiccups, the vengeful anger of deceased ancestors, and wealth achieved through selling enslaved persons. Psychiatric experts, like Wulf Sachs in South Africa or Margaret Field in the Gold Coast (see Hunt, chapter 10), might condescend or stretch to understand emic terms and practices.

Whether enwrapped in the secular or religious, in the biomedical, carceral, or vernacular, category work in colonial psychiatric laboratories could either reproduce or unsettle conditions of power. Primitivist fancy could distort when facing clinical doubt (Henckes, Hess, and Reinholdt 2018) or when enmeshed in political entanglements. When historians find patient words or deeds, psychiatrists often seem to be nearby. Colonial psychiatry, dominant, battled with emergent vernacular scenes and spectacles. Such was the case with the frightful distortions of Mau Mau, shaped by Kenya's racist psychiatrist, J. C. Carothers, and the terrified British regime. Kenya's extraordinary *pipeline*, with many detention centers and work camps, was the way that the British moved rebels and detainees through a set of psychological spaces and stages. The idea was always to remake minds and separate out opponents (White 1990; McCulloch 1995).[4] Binary colonial juxtapositions—like the modern and the primitive (Cooper 1988)—assisted in generating ignorance and opacities during Mau Mau, and among them was the idea that the Mau Mau were madmen in need of psychiatrists like Carothers.

Seeking out the emergent in modern expressive forms may not undo such a contentious polarity. Yet the exercise can track effects, and even wander in new directions.

Sensing and Sensibilities

This book senses subjects from the eighteenth century forward—patients, kin, elites, the enslaved, experts—and it hears them in new kinds of ways. A common historiographic sensibility is suggested. Whether we use the words *connected* (Subrahmanyam 1997), *provincialized* (Chakrabarty 2007), or *decentered* (Davis 2006; Büschel 2020), global historians of madness aim to understand how psychiatric practice has metamorphosed over time.

Yet, the question is usually less about psychiatry's insistences than about what Africans did with such practices and experiments entering their lives. Many reworked the psychiatric through denial, refusal, or by

upending figurations of the modern (cf. Chakrabarty 2007, 16, 22). Madness as the ordinary, as Mehdi and Tiquet (2020) importantly show, must be investigated in relation to spaces and epochs. Rather than applying strict chronologies, it is helpful to appreciate slow, uneven temporal shifts toward "modernity" (Koselleck 2018), concretely and within imaginaries.

Many of Africa's novelists have narrated madness alongside war, frightful regimes, and city streets. Treating novels as an archive yields a trove worth careful historical mining (Hunt 2007). Madness in Africa knows dazzling works by Wole Soyinka, Sony Labou Tansi, Bessie Head, Chinua Achebe, Alain Mabanckou, Antonio Antunes, David Diop, Bessie Head, and Biyi Bandele-Thomas. Their novels and short stories, whether suggesting magical realism or psychopolitics, probe madness beside the "borderlines of the body" (Veit-Wild 2006). All spark ideas for historical investigation. Consider Achebe's short story "The Madman" ([1972] 1991). Set in a seemingly timeless Nigerian village, his story turns on a series of confrontations between a naked madman and an eminent Igbo man who erred by ridiculing the mad one. When the iconic mad outcast spots the arrogant upstart bathing outdoors, he runs off with this big man's clothes. This parvenu, naked, flees in distress, tumbling into an occult and hazardous space where his madness is congealed. European and psychiatric places are absent. Rather, Achebe intertwines the costs of bombastic snickering with a vengeful lunatic within an ambiguous time suggesting the precolonial.

Three Key Concepts

Three concepts incite further reflection for histories of madness and psychiatry. Each may stir a heuristic or further theoretical debate, or together they may ignite historical and ethnographic imaginations before the many psychiatric contours found in African, indeed all subaltern worlds.

Concept 1. Madness

Madness is a word with many guises. Often slotted in as an alternative for psychosis, with neurosis lurking too, madness is a polysemic term that fell to the wayside within psychiatry as the classificatory dimensions to this science intensified. Yet the word *madness* retains value in histories of race and colonial processes, and well beyond forms of estrangement. The an-

tagonisms of a racialized milieu breed bewilderment, paranoia, agitation, delusion, alienation, misrecognition, and melancholia. Madness as a heuristic is a way of reckoning with such dimensions and registers, taking in the eccentric (cf. Brecher 2013), the deranged, and the stigmatized.

Madness may blur with diagnostics: the classification of symptoms. Yet how did psychiatric categories meet other modes and materialities of a religious, literary, or vernacular nature, when sizing up the strange, the frenzied, or disturbed? Suicide often folds in, as it has in Africa's histories (Iliffe 2004; Vaughan 2012). Hokkanen (2018; cf. Schmidt 2008) offers good reasons to be careful before the capacious word *madness*, preferring crises of the mind in his history of white imperialists. Moving from imperial to vernacular dimensions can keep *madness* energetic, everyday, or metaphorical. The term often suggests the pathological, whether in a psychiatric sense, through colonial frictions, or due to an expanding range of figurations or decisive events.

Foucault's (1961, 195–97) words are important for those working on modern Africa. He distinguished the early modern as the epoch when madness was "present in the social horizon as an aesthetic and daily fact." Such a formulation—madness as an aesthetic horizon—is useful for thinking about derangements and crises in Africa across all epochs. It intimates the perceptible, the sensory, and the repugnant. Foucault is also useful since he yearned for voices of the mad while moving beyond social perceptions of them. He saw madness as integrally human, embracing insights unavailable to reason, like passionate deliria, unstructured paroxysms, and deviations from a norm. His chronology for Europe remains different than Africa's, since his key rupture fell in mid-seventeenth-century France or Europe when isolating the mad inside moralizing therapies and spaces of confinement was pivotal (Foucault 2006; Gutting 2019). Madness at that juncture, Foucault argued, became more silent and a realm of exclusion, aspects that remain quite rare in much of contemporary Africa.

Megan Vaughan (1983, 1991) pointed out long ago that Africa never knew a "great confinement," even if southern Africa's settler colonies knew many asylums, with more for European patients than Black (Swartz 2017). Foucault (1961, 197), importantly, also wrote that when psychiatry became dominant in Europe, "madness . . . in all its vivacity" faded away. This volume, implicitly and explicitly, draws attention to this word *vivacity*. Such exuberance goes well—in moods, tempo, and poetics—with African episodes and forms of madness, again for all periods. African imaginations—moral,

religious, and therapeutic—have long combined human-caused misfortune (still often coined by Africans and scholars as *witchcraft*) with somatic and psychic maladies or with animate divine energies mediating between the visible and the invisible worlds. The visible leans toward the material, the observable, and the everyday. The invisible embraces the dead, the ancestors and spirits. In African histories, this divide is as ancient as farming societies, so often on the move.

Still, African histories are less marked by a singular rupture, in the transformative way imagined by Foucault for his European history of madness. Rather, many African healers, chiefs, and kings, especially in a precolonial time of long ago, passed through a phase of madness. Such liminality in initiation or possession, as a "psychic awakening," might entail insomnia, crying, and hearing voices. A Zulu healer became like a "house of dreams," demonstrating that a spell of madness may go with gaining "an appropriate frame of mind and sensitivity to the spirit world" (Lee 2021, 159; as found in the problematic yet valuable: Callaway [1885] 2019). Something similar happened when being initiated into Bwiti (Fernandez 1982; Bonhomme 2008), as we saw above, or with Zimbabwean children when handling the effects of postcolonial war (Reynolds 1996).

Foucault's word *vivacity*, I again insist, opens many registers of madness for African spaces, today or in various pasts. Animated, boisterous elements push interpretation in manifold directions, from a realm of fancy to therapeutic theaters of the occult (Achebe [1972] 1991). The performances of the deranged, like incessant motion of city wanderers, may frighten neighbors, strangers, and passersby. Or they may yield wonder, delight, even paranoia. Africa's streets continue to be a realm of vivacity, where the mad are visible, energetic, and frightful. It is worthwhile investigating vivacity further, during colonial conquest as well as some of Africa's diverse—labor, political, biopolitical—stabilizations. The stakes were often rough and gritty. Some went stark raving mad. Audacious mutinies landed rebels in jails, asylums, or unmarked graves (Martin 1975; Edgar and Sapire 2000). Africans still use effervescence to get by or insist no, with vivacious semblances of insanity in their uprisings, their streets, and their art forms.

Even if confinement in Africa's asylums tended to be relatively thin, historians are unrelenting when seeking out archives. Psychiatric historians have gravitated toward big and minor asylums for source material and, as this volume shows, some are unearthing new riches. Aesthetic attention has been slim, however, though we would do well to bring in this aspect more, in

relation to smells, the sensory, the sartorial, nudity, or street graffiti (Collignon 1984; Bonhomme 2008; Akana 2013). If we deepen vernacular or hypermodern strands, Foucault's vocabulary of manifestation and revelation becomes relevant. Such is true for Africa's religious histories with prophets arising, speaking against state or missionary powers, before being sent to prisons or asylums, as was the case for Congo's Simon Kimbangu and South Africa's Nontetha Nkwenkwe (Edgar and Sapire 2000). Some quite educated patients manifested madness through their writing, revealing anger, illness, and the autobiographical (Marks 1988). Subtle approaches in history and anthropology suggest that the use of the word *madness* has been increasing and also mutating (Pinto 2020). The word's capaciousness remains precious for all imaginative histories of madness, and the chapters in this volume make important incisions into these fluid semantics.

Concept 2. Psychopolitics

I turn now to another protean term, *psychopolitics*, and its adjectival form, the psychopolitical. The meanings have shifted since Peter Sedgwick ([1982] 2015, 245) dared to critique the "politicization of mental illness" by radical antipsychiatrists during a British time of crisis over issues of mental health provision (Staub 2011; P. Thomas 2019; cf. Richert 2019). Psychopolitics returns us to Foucault on governmentalities (Burchell, Gordon, and Miller 1991; Prozorov 2021), as in the mental health policies of the World Health Organization (WHO) or of any national regime. More recently, the German-based philosopher Byung-Chul Han (2017) expressed neoliberal rage at totalitarian tendencies in mental health assistance: those that oblige the accepting of help. The term may also suggest "how to use psychology in politics," as the neuropsychiatrist Jean-Michel Oughourlian (2012, 4–5) declared in relation to scapegoating or violent rivalries among crowds and nations.

The *psychopolitical* may exude a political mood. Frenzy can bleed into insurgencies or mix with the euphoric, as in "a collective outbreak of madness" during some postcolonial Congolese lootings (Devisch 1995, 607). The mad have been aligned with kings, heads of state, and presidents in various histories on a global scale. When looking at monarchy- or state-based encounters with madness in Africa, taut scenes of fury and defiance surface across a *longue durée*. Moods, atmospheres, and spaces of experience are important, yet not all psychopolitics show up as aggression, diminution, or hospitalization. Nor were the so-called mad always subaltern.[5]

In an excellent discussion for European history, Freis (2019, 20) glosses the psychopolitical as "the encounter and entanglement of psychiatric and political thought," demonstrating intersections within psychiatry and mental hygiene in interwar Austria, Germany, and Switzerland. This fine way offers much but tends to leave out "patients," never mind emic interjections from a lower stratum. For Africa, interactions among the psychiatric and the political perhaps call for layers in relation to something unsettled, "braided" (Mukherji 2016), or a triggering milieu. The latter might be a slave ship (see chapter 10), a prison, a refugee camp, or tax rebellion.

Opposing madness and normality makes less sense in a situation where hostility was regular, racialized, and psychopathological. The psychopolitical also may go energetic or creative. It is important to question those discourses about mental illness that conceal "the creative, positive aspect of psychotic phenomena" or "discreet, everyday madness" (Leader 2011, 8, 329). How madness, vivacity, and humor become aligned depends on situation and genre. Within Africa's epics, stories, or psychiatric case files, some brimming with patient jottings, laughter may sound, erupt, or be heard.

If some forms of therapy aim to "create a safe place in which to live" (Leader 2011, 330), the hostilities and humiliations of a state of exception—whether the camp is colonial, racialized, or for the displaced as refugees—may render safety out of reach. Reading Frantz Fanon suggests "pressures of fantasy," and racialized dreams may work to constitute colonial cultures (Lebeau 1998, 113). His words about the persecutory effects of alienation remain very important. Following Jacques Lacan, Fanon knew language was key, with madness "lived within the register of meaning" with "every delusional phenomenon" ultimately "spoken" (Fanon in Khalfa and Young 2018, 171–72). Emily Apter (2018) pushes psychopolitics toward such racial experiences and affects, recalling Nietzsche's *ressentiments* and recuperating Fanon, alongside Achille Mbembe (2016) on everyday racism.

It is important to attend to practices of racialized hate that stigmatize, injure, and humiliate those made not to belong. Fanon sensed a "collective unconscious" to colonial racism and stratification, as well as rejected, subaltern layers of indignation and shame in colonial situations stretching from Martinique to Algeria and France (Fanon 1965; House 2005). He also witnessed subcultures vying for endurance amid the dominant "structuring values" of a colonial situation. Imposing psychiatric "methods from an 'outside' on an 'indigenous mentality'" should be avoided, Fanon thought, since "Algerian culture carried other values." He wanted Algerian aspects to "be

taken on board" by his psychiatric staff treating colonized patients (Fanon in Khalfa and Young 2018, 190). Madness became entangled with psychiatry in this Algerian context of torture and a terrible war of decolonization, where Fanon witnessed "crumbling" and "dissolution" in clinical settings. His idea of madness, again following Lacan, resembled a limit or threshold. At stake was liberty, since madness was "one of the means by which we can lose our freedom." "Colonial dissolution" went with "a pathology of freedom." Likewise, psychiatry should act with a political edge (Khalfa and Young 2018, 201, 434, 184, 210, 190; cf. Keller 2007).

The psychopolitical offers detours away from diagnostic categories alone. Its very fusion shifts scales from rulers or regimes to micropolitics and the psychic in the ordinary and the everyday, with raw subjectivities included. In the process, the psychopolitical pries open important new political contours for all psychiatric histories while pointing to forms of imbrication among the psychiatric, the political, and often the vernacular in Africa and beyond.

Concept 3. The Vernacular

It is time to return to the vernacular. The word seems on the rise in and beyond African studies, where Johannes Fabian (1990) long wielded it with panache. In medical and psychiatric histories, the term seems risky, as if an easy substitute for vexed terms like traditional, primitive, or Other, which too often keep alive a "savage slot" (Trouillot 2021). The vernacular surely may avoid the *traditional*, of course, with its suggestions of continuity, as has long troubled canny historians (White, Miescher, and Cohen 2001; Hobsbawm and Ranger 2012). Vernacular is also distinct from the *popular*, a term used to rethink healing (Feierman 1985) and cultural production as dynamic in African worlds (Barber 1987; Fabian 1998).

Etymologically, *vernacular* has long meant ordinary, domestic, native, or indigenous, and pertained to a language, idiom, or style (*Oxford English Dictionary* 2023b). A connotation of lowborn can creep in, as in that rare usage of a *vernacular slave* or one homeborn on a master's estate. Such reductions are in keeping with racialized diminutions and pejorative affronts. It is clear: vernacular will never be a perfect word (Orsini 2020) for Africa, a continent long distorted through troublesome culturalist glosses. The hazard of this admittedly problematic word lies in its easy purifications and its suggestions of a continuous and static realm, tradition.

The word *vernacular* is best kept unresolved, while observing how it becomes latticed in relation to zones or moments of power. By glimpsing it in speech, outbursts, materialities, and practices, historians may untangle symptoms, signs, or affinities, and across spaces. In other words, the vernacular may be made and kept plastic, with room for wealth and skill in healing knowledge as well in the objects—charms—used and surely much else in African histories.

Raymond Williams has not exactly been a leading light among those writing histories of Africa; he is mentioned in only a few book reviews since 1996 in the *Journal of African History*, the field's leading journal. Still, I make a case here for reading and rereading him, as this cultural critic and theorist offers an enormous amount when we are wrestling with refractory issues of time, duration, and practices, the vernacular and the most vexed binaries. Williams gives us a way to entangle the vernacular (a word he does not use) with his salient words: the *residual*, the *emergent,* and the *dominant*. He seeks out the materialist and the contingent within dynamic, interrelated forces shaping cultural forms.

To avoid, say, a contentious binary (for example, a colonial psychiatrist pitted against a healer or a charm), Williams's triadic formulation urges for embracing emergent categories and forms as well as energies and dreams. In the process, it strongly widens a social spectrum. Williams was against fixities. Residual elements, he cautioned, knew not any one past. The residual, he also wrote, is "effectively formed in the past" and it is "still active in the cultural process, not only and often not at all as an element of the past" (1977, 122). The emergent, he emphasized, "depends crucially on finding new forms." A healer may be busy seeking modern trappings, just as a trained medical assistant laboring in a modern clinic may mix in—or refuse—vernacular substances or methods (Hunt 1999; Langwick 2008, 2011). Williams spoke to distances between residual and dominant cultures, with the residual—and perhaps the emergent—incorporated into or excluded from dominant culture, even opposing it.

In the history of psychiatry most everywhere, the dominant culture lies in psychiatric practice, backed by state, carceral, and pharmaceutical powers. The vernacular may be many things, but for Africa often stems from religious practices, healing forms, and subaltern energies. The vernacular in Africa surely dates back to pre-European pasts, yet it involves no unbroken temporality. Instead, an eruptive, discontinuous tempo surely punctuated life and time. The vernacular can also just show up, as if in a flash, in a

hasty appearance suggesting social visibility or a few archival lines, before receding again almost as swiftly.

Forms of madness preexisted conquest and the arrival of Europeans in Africa. The shift to colonial power was often abrupt and it had extractive, custodial, and psychiatric dimensions. The question, therefore, is less whether psychiatry imposed Eurocentric modalities, but rather how Africans remade colonial experiments, and when and how vernacular modes or idioms—whether leaning to the residual or emergent—came into play. In histories of madness, such elements get mixed up with persons, catastrophes, deliria, and that important idiom of Ernesto de Martino (2012): "crises of presence."

Williams (1977, 121–22) wrote that experiences and meanings, those "lived and practiced on the basis of the residue" and apart from previous formations, may entail "an idealization or fantasy" or express "an exotic," all from the perspective of dominant culture. With his words, we enter afresh into that long, vexed history of Africa's charms or *fetishes*, long construed by outsiders as outlandish, dreadful, and profoundly aesthetic. Yet these vernacular objects aligned with healing were part of contentious encounters of theft and exchange from the sixteenth century (Pietz 1987), just as they were increasingly snatched up as gorgeous or curious *fetish* objects late in the nineteenth century and increasingly as assets and aesthetic objects for European museums, galleries, and private collections, in keeping with *art nègre* (Black art) and Parisian and Belgian avant-garde tastes.

If we jump forward in time, to that epoch following most national decolonizations in Africa (1957–64), we see that vernacular healing was often incorporated as part of official "authenticity" movements (Bibeau 1976). The rituals and meanings of these could go strangely awry (Roberts 1994). Yet African healing has never been only kind and beneficent but also directed at harming enemies through curses and witchcraft (Hunt 2013b), and some of Africa's dictators became specialists at such cursing and also iconic of madness in Africa (Shoumatoff 1988). Common within psychiatric consultations, witchcraft is easily distorted as superstitious or backward. Still, sorcery remains active as politics and the everyday in postcolonial Africa (Geschiere 1997).

Murray Last's (1981) ideas about medical systems and "non-systems" are invaluable. Biomedicine and Islamic medicine were confident, visible forms of codified knowledge in late twentieth-century northern Nigeria. Spirit possession appeared as fractured, hidden, sometimes chaotic, and regardless

as a noncodified form of knowledge. In this Islamic zone of Africa, such vernacular healing comprises a nonsystem (while Islamic elements might be construed as vernacular, too). Last's formulation is a vast enhancement on therapeutic pluralism (Janzen 1978), where the emphasis has been on tracking patterns of resort by subjects and kin in relation to therapeutic modes. Still, we can debate when—if ever—psychiatry became dominant within colonial and postcolonial fields. Residual elements may seem in tatters, mixed with secrecy or shame. Yet nonsystems may be utterly alive, with elements like the occult, magic, or charm objects suggesting pasts, even if largely operating underground.

The chapters circle around vernacular practice, even if obliquely. Many challenge the hegemony of psychiatric expertise. Most suggest new strata, forms of expression, and sources while innovating through historical narratives. Madness often comes down to suffering: whether of patients, kin, the deranged, or collectives, enmeshed in translation. The vernacular gains from being kept suspect. It also offers up slender strands to be "sutured in" (Hunt 2013a).

Ego-documents (Wilbraham 2014; Fumanti 2018, 2020) suggest gray zones, claims, deliria, and resentments, as can other archival traces. In keeping our evidentiary strategies complex and attending to all possible elements, including those suggesting a vernacular, we can arrive at nuanced interpretations, stories about psychiatry and madness that have gone unheard in African histories. Many chapters suggest the class aspirations of colonial subjects seeking to be part of a dominant, mixed, or emergent culture, seen through their writing, schooling, and other forms of striving and dreaming about upward mobility and whiteness. Tiquet (chapter 9) shows something contrary: how many Senegalese in 1960s Dakar sought to unload their agitated, insane kin in mental health institutions. Deliria, depression, and psychopathology appear, unequally, across the contributions.

Less obvious are the attempts to connect with a valorized or disdained past. Yet such endeavors are present in these chapters: with vernacular bits contained in delirious speech or writing (see chapters 1 and 3), in the vicious mishandling of therapeutic dancing on slave ships (chapter 10), in highly investigated forms of spirit possession in 1950s Taita (chapter 7), in commercialized healing shrines that mushroomed in the Gold Coast from the 1930s (chapter 10), and in countercultural psychiatric practice during Frantz Fanon's time in Algeria (chapter 8). Transcultural psychiatry (Collignon 2018) always had to account for vernaculars and residuals, even if

in racist ways. Keller renders such a reckoning among a few brave, defiant, antiracist psychiatrists working against dominant psychiatric culture during Algeria's terrible colonial war.

The Chapters

The book is divided into four parts, with some chapters bleeding across these themes.

Part I, "Writing, Biography, and the Psychopolitics of Decolonization," opens narratives that have gone largely unnoticed in both African and psychiatric histories. By unwrapping new histories of decolonization, the chapters move between archival traces and colonial and postcolonial tensions. The writings of psychiatric patients and other subaltern subjects disclose the psychopolitics to decolonization. These texts draw on case files, autobiographical texts, biographies, and research remains, most of it generated by patients. It is the oblique approaches to hospital and institutional spaces that surprise here. These chapters also mine subjective interactions and intimate texts with sometimes the writings of patients or one slandered as mad. They move toward "worldmaking" in Ghana (chapter 1), pernicious racialized diminution on a Catholic mission (chapter 2), and the epistemic production of schizophrenia as a West African and global object (chapter 3). Each investigates diverse frames—spatial, political, nervous, or scientific—while thickly tracking peculiarities to their themes and subjects.

The Accra Psychiatric Hospital (1969–76) is the site for Nana Quarshie's (chapter 1) psychopolitical analysis of delusional patient speech. Figures like Kwame Nkrumah and a money-doubling prophet are lurking. This postcolonial history stems from one patient's long petition to authorities in Ghana, itself a paranoid regime with terror. Richard Hölzl (chapter 2) rethinks method while mining the biography of an African Catholic priest in Tanzania. A 1947 syphilis diagnosis within a Benedictine mission morphed into madness allegations during times of Africanization, when an African priest dared to question racial inequalities. Letters reveal this segregationist mission as violent and uncanny: a place of breakdowns, exclusions, damning psychiatric labels, and late colonial psychopathologies. Finally, Hubertus Büschel (chapter 3) interweaves autobiography and global psychiatric research with decolonizing processes. Central are the copious writing of a Cameroonian clerk who heard voices in 1968 and traveled to a WHO-affiliated schizophrenia

clinic in Ibadan, Nigeria, where his German doctor, Alexander Boroffka, encouraged him to write and also read Daniel Schreber's memoir of nervous illness. Critical here are mirroring currents between patient textualities with dreams and global technoscience.

Part II, "Patient Words Meet Diagnostic Categories," foregrounds African words of patients and research subjects. These chapters consider diagnostic categories, research experimentalities, and mental derangement. Psychological, infrastructural, and situational dimensions come to the fore, as do colonial breakdowns, depression, and a "psychic stress disorder." Four interned Malagasy from the 1920s are Raphaël Gallien's subject (chapter 4), and he reads their case files for trajectories and horizons. These patients longed to move up in rank, materially or symbolically, within colonial or monarchical hierarchies. The way each fell apart when promotions proved out of reach underlines the psychic harm—of feeling socially blocked—in this French colonial situation. Jonathan Sadowsky (chapter 5) considers depression's categorization in relation to somatization, guilt, and the incommensurability of knowledge, in relation to the work of leading research figures in colonial Africa's psychiatric history: Frantz Fanon, Margaret Field, Raymond Prince, and J. C. Carothers. Whether as a disease of civilization or as capacities within colonial ideology, psychiatric research developed within both global and African spaces and scales. Complicated imaginaries emerging from the Nigerian survey work of Raymond Prince are investigated by Matthew Heaton (chapter 6). Prince's research concerned "psychic stress disorder." Student responses to his questionnaires suggest the intense pressures of the work of studying. The surveys disclose nervous words, puzzled reactions, and the fears of these youth of Nigeria's elite boarding schools, especially when confronted by this research intervention.

Part III, "Practices and Long Durations," examines colonial ideologies emerging beside practice and time. Psychiatric tensions and ambivalent mixtures were common to colonial situations. These chapters turn to colonial moments of urgency and violence, and also to unusual research formations, psychiatric approaches, and fraught locations. Remarkably different scenes from colonial Kenya and colonial Algeria suggest vernacular symptoms and theaters, sometimes still mediated in postcolonial metropoles. The wide range of sources suggests that psychiatric historiography is beginning afresh from the unforeseen and the bewildering, though often from the canonical sources of experts. Sloan Mahone (chapter 7) tells of a perplexing, psychiatric urgency in a late colonial situation. Amid psychiatric, anthropo-

logical, and governmental layers as well as the fixations and camerawork of a Canadian psychiatrist, stress and "possession hysteria" drew much attention during violent state outbursts in Kenya's isolated Taita Hills. Competing claims about colonial tensions and modernity speak to perceptions of madness during decolonization. Resistance among two exceptional psychiatrists in colonial Algeria is Richard Keller's subject (chapter 8). He also considers vexed colonial legacies lingering still in contemporary France. Considering not only Frantz Fanon but also Suzanne Taïeb, Keller shows how these sensitive clinicians attended to suffering under such fraught conditions, reframing dominant French narratives in the process, and also politicizing care before French Algeria's racist psychiatry.

Many chapters derive from curious archives, disclosing patient words or collective suffering. Subjectivities are not the point of all the chapters. Rather, several other analytics and methods surface: painting in a colonial scene, unpacking a research enterprise, or grappling with the psychopathologies of a situation. Some chapters track moods, selves, or collective dimensions, and they do so through patient case files, biography, autobiography, or microhistorical techniques. From "illness narratives" (Kleinman 1988) to banalities, the chapters realign African histories of psychiatry through that long-standing stance of Africanist historiography: locating unexpected archives and seeking unconventional shapes and genres.

These impulses are alive in Part IV, "Unexpected Archives and Ethnographic Investigations," where often thin yet unusual archives or ethnographic notes are mined in innovative ways. Revisited is a timeworn idea from Africa's important field, health and healing studies, that kin are key in African situations of health, healing, and care (Janzen 1978; Feierman 1981; Hunt 2013b). Anthropology and mobility as revelatory themes in African history also find fresh treatments here as part of psychiatric histories of Africa. Other themes are present: hospitalization and its arrangements, decolonization's slowness, and the historical depth to psychopathologies and racialized enclosures.

A thin yet granular archive is stretched far, and beautifully so, by Romain Tiquet (chapter 9), who studies letters written by kin seeking to intern mentally ill relatives in Dakar. Family disquiet unfolded before sick relatives who became objects of 1960s state processes, just as Senegalese authorities prioritized order and security. The final chapter, authored by me, juxtaposes two West African scenes and discusses matters of milieu, mobility, and racialized harm. From 1950s velocities in the Gold Coast to

late eighteenth-century slow-moving slave ships, transport contrivances unveil radically different experiences and nightmares. Easy notions of the vernacular are troubled by these unlike worlds with dreams of modern lorries, ship suicides, and coerced dancing.

Final Words

Three concepts arise here, we have seen: madness, psychopolitics, and the vernacular. Madness remains a capacious term, while psychopolitics—rich and important—will surely flourish analytically in the years to come. For a continent where witchcraft remains an everyday word, it is crucial to grapple with the vernacular. However fraught this word, it takes us to vital strands, signs, and practices: overt or lying in shadows.

Madness persists as a refractory domain. Through their diverse modes of exposition, inquiry, and theorization, these chapters are quite unlike each other, yet together they provide a broad view amid serious stories. Many expose modes of doing and suffering. They combine patient narratives, diagnostic categories, harmful milieus, and mirroring effects, related to quite different colonialisms and also to innovations in method. Everyday forms of dissent burst forth in some. Several investigate a scene or figuration from Africa's decolonizing years, or quite a different era as well. The work of decoding utterances and idioms yields a diversity of interpretations of social rankings and spaces.

Key is to preclude the vernacular as something fixed. Vernacular bits regularly arrive in clinical settings. Patients and kin carry them in with their words, objects, and expectations. Conceptually, the vernacular urges for discerning, not the authentic, but mixed idioms and materials, for pairing an element with another trace of some kind.

Finally, let us also touch on two matters that remain slight or absent here. Gender and women are present, though usually tacitly. Enslaved women figure on eighteenth-century slave ships (chapter 10) and reveal how these inhuman enclosures generated death, suicide, and feisty forms of female refusal. Men dominate in this volume as patients, clinicians, and experts. A diversity of female *psy* specialists—Margaret Field (chapter 10), Grace Harris (chapter 7), and Suzanne Taïeb (chapter 8)—bring to the fore the labor and convictions of these experts. Pioneers in transcultural

psychiatry remained on the margins of dominant practice in Africa. The visibility and accomplishments of these few women are an important counterpoint to the masculinist nature of psychiatric practice in Africa. Some of these women confronted the charged situations of the decolonizing years with courage and audacity.

The second matter is ethics, a theme usually broached in relation to the findings in a clinical archive or a hospital field site (Kilroy-Marac 2019). Ethics need concerted and canny attention, and chapters 1–3 grapple with them. Ethics also need a special underlining for Africa, given its many unregulated clinical spaces with vulnerable yet serendipitous archives. Since the archival may embrace clinic-based or patient-authored information, telling of delusions, dreams, and diagnoses, it is vital to grapple with matters of confidentiality, consent, and discretion. Secrecy and disguise may obfuscate much in field situations, with researchers speaking with living subjects. Asking a person construed as mentally ill to speak aloud or to seek to "capture" their minor voice suggests an unsettling naïveté about subaltern historiography and ethics. Within this wide moral realm, gritty and granular alike, matters of stigmatization, shame, and disclosure are at stake, as are the rights, wishes, and the need for informed consent of patients and kin.

Most of Africa's histories of psychiatry end by the 1980s. Often missing, therefore, are the way that "trauma zones" (Hunt 2021) came to prevail, roughly from the neoliberal 1990s, along with psychiatric practices and suffering within Africa's humanitarian, migratory, and confessional zones. If we were to only include Rwanda's 1994 genocide and South Africa's Truth and Reconciliation Commission here, we would miss many other traumatic zones (Brachet 2009; Beneduce 2019; Veronese et al. 2020; yet see Jones 2012). Some therapeutic modalities in these zones date from at least the eighteenth century, quite likely earlier (Janzen 1982; Hunt 2013b; Lee 2021). Their healing practices may be read as strongly residual, though an emergent, entrepreneurial energy may be present as they vacillate between pasts and futures while creating new forms. Such ways of healing and being modern were common in Africa from the interwar years (Feierman 1979, 1985; Iliffe 1998; Hunt 1999; Langwick 2011). Africa's new *tradi-practiciens* have been working in the same social spaces as doctors, pastors, humanitarian workers, PTSD-psychologists, and psychiatrists: within precarious trauma zones. And, the new energies of these entrepreneurial healers are reminiscent of the mushrooming in commercial healing shrines that Margaret

Field documented for southern Gold Coast from the 1930s. In each, one finds much swaying into a residual vernacular as well as a moving forward into emergent and animated forms.

It is time to close. These chapters abound with crises, symptoms, and psychopathologies from racialized and decolonizing worlds, with much speech and penned textualities by suffering patients (Porter 1985). Present are intimacies and claims, with African subjects straining to realize unfettered, modern, and novel selves. Psychic suffering surfaces here alongside tears, impudence, and dreams. There are copious affective traces with phantasms and deliria. So it seems fitting to close with two big stars, theorists, in the history of psychiatry and psychoanalysis. Perhaps their words should become pivotal in the aspirations and labors of psychiatric historians, and at a time when the field—history itself—turns strongly toward sound, the unconscious, and the uncanny. I refer to Gilles Deleuze and Félix Guattari (1972, 106), who declared: "Every delirium has strong historical, geographical, political, and racial content." May their words instruct and inspire.

Indeed, in this volume, it is as if we see the labor of a new generation of talented, imaginative historians, winding this profound and versatile dictum with very specific layers around a chosen African milieu and its archival traces. Expansively they do so, almost as if twirling round and round, as they spawn a lattice of insights and a novel intellectual constellation.

Acknowledgments

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Notes

1 Pushing between the residual and the emergent, as in Williams (1977).

2 I first wrote these lines on category work as a conference abstract for Nicholas Henckes, and later expanded them during a 2018 stay that he generously assembled for me in Paris, before and after my fascinating few research weeks

spent in Agadez and Niamey, Niger. I remain very grateful to him for his splendid organization, his kindness, and his superb critical suggestions.

3 An "African modern" suggests an aspiring "middle figure" (Hunt 1999) as drawn out brilliantly by Lynn Thomas (Cole and Thomas 2009; L. Thomas 2020) in relation to Africa's "modern girl" subjects, figurations, identifications, posturing, and bodily remaking, like the modernity-aspiring Nigerian students described by Heaton in chapter 6 of this volume.

4 See the impressive digital archive of the Museum of British Colonialism, https://museumofbritishcolonialism.org/2018-9-28-the-pipeline-dpzc5/#, accessed August 23, 2023.

5 It is worth wondering why parallel vocabulary, the *psychosocial*, has been bursting out of Budapest (Auestad and Kabesh 2017; Borgos, Gyimesi, and Erős 2019). Compare the 2015 international conference in Budapest, "Psycho Politics: The Cross Sections of Science and Ideology in the History of Psy Sciences," https://cognitivescience.ceu.edu/events/2015-10-30/psycho-politics-cross-sections-science-and-ideology-history-psy-sciences, accessed April 25, 2023.

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