Politique africaine

Call for papers

THE ORDINARY AND THE MADNESS Interdisciplinary perspectives on mental disorders in Africa

Special issue coordinated by Gina Aït Mehdi (Laboratoire d'Anthropologie des Mondes Contemporains, Université libre de Bruxelles) and Romain Tiquet (Department of history, University of Geneva).

The starting point of this issue on madness in Africa is based on a first observation. The literature on this topic appears fragmented and dispersed. On one hand, this theme of research remains in many ways untapped and relatively isolated from some contemporary approaches produced outside the continent. On the other hand, the existing literature is very uneven across geographical areas and disciplines. We therefore call on researchers from the human and social sciences to participate in the building of an interdisciplinary dialogue on the issue of mental disorders on the continent.

Epistemological definitions of madness are polymorphic according to the disciplines and theoretical approaches used (Lovell *et al.*, 2013). From then on, the process of *labeling* (Becker, 1963), of qualifying madness is at the heart of this issue. We base the core of this special issue on a definition that considers madness as a category on which multiple beliefs, representations and knowledge are projected. By considering the definitions and assignments of madness as moving and not fixed, it is possible to explore the diversity of practices, representations and beliefs through which madness is apprehended, supressed, treated, experienced, etc.

The question of the labelling of madness also allows to interrogate until which point the madness of an individual is considered tolerable by different authorities (politics, family, etc.), and when - but also where - it becomes too transgressive or even dangerous (from a physical, social, moral or political point of view).

The theme of madness has been approached in a different way regarding periods, disciplines and spaces. During the colonial period, from which the first works on the subject emerged, research on madness was articulated around a differentialist ideology, documented by anthropology and validated in clinical studies, where "the primitive could appear as an exemplary image of mental alienation" (Mouralis, 1993: 47). This corpus of heterogeneous texts, most of which were written by colonial alienists - see Collignon (2006) and Akyeampong (2015) for a detailed bibliography established itself as one of the many instruments of colonial domination. It has subsequently constituted a "witness knowledge" of the political and scientific processes that contributed to the construction of the identity of the colonized in a monolithic and racialist perspective (Porot, 1926;

Carothers, 1953) - of which Frantz Fanon was one of the precursors to criticism (Fanon, 1961). The theme of mental disorder also constituted a fertile field of research after the independences with the publication of numerous works at the crossroads of studies in psychiatry and social sciences. Influenced by antipsychiatry and ethnopsychiatry, several clinicians - in particular Thomas Lambo (1961), a Nigerian psychiatrist, and Henri Collomb, a French psychiatrist working in the psychiatric ward of the Fann Hospital in Dakar in the late 1950s - paved the way for reflections on "African psychiatry" (Kilroy-Marac, 2019).

The historiography available on madness in Africa has mainly focused on the study of the construction of psychiatric knowledge under colonial rule. As such, English-language literature is a pioneer in this field of research, due to the relatively early emergence of psychiatric assistance in British colonial territories, as soon as the conquest phase was over. Colonial psychiatry in Africa was then studied as one of several tools of social control for the "mise en valeur" of the colonized world (Vaughan, 1983; McCulloch, 1995; Oyebode, 2006). This "constructionist" approach follows a characteristic feature of historiography on health in colonial situations that highlights how medicine has helped to shape the "African" as an object of knowledge and to develop classification systems and practices intrinsic to the functioning of colonial power (Vaughan, 1991; Marks, 1997, Lachenal, 2014). A number of historical works have been published in recent years on psychiatry in French-speaking Africa, but most often confined to North Africa and more particularly Algeria (Keller, 2007; Studer, 2015). The history of colonial psychiatry in French-speaking sub-Saharan Africa is mainly limited to the pioneering work of René Collignon (1983; 1999; 2002) or a few articles in the journal Psychopathologie Africaine (see for instance Collomb, 1975; Osouf, 1980). Research on other African areas is lagging behind, particularly the former territories under Portuguese, Belgian or German domination (Akyeampong, 2015).

More recently, other authors - psychiatrists, psychologists, sociologists, anthropologists, linguists - have also given a prominent place to research on madness based on the study of "African cultures", working in particular to (re)design clinical devices and to question the articulation between different types of care (Beneduce and Koumare, 1993; Corin, Uchoa, Bibeau, 1993; Bondaz and Jeannet, 2013). This research gave rise to work on (mental) illness, so-called magical-religious beliefs, local therapeutic care, nosological frameworks of (mental) illness, but remained nevertheless driven by questions and approaches in which the centrality of the "African culture" could sometimes constitute an epistemological limitation.

Finally, a series of studies at the crossroads of sociology, anthropology and psychiatry have also explored the theme of madness in relation to global health issues. Following older clinical studies, the uses of psychiatric medical categories are studied in comparison with the field of contemporary African psychiatry (Read, 2012). Some other authors question patients' experiences through plural interpretations of mental symptoms (see for example Droney, 2016). Similarly, mental health is questioned through contemporary issues of migration or war (child soldiers, trauma, etc.) (Murphy, 2015) or even wandering (Diagne, 2016).

Objectives

In this special issue, we consider madness as "a tragedy of the ordinary" (Lovell et al., 2013: 25). We call on contributors to reflect from their field(s) of research and the methodology specific to their discipline(s) on the notions of everyday life, the ordinary or the common. In this respect, we follow Georges Perec's call, which has underlined the importance of analysing "what happens every day and repeat every day, the banal, the everyday, the obvious, the common, the ordinary, the infra-ordinary, the background noise, the usual" (Pérec, 1989: 11). This look at the ordinary thus makes it possible to interrogate the daily and multiple forms of government and experiences of madness on the African continent.

Psychiatric facilities in Africa remain limited and the clinic is often one of several places where people with mental troubles are cared for. Focusing only on the spaces of the psychiatric clinic would then run the risk of proposing an over-interpretative framework, in a kind of "totalizing monotheism" (Certeau, 2002) that would leave aside approaches that take into account the multiplicity of practices and places. This issue therefore proposes a multi-site approach that reflects the multiplicity of institutional and social inscriptions of madness, and its modes of daily government: the court, the prison, the police station, the ritual and religious space, but also the market, the street, the village or the domestic space.

We would like to propose a comparative and *longue-durée* approach in order to reflect the multiplicity of representations, discourses and practices in the government and experience of madness, as well as to highlight a number of similarities, connections and circulations (of models and people) between countries.

We also call for contributions that question the ordinariness of madness through a study at the "source level" and at the "ground level" by integrating analysis at several scales, from local to transnational, in order to interrogate the gap between discourse, practices and individual experiences of madness. More broadly, it will be an opportunity to highlight the methodological issues specific to each discipline with regard to the study of madness in Africa. We would thus like to be able to mix contributions involving ethnographic approaches or oral testimonies, as well as archives, in particular psychiatric archives, which are still little explored in African studies. The mobilization of press corpuses, African short stories or novels or audio-visual sources (photos, postcards, films or television creations) to question the popular imagination of madness is also welcome. This special issue aims to focus both on the discourses and practices that are produced by politics and societies on madness in Africa, but also questions what madness says about the politics and the society on the continent.

Through the construction of an ordinary view of madness in Africa and by bringing together different disciplines in the humanities and social sciences, this special issue seeks to better understand the contemporary epistemological challenges of madness, both on the continent and on a more global perspective.

Three main axes can be explored in this issue even if the call remains open to other topics related to the theme of madness in Africa

Define, name and represent madness

In a first axis, we call for contributions that question the various representations but also the emergence and use of multiple definitions of mental disorder to characterize, identify and diagnose populations over time.

The central concern of colonial administrations was not so much the definition of a "mad African" as a constant reaffirmation of the essential otherness, intrinsic to the colonized populations in relation to the colonizer, depicted as superior and rational in the context of the "civilizing mission" (Conklin, 1997; Collignon, 1999). The need to objectify and distance the Other therefore seemed less urgent in a context where each colonized person was already in a sense an "Other". What about after independences, when the colonizer/colonized and white/black dichotomies fade away? The new postcolonial elites must define a new rationality and redefine the boundary between what is considered "normal" and, in doing so, what is "abnormal". How, moreover, has this relative and ever-changing border evolved until more recently?

In order to avoid an approach that focuses only on building a medical or political discourse on madness, it is also important to take into account the influence of local models that construct definitions of mental disorders in West African societies on a daily basis. On this subject, researchers (clinicians and/or anthropologists) have scrutinize acts of possession, of witchcraft or of maraboutage (for

examples, see Zempleni, 1968; Sow, 1978; Fassin, 1984; Warnier, 2017), also raising criticism about the over-interpretation of these local beliefs as madness (Olivier de Sardan, 1994). What has been the theoretical progress on this subject since these debates? What are the plural categories and ordinary meanings of madness in contemporary societies? How are they created and reinvented according to situations and trajectories? As such, we are interested in contributions that would, for example, shed light on the uses of the categories according to the places invested, or the search for a designation that may stem from an unstable symptomatological state.

Thus, it is necessary to study in this first axis the evolution of the institutional categories of madness, at the crossroads between politics and the clinic. We also need to consider the transformations and ordinary uses of the emic categories of madness by giving an important place to the plasticity of designations according to spaces, social situations and contexts. Finally, questioning the multiple identification processes of mental disorder helps to highlight the strategies implemented by various actors to play with the shifting categories of madness.

Ordinary practices and the daily government of madness

Understanding the multiple and labile beliefs and representations of madness invites to explore the spaces in which madness unfolds (urban, rural, domestic, public, institutional, etc.), as well as the modes of treatment that are or have been associated with it (therapeutic, prison, family, religious, sacred or mystic, etc.).

First, on the model of asylum, the first therapeutic tool of colonial psychiatry was confinement, a tool of constraint on the bodies, accompanied by "moral treatment", a tool of mental constraint. Although the colonial asylum model persisted after independence, the 1960s marked a turning point and the beginning of a period of emergence of new actors and innovation in mental health. Contributions focusing on the role played by certain international actors (WHO, NGOs, etc.) or the influence of ethnopsychiatry and the link between psychiatry and "traditional" medicine are welcome.

Second, already present during the colonial period through the repression of marginality and vagrancy, police suppression of madness is a characteristic feature of the management of mental disorder in postcolony (Mbembe, 2000). It consists in the imprisonment or repudiation of madmen, outside the city, through raids and roundups, in a concern both for "public hygiene" and the fight against alleged parasitism. It also contributes to a more global policy of erasing madness and marginality in the urban space.

This second axis then lays the foundations for a multifaceted reflection on madness in Africa in order to question the ordinary government of madness. It calls for articles that invest as much therapeutic aspects (psychiatric clinic, recourse to traditional practitioners, etc.) as police and repressive measures (roundups, confinement, etc.) over the long term.

Everyday life with mental troubles

The question at the heart of this third axis is as follows: what do the experiences of mentally ill individuals tell us of the tensions that run through the society? It is equally important to ask ourselves how the spaces and the institutional and social anchors of madness are transformed, but also how individuals with mental disorders live with it on a daily basis.

It is therefore interesting to operate a change of scale to focus on individuals, on madmen, seen not as objects of political or medical knowledge but also as subjects and actors of their own trajectories. We expect contributions that consider madness as an ordinary experience, focusing on individuals, as well as on relational dynamics, with society or the family for example (Ait Medhi, 2018).

We also call for articles that focus on the "language of the madman", in the way in which the individual describes his symptoms, in the way in which he tells himself (Bonhomme, 2009). More broadly, we believe that the stories (written or oral) of mentally ill individuals, even when they are delusional, provide information about their condition but also about the reality of the society and the time in which they occur (Sadowsky, 1999). It is important to "think by case" (Passeron and Revel, 2005), to looking at the singularities. This scale of observation focuses attention on the "tiny lives" that offer a discreet but also an alternative version of the social and political reality in which these people live.

Calendar

30 April 2019: deadline for submission of proposals (1 page summary, in French or English) to Gina Ait Mehdi <u>aitmehdigina@gmail.com</u> and Romain Tiquet <u>romain.tiquet@gmail.com</u>.

05 May 2019: notification of acceptance to the author.

10 September 2019: deadline for sending full articles (50,000 characters, spaces and footnotes included) to the editorial committee of the journal (see the information for contributors: https://polaf.hypotheses.org/soumettre-un-article/submit-to-the-journal).

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