

# The Sources of Madness

Call for contributions for a special issue of the journal *Sources*.  
*Materials Fieldwork in African Studies*

<https://www.sources-journal.org/>

## General information

### Coordinators

The coordinators are members of the “MaDAF” ERC project: “A History of Madness in West Africa: Governing Mental Disorder during Decolonisation (Senegal, Burkina Faso and Ghana - 1940s–1970s).”

See: <https://cordis.europa.eu/project/id/852448/fr> ; <https://madaf.hypotheses.org/>.

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### Timeline

- 30 September 2022: Submission of proposals for articles. Submissions need to include an abstract of about twenty lines with a provisional title, the author’s or authors’ name(s), as well as their contact information including email addresses and affiliations.  
Abstracts need to include a presentation of the nature of the sources/material used, describe them briefly, and provide information that help contextualise them within the research project and within the discipline. Authors should indicate whether their sources may be made accessible online fully or partially.
- 1st November 2022: Accepted or refused proposals notified to authors
- 1st March 2023: Articles due
- 15th July 2023: Peer-review reports sent to authors
- 1st October 2023: Final versions due
- Spring 2024: Publication of the special issue

## Submission of proposals

The abstracts and articles should be sent to the journal *Sources* ([sources@services.cnrs.fr](mailto:sources@services.cnrs.fr)) and copied to this special issue's coordination team:

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## Format

Texts may be submitted in .doc, .docx, .odt, and .rtf formats. The abstracts should be between 400 and 700 words in length. The articles should have an average of 6,000 words (including bibliography, abstract and keywords), but the journal welcomes shorter or longer articles.

Please browse the requirements for selection and publication: <https://www.sources-journal.org/383>, and the guidelines for authors: <https://www.sources-journal.org/382>.

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## Presentation

This special issue on the sources of madness in Africa—on the continent and in the diasporas—takes place within the framework of the recent epistemological renewal of studies related to mental disorders on the African continent. Its starting point is that investigations by researchers on the nature and the diversity of sources in this field are scattered and partial. Grounded upon a long-term and interdisciplinary perspective, the aim of this issue is to show the richness of all the materials brought to bear on this subject and to encourage thinking about sources that are often situated at the crossroads of different types of mediation (medical, administrative, (post-)colonial, etc.).

Madness in Africa has given rise to a good deal of historiographical research since the 1980s, but the works that have resulted generally emphasise that colonial psychiatry was one tool among others for social and biopolitical control; this tool was put at the service of the rational exploitation of the colonised world based on racial prejudice, in order to assert and legitimise the civilising mission (*mission civilisatrice*) of the colonial powers (Sadowsky 1999; Jackson 2005; Mahone & Vaughan 2007; Keller 2007; Scarfone 2016). As an offshoot of this first reading of madness, other studies have focused rather on psychiatrists—Frantz Fanon or Henri Collomb for instance. Breaking

away from the view that stigmatizes psychiatry as only a carceral and essentialist practice, these doctors began from the 1950s to reflect on the study of local knowledge and models for the treatment of mental disorders (Keller 2007; Khalifa & Young 2015; Collignon 2018; Robcis 2020). Nevertheless, however rich this first generation of research may have been, very little of it has looked into the specificity of the sources in the African context, or into issues related to the conditions of investigation and of empirical analysis.

Beyond those dealing with Africa alone, several pathways of investigation have recently been opened by the social sciences on the research materials of and conditions for studying madness and mental disorders. Some historical studies have focused on the nature of the sources, their particularity and their accessibility (Klein, Perreault & Thifault 2016), while others shed light instead on the methodological and epistemological issues at stake for their use (Bueltzingsloewen 2015; Guignard & Guillemain 2016; Basso & Delbraccio 2017). Following the “patient turn” and “material turn” (Roy 1985; Bacopoulos-Viau et Fauvel 2016) as well as the many approaches in the social sciences that more broadly examine madness as a social experience (Goffman 1961; Estroff 1998; Velpry 2008), contemporary research has opted for new lines of investigation that involve exploring individual stories closely—both the stories of the patients and their families and those of doctors and other health workers (Derrien 2015; Le Bonhomme 2016; Le Bras 2018; Lebel & Thifault 2021). These studies show that institutions and practices are far more permeable and less fixed than one might think (Majerus 2013; Klein, Guillemain & Thifault 2018; Edington 2019). In the wake of this movement, contemporary research in Africa goes beyond a macroscopic reading of madness and focuses instead on the day-to-day experience, in close proximity to the actors and their social, political and economic environment (Aït Mehdi & Tiquet 2020; Marquis 2021; Gallien 2022).

The aim of this special issue is thus to reflect on existing sources for studies that, while taking into account the institutional practices related to madness, also provide a solid ground for producing knowledge on the everyday aspects of mental disorders and of those who are impacted by them. This involves comparing and contrasting a varied ensemble of sources related to private lives marked by a social stigma. These sources can be from archives (colonial, institutional, medical, personal archives), printed material (press, books, photographs) or ethnographic studies (oral surveys, participative observation, field notes). Through these different corpuses, the positioning of the researcher vis-à-vis lives that are often fragile and precarious emerges as an issue to be explored. What should be done to avoid adding to the violence of the social assignation and the perspective that objectivises? How is it possible not to be confused with the doctors or more broadly with the health workers? How far can the investigation go without accentuating the social representations that exclude and

marginalise? Should researchers limit their investigation to the traces left in the archives by the patients and their families or should they seek them out, at the risk of reactivating the trauma and/or social exclusion? By looking at the sources available for studying madness, researchers are faced with a series of ethical questions which will run through all the contributions in this special issue.

Issues of medical confidentiality, the protection of privacy and the potential for revealing private matters which people have taken great care to conceal from others must be weighed against a research approach that seeks to go beyond taboos and the unsaid, where freedom of investigation is primordial. Studying madness, more than for any other research topic, involves thinking about the meaning and the impact of a given procedure, and about the corpus that can be assembled for this purpose—its scope, its limitations and its inevitable cost for the people investigated and for the researcher.

Our purpose is therefore to look into methodological pathways and choices. Rarely unequivocal, and at the crossroads of several methods of investigation, these pathways and choices offer a basis for rethinking the study of madness in Africa beyond the often predominant medical or religious discourse.

The contributions to the special issue can be related to three axes.

### Transcribing Madness: The Medical Archive

Historians have often questioned the specificity of the medical archive, which selects certain symptoms and characteristics with a view to categorising the individuals concerned. In the African context, pathologisation is tied up to (post-)colonial mediations, which, in turn, select certain elements to serve a specific narrative (Hamani 2017; Gallien 2020). In this regard, we aim to favour studies that are attentive to the social impact of the events that the various authorities in charge have selected for record. The aim is notably to go beyond exclusively medical, colonial or religious categories in order to complexify a given mental disorder—one that, on the basis of the descriptions that are given of it, can never be totally enclosed within more or less explicit demarcations.

In view of this, access to patients' records, their specificity, their use and their transmission constitute an essential issue. Researchers need to be able to take into account the full range of documents that make up patients' files and to reflect on the logic underlying their constitution. If *the* file of the patient is often presented as a universal and uniform necessity in cases of internment, variations do exist according to the institutions and the location; researchers therefore need to adopt a more nuanced approach when investigating this particular way of formatting mental disorders. Do the African-specific local and national situations, as well as colonial and post-colonial contexts and medical, social and cultural environments have an impact on the format

and content of psychiatric records? Apart from their sheer content, it is also important to look at the state of these records and their modes of conservation: do the access and archiving of records in African localities need to be seen in a particular perspective? Knowing that archives are sometimes abandoned, should researchers act as archivists and “save” these records?

Furthermore, inside these records and apart from the medical documents, writing productions belonging to the patients or their families can be found. In these items, a subjective condition may be expressed; they reveal the feelings, expectations and prospects of the interned patient that are rarely available to the researcher. Correspondence, intimate personal writing, drawings and requests addressed by the patient to the administration of the doctors: there are various forms of written expression of the self which offer an approach “from below” to the intimate and dense weave of lives undergoing psychic suffering as well as to their relation to the family, institutional and broader social network.

### Beyond the Medical Record: The Diversity of Written Sources

Other types of written documents are available to the researcher to facilitate a rekindled approach to the study of mental disorders on the African continent, such as: surveillance records, texts of law, in-house regulations of institutions, medical notes, press cuttings, “grey” literature and diplomatic or religious archives. All offer a unique discourse on psychic suffering, making it possible to vary the scale, space and angle of analysis. The study of madness may be undertaken on the basis of very diverse materials, which are evidence of the varied treatment of mental disorder, but also of its presence at an everyday level. The aim of this special issue is as much to describe these materials as to reflect on their possible overlap with the medical written sources *per se*. In contrast to unfathomable madness, and more than an episode of disruption to everyday life confined solely to the medical record, psychic disorders appear as a total social event, mobilising every sphere of society.

The diversity of these sources implies a variety of research pathways and a certain inventiveness to get closer to life stories. A large array of written traces must also be contrasted in order to investigate the point where they intersect or conversely the incommensurable nature of the discourse and modes of treatment according to the actors, the places and the time frame considered. In the face of each document, the question arises of what the sources might say but also what we want them to say, what they exhibit or on the contrary, what they do not say and what they incessantly seek to dissemble and hide.

## Between Visible and Invisible: The Materiality and Voices of Madness

If writing is central when studying madness, this special issue also aims to bring to the forefront issues directly related to the expression of madness in its contemporary form, both from the point of view of direct observation (ethnography and interviews) and the material and memorial traces that shape its heritage. This issue of *Sources* thus intends to encourage discussion on the work of anthropologists faced with the religious or medical institutionalisation of mental disorder (Legrip-Randriambelo 2020), but also to highlight all encounters with more diverse forms of management of madness, from the most liberal practices to the most carceral experiences (Petit 2020).

What tools and what frameworks of observation can be used to study madness? For example, works using sound or visual recordings offer new pathways for tackling the diverse realities of madness (Akana in progress). More broadly, the corporeality and public expression of madness represents a field of investigation which has to date been rarely explored (Diagne 2016). The place of field notes and interviews, notably with people suffering from mental disorders or with their relatives, constitute epistemological and ethical issues that merit exploration.

Along with the visible, the invisible also needs to be addressed. This raises the question of the categorisation of madness, in the face of disorders which are often shaped by different discourses and language registers that are more or less compatible. A patient arriving at the hospital may have already received several diagnostics by religious actors or traditional healers; these diagnostics may have transformed the form of the disorder. Might not the doctor's diagnosis obscure the perceptions of the patient and their relatives, or be permeated by previous nosographic interpretations? Similarly, to what extent should traditional healers or religious actors allow themselves to be influenced by the biomedical discourse? Writings do not capture these transactions, yet they are ever-present, as each actor seeks to position themselves in relation to the other(s). This competition in the perception of disorders has often been noted (Diagne et Lovell 2019), and this special issue will be the place to reflect on how these intertwined configurations and on the means available to the researcher to bring to light often hidden issues.

Finally, the material heritage, spaces and objects of madness can also be addressed in this special issue. If research on madness in Africa has often emphasised the discourses and heritage of colonial psychiatry (Kilroy-Marac, 2019), we still know little regarding the everyday working of the institutions, notably considering their continuity and their heritage-related reappropriations, as well as regarding their functioning (access to water, distance from the road, visibility of the institution, etc.). Beyond these medical or religious spaces which often occupy the foreground, proposals for articles may also consider other places, for example the street or the family space strictly speaking. We also welcome the study of everyday objects, ritual items and

curative medicine—following the path open by research on the “material cultures” of psychiatry and madness (Majerus & Ankele 2020).

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