

African Pharmakon

NANA OSEI QUARSHIE

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Shrine from Slavery
to the Return



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This book is for my son, Jude Tawia Quarshie. It was written in memory of my grandfather, A. G. T. Ofori. It is dedicated to my grandmother and mother, Catherine and Matekwor Ofori, for their tireless support.

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INTRODUCTION

West African Pharmakon

Psychiatry did not colonize African minds. Africans grafted psychiatry onto their mind politics. On February 10, 1896, a spirit of unknown origin hunted and captured Charles Krakue. This diagnosis might have been obvious to his family and friends in coastal West Africa, but it eluded a European city's best physicians. What seemed at first glance to be a manageable physical ailment morphed into a deadly bout of mental distress. Krakue was rushed to the hospital in Lyon, France, where doctors operated on his liver.¹ The surgery was a success, but Krakue remained haunted. He attempted suicide two days later. Doctors in Lyon sent Krakue three hundred kilometers to L'Asile de Saint-Pierre, a lunatic asylum in Marseille, where he was declared insane.² Krakue's health deteriorated rapidly and he died in psychiatric confinement on the northern shores of the Mediterranean, just six months after admission.³

Krakue lived and worked for years in Lyon, but he was born and raised as a speaker of Fante, an Akan language, in the coastal town of Cape Coast in the British colony of the Gold Coast, what is now contemporary Ghana. Several months prior to his death, French doctors had called on the French state to repatriate Krakue to the Gold Coast, where they believed he was more likely to recuperate.⁴ At home, his family could have consulted priests dedicated to capturing spirits at their shrines. Shrine priests, diviners, or herbalists may have performed propitiation rituals to free Krakue of his distress. Capturing spirits were ambivalent entities who plagued their captives with crises ranging from horrifying auditory hallucinations to death, while also providing refuge to the mentally distressed, migrants, debtors, and runaway slaves.⁵ But efforts by West African families to place their kin within territorially appropriate shrines unfolded alongside contentious debates among French and British officials concerning the regulation of cross-imperial psychiatric

policies.⁶ Who was duty bound to care for mentally distressed individuals discovered across imperial boundaries? Would repatriation alleviate their suffering? Krakue died as imperial bureaucrats adjudicated these matters over his body.

The French government pressed the British consul of Marseille to finance the repatriation and burial of Krakue's corpse. The consul tried to offload the costs onto the British governor of the Gold Coast. The governor searched for Krakue's matriclan (*abusua*) to assume the costs, as was customary among speakers of Fante, who typically had first rights to the body and inheritance of their maternal kin. But Krakue's family refused to finance the repatriation of his corpse, an act rare in earlier generations but increasingly common with the economic burdens that British colonialism placed on African families.⁷ In life, neither French nor British colonial authorities were willing to accept responsibility for his care. In death, Krakue's corpse went unclaimed, expelled from belonging in his maternal family and in the empires that claimed his labor in life. Krakue was psychologically, politically, and spiritually alienated.

Krakue's case was the second of its kind across the British and French empires, a warning of what was to come.⁸ But the problem of "alien lunatics" was global, and debates over which family or polity was responsible for their care proliferated as colonial economies forced millions of people into labor migrations that traversed imperial borders and oceans.⁹ Like they were for Krakue, mobility and mental distress are intimately intertwined for people all over the world who find themselves in psychiatric institutions.¹⁰ Capturing spirits, their priests, police, hospital staff, angry mobs, and family members hunt and transport the mentally distressed across different institutional spaces and territories, expelling them from public streets into the custody of shrines, church-run prayer camps, prisons, court houses, hospitals, and asylums.¹¹ For the better part of the nineteenth century, willing and forced migrants were disproportionately interpellated as mentally distressed.¹² The very title given to doctors who cared for the mentally distressed reflected these dynamics: alienist (from the French *aliéniste*).¹³ Just as migrants (*lalién*) experienced social alienation from belonging in new spaces of settlement, so-called lunatics (*laliéné*) were understood to be psychologically alienated from themselves.¹⁴

The migrant's external social suffering served as a metaphor for the lunatic's internal psychological turmoil. This analogical relationship was built on historical precedent. For centuries, lunatics and unruly migrants were often confined in the same institutions—prisons, poorhouses, hospitals, madhouses, abbeys, witchhouses—alongside the homeless and other figures of nonbelonging.¹⁵ As the rise of the lunatic asylum in Europe in the eighteenth

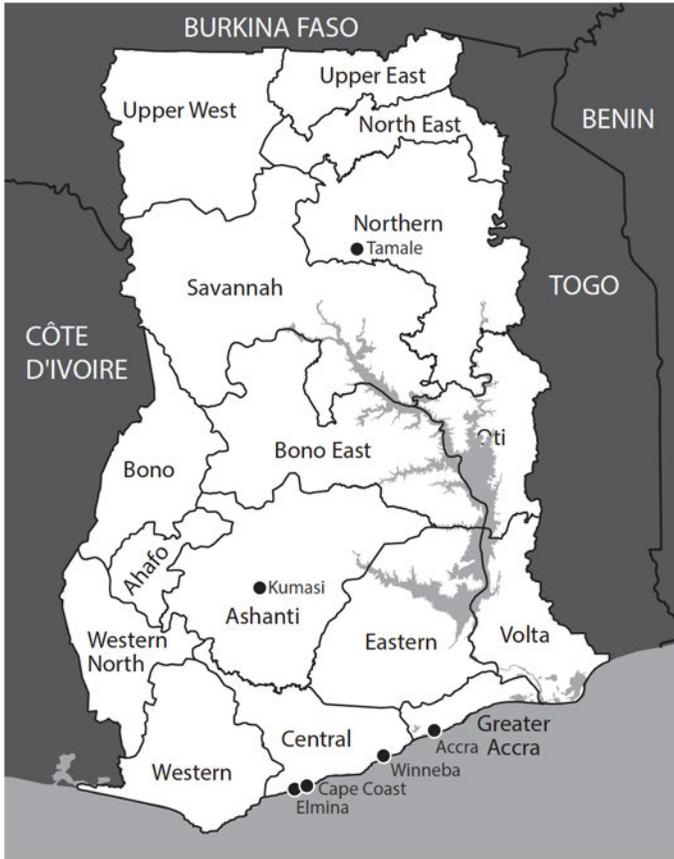


FIGURE 1.1. Map of contemporary Ghana. All maps in the book were created by Tim Stallmann.

and nineteenth centuries medicalized mental distress, alienists distinguished lunacy from other forms of alienation.¹⁶ Unruly migrants and lunatics were now ideally segregated into separate institutions. But in much of the British Empire, from Oceania and Africa to the former territories of British North America, the conflation of mobility and lunacy persisted well into the twentieth century.¹⁷ The first regional survey of British West African lunatic asylums in 1936 noted that at the overcrowded Accra Mental Hospital in the Gold Coast, migrant laborers from French West Africa constituted 46 percent of the patient population, yet these migrants comprised only 6 percent of the colony's population.¹⁸ Why were migrants overconfined in mental asylums across Africa and the globe, when these institutions were built to segregate lunatics from other figures of alienation?

African Pharmakon takes the problem of alien lunacy in Ghanaian history as a starting point for a wider inquiry into how African political and

ritual leaders shaped the management of minds during the transatlantic slave trade, British colonialism, and the early decades of independence. Families, political sovereigns, and the moral entrepreneurs of polities based in southern Ghana's largest cities—Kumasi and Accra—have innovated and applied psychiatric care to their kin and to the millions of migrant strangers who have made their home in this region since the fifteenth century. The territory that became Ghana, when the country became the second African state south of the Sahara to gain independence in 1957, has been a regional pole of migration and convivial culture.¹⁹ Embracing the broad West African geography from which Ghana's migrants have originated, this book insists that European psychiatric engagements in Africa did not begin with the construction of lunatic asylums. On the West African coast, techniques and judgments from the nascent field of psychiatry were first applied on enslaved individuals and forced migrants in slave markets, on slave ships, and at shrines dedicated to capturing spirits. It was here that European and African merchants, doctors, and traders assessed the sanity of the Black people they were manhunting, buying, and selling.²⁰ With the late nineteenth-century establishment of a mental asylum in colonial Accra, the lunatic was a subject-position, most often a male regional migrant laborer, defined by external European, African, and Euro-African authorities.²¹ Lunacy was more than a judgment of mental distress after a medical examination. It was also the outcome of prior histories of migration, ritual exchange, social expulsion, political division, and manhunting that combined to justify asylum confinement.²²

Psychiatry was thus "Africanized" as early as the transatlantic era—the period from the late fifteenth through the mid-nineteenth centuries, when European powers took control of African lands. Africanization is often understood as the refashioning or domestication of European institutions by or for African states or individuals, a process that is typically implemented under late colonialism or when African states gained independence from European colonial rule in the mid-twentieth century.²³ Indeed, the leaders of independence-era African states, including Ghana, explicitly theorized and implemented Africanization policies for the development of their bureaucracies and commercial and scientific industries.²⁴ This book retemporalizes the Africanization of psychiatry, not as a preestablished endpoint marking institutional decolonization but as a series of ongoing transactions that began in the context of enslavement and continued, in new guises, under colonial and postcolonial conditions. West Africans were not passive victims of European-imposed psychiatric concepts or institutions. Rather, they domesticated European psychiatry to manage territorial control, ritual afflictions, and the criteria for sociopolitical exclusion.²⁵ In coastal Ghana, British and West African staff

and patients grafted care in the colonial lunatic asylum in Accra onto a repertoire of therapeutic practices that were associated with shrines dedicated to capturing spirits by the mid-nineteenth century.²⁶

I name this repertoire of techniques the “West African pharmakon.” In Plato’s *Phaedrus*, Socrates describes a *pharmakon* as a substance that can be palliative or poisonous, and my use of this term implies that the psychotherapeutic practices with which African people engaged European psychiatric institutions were ambivalent mechanisms for mental healing *and* harming.²⁷ I identify five historically recurring techniques that characterize the West African pharmakon as it has been exercised in the region since at least the fifteenth century. The first technique is logging: restraining the mentally distressed using carved wood or chains attached to trees and planks of wood. In the Atlantic era, logging was used to imprison criminals, to treat the spiritually captured at shrines, and to transport slaves to the West African coast.²⁸ Logging was then used in psychiatric hospitals in the early colonial period, and it has been widely used in Christian prayer camps since the 1970s.²⁹ The second technique is spiritual pawning: ritual servitude at Afro-Atlantic shrines and, more recently, at Christian prayer camps.³⁰ Families or individuals confided themselves or their kin to priests who performed intercessions with or against the spirits thought to be causing the ailment.³¹ The idea is that afflicted individuals owed a debt to a capturing spirit that had to be repaid. This healing process was also a system of ritual debt exchange that converted the mentally distressed, who by virtue of their psychological state were thought to lack labor value, into a productive labor force. The third technique is manhunting: chasing and capturing people on the streets for entry into shrines, asylums, prisons, poorhouses, or prayer camps.³² The colonial conflation of the “criminal lunatic” with the migrant emerged through manhunting practices, which built upon Atlantic-era processes of social differentiation and territorial expulsion. The fourth technique is mass expulsion: the anticonvivial and enmity-driven enactment of political territorialization through collective immigrant removals, as well as small-scale removals of figures of nonbelonging, such as vagrants and vagabonds.³³ West African campaigns to remove the mentally distressed from public spaces often coincided with crisis-driven operations against these other populations. The fifth and final technique is pharmacotherapy: plant-based substances and manufactured pharmaceutical products.³⁴ The shrine, the prayer camp, and the asylum all employ the use of dramatic healing rituals tied to the consumption of such substances.³⁵

African Pharmakon begins with the mass expulsions of slave trade in the sixteenth century and ends with the Ghanaian government’s “Year of Return” initiative in 2019, during which descendants of formerly enslaved people

across the African diaspora were encouraged to come back to West Africa. The pharmakon was made and reconstituted by the long-distance itineraries of migrants to Ghana, whose movements frame the conceptual boundaries of this book and historically determined the territorial reach of African polities and their healing institutions.³⁶ Authorities in Accra and Kumasi used these techniques to regulate the movement and labor of unwanted strangers coming from across West Africa and to redress social and mental distress of their kith and kin, particularly when collective political subjectivity was in dispute. The pharmakon remains operative as a pivotal facet of contemporary Ghanaian politics, medical, and religious practice, with diverse agents wielding its instruments to redress mental afflictions and to persecute vulnerable populations. Despite this longevity, the emergent politics of “return” as the negation of mass expulsion reveals that the pharmakon is a dynamic and evolving repertoire, adaptable to new economic, political, and ritual agendas.

From the Great Confinement to the Mass Expulsion

Michel Foucault, in his genealogical history of madness in Europe, *Folie et déraison*, sought to uncover the “historical ensemble [of] notions, institutions, judicial and police measures, scientific concepts,” which capture the “vivacity” of madness—ironically, its uncapturable wildness.³⁷ He framed asylums as powerful tools of social control, the outgrowths of the seventeenth- and eighteenth-century Great Confinement, in which the insane were rounded up en masse alongside other figures deemed socially undesirable: strangers, debtors, vagrants, and criminals.³⁸ Historians and philosophers note that the emergence of the discipline of psychiatry in the eighteenth and nineteenth centuries entailed the rise of a discrete conception of the mind—situated between or beyond body and soul—as the seat of certain illnesses.³⁹ This paralleled a broader division of labor in which care for the ill was wrested from clergy and conceded to medical authorities.⁴⁰ This shift was tied to a move from humoral theories toward more mechanistic accounts of disease.⁴¹ Anatomists traced nerves to the brain, which increasingly came to be seen as the seat of the mind. Asylums also arose to care for lunatics, those deemed mentally distressed by medical professionals.⁴² As doctors encountered large numbers of psychiatric patients for the first time, they developed a range of new therapies through observation, experimentation, and categorization of the ill.⁴³

In West Africa, however, there was no Great Confinement.⁴⁴ There were mass expulsions.⁴⁵ The history preceding the arrival of the lunatic asylum was not one of enclosure but of forced mobility. The establishment of the Kissy Hospital in Sierra Leone, Africa’s first lunatic asylum, was a response

to the harrowing effects of the slave trade expulsions on mental health.⁴⁶ It was designed to redress the mental distress of African captives rescued from the waters off the coast of West Africa from the hulls of illegal slave trading ships after the British criminalization of the slave trade in 1807. The slave trade ushered in an era of massive, forced migration that was organized on terms dictated by the concerns of African polities to manage economies and communal enmity and by European merchant classes who financed the avaricious and voracious consumption of African life in the Americas. Many of the enslaved were prisoners of war, forced migrants who did not belong to the polities from which they were sold.⁴⁷ Others committed severe crimes or owed debts—infractions that led to confinement in prisons in Europe. In West Africa, these individuals were sometimes trafficked into transatlantic slavery.⁴⁸ On their way to the coast, many enslaved Africans passed through “native prisons” built by African chiefs and merchant elites to secure debts and to extort ransoms through the threat of being sold into slavery.⁴⁹ Many also sought refuge at institutions glossed by Europeans as “native asylums” or “shrines,” spaces that served “as a ritualized focal point—for harnessing power, propitiating spirits or securing protection.”⁵⁰ In the Gold Coast, shrines were often situated in forest clearings at the base of enchanted trees, rocks, or earthen mounds. Some lineages or shrine priests erected lodgings adjacent to the shrine where they also housed refugees or pawns who worked for the shrine. Processes of territorial and social expulsion, accumulation, and dispossession came together to sustain “carceral continuums”—tools for maintaining social control over the enslaved—from the West African interior to the coast.⁵¹ If the mentally distressed were not already part of the masses of war captives rounded up for expulsion, the harrowing journey from interior to coast while being beaten and chained to heavy logs of wood could induce illness.⁵² On the coast, European surgeons working on slave ships checked the enslaved for signs of mental distress, an exclusionary criteria for purchase.⁵³ But the trade was caught in a contradictory loop: triggering mental distress while simultaneously trying to exclude it. One could almost guarantee that every recaptured slave ship held “mad slaves,” a term used by European slave traders for enslaved people suffering from mental distress.⁵⁴

The historian Meghan Vaughan has cautioned against uncritically applying Foucauldian models to histories of mental healing in the formerly colonized world.⁵⁵ We must expand the model of the rise of lunatic asylums in the wake of the Great Confinement, the Enlightenment, and the emergence of capitalism, to consider the political and economic imperatives that drove the development of West African slave caravans, native prisons, and shrines. As with Foucault’s account, asylums were established by European colonial

governments in West Africa to deal with insane paupers who were displaced from their families. But unlike his story, the first of these patients did not come from roundups of vagrants from African streets. Instead, colonial psychiatry in Africa began as an ocean-facing institution to support the care of individuals suffering from the horrors of the transatlantic passage.⁵⁶ This book centers the history of African political engagements with migrants as mad slaves and lunatics to bring West Africa into an emerging conversation with historians of the American South, South America, and the Caribbean who examine the impact of the transatlantic slave trade on the disciplinary development and practice of psychiatry.⁵⁷ Narrating this history from coastal West Africa makes clear that any account of the modern state as a capitalist carceral state must reckon with the modern state as one that used slavery to expel enemies and the behaviorally undesirable.

The founding of the Accra Asylum in 1887 (later known as the Accra Mental Hospital from 1935 to 1965 and the Accra Psychiatric Hospital from 1965 to the present) mirrored the gradual shift from European ambitions to control coastal markets to encroachment on African land. New markets tied the era of so-called legitimate commerce in cash crops and bush products, coupled with the slow end of formal slavery in Africa, to a swell of labor migration to Accra and Kumasi. The increased presence of strangers on city streets incited a moral panic among the cities' ruling elites, characterized by xenophobia.⁵⁸ African journalists and merchants pressured the colonial state for an asylum to help them manhunt roaming lunatics in their urban centers.⁵⁹ Idioms related to symptoms of mental distress were increasingly narrated through the language of "witchcraft," a ritual discourse of interpersonal conflict tied to heightened mistrust among neighbors and kin.⁶⁰ By the close of the nineteenth century, African politicians, asylum staff, patients, and their kin were drawing on the techniques of the West African pharmakon to target migrants as subjects for asylum confinement. They also adapted mechanisms of entry and exit from the asylum in the image of shrines (see chapter 2).

As Africans appointed and elected to legislative bodies fought over the determinants of citizenship and political belonging from the 1920s through the mid-1950s, migrants from surrounding West African states living in Accra and Kumasi were the figures most easily interpellated into the figure of the internal enemy of "political lunatics": those individuals who dared to defy the government's authority to set the terms of the nation's ideological unanimity.⁶¹ Jean Rouch, a French anthropologist-filmmaker and a pioneer in the anthropology of migration and visual anthropology, first alluded to the importance of Accra and Kumasi in shaping the regional itineraries leading to asylum confinement in Ghana in his 1954 documentary *Les maîtres fous*.

Blending fictional film and documentary, this work of ethnographic surrealism tracked the Hauka religious movement—a witch-finding masquerade involving possession by the spirits of former French colonial administrators—from Niger to other West African colonies. “Accra, capital of the Gold Coast, is a true black Babylon,” the film begins. “Here, you’ll meet men from all parts of West Africa Nigeria, Upper Volta, Niger, Sudan. They have come to live the great adventure of African cities.”⁶² *Les maîtres fous* follows adherents of the Hauka movement, the eponymous “mad masters,” as they migrate to Accra and Kumasi, where they engage in a ceremony in which they become possessed by the spirits of colonial administrators. The film ends with the same group of men from the Hauka ceremony digging gutters outside of the Accra Mental Hospital as laborers for the Gold Coast Waterworks Company. The Hauka practitioners have not been confined as lunatics but their proximity to the asylum is ominous.

Located on the Ghanaian coast, Accra has been a Ga ethnic city-state since the mid-1600s and later became the capital of colonial and independent Ghana. Accra was a major regional producer of salt, an important trading center, and a port for the export of gold and, later, enslaved people during the Atlantic era.⁶³ Situated in West Africa’s forest belt, Kumasi, the heart of the Akan-speaking Asante Empire, rose to prominence in the seventeenth century as a major center of the gold trade for Afro-European commerce of the Gold Coast, accomplished through incorporating regional migrant strangers as laborers through a system of matriclans.⁶⁴ Accra and Kumasi are also the respective heartlands of ethnolinguistic territorial belonging for speakers of Ga (Accra), a Ga-Adangbe language, and Twi (Kumasi), an Akan language. During the Atlantic era, political elites in both cities recruited and incorporated ethnic strangers for strategic military and commercial reasons. However, with the onset of colonial rule and the intensification of migration tied to colonial economies, the city’s elites tightened the geography of ethnopolitical belonging to the inner core of these cities. Ethnic belonging diminished in concentric circles as one traveled outward from Akan and Ga cities.⁶⁵

After independence in 1957, Jean Rouch returned to Ghana to film another ethnographic surrealist documentary on regional migration, *Jaguar* (1967).⁶⁶ This film tells the story of three travelers: a Fula herder named Lam Ibrahim; a Niger River fisherman, Illo Goudel’ize; and a Zerma tax collector, Damoré Zika. The men journey from their village in Niger to Accra and Kumasi to make money so that they can return home as *jaguar*, which signified manhood. This life-cycle status was increasingly difficult for young men to obtain during the colonial period and in the early decades of independence in West Africa without access to cash from wage work. For Lam, Illo, and Damoré,



FIGURE 1.2. "Spirit dance," Bangoutendé, Tillabéri, Niger, 1949. Photo by Jean Rouch. Institut Fondamental d'Afrique Noir, Dakar, Senegal.

the journey from the village to the city is a rite of passage that culminates in becoming “true jaguars (sophisticated [city-dwellers], the term presumably deriving from the speedy and expensive motorcar).”⁶⁷ In Niger, the men wore humble workers’ clothes. After returning to the village, the men completed their transition into manhood by gifting some of the luxuries they acquired in the city to the rest of the villagers. Some also claimed to no longer speak their mother tongues as psycholinguistic evidence of their transformation. The Nigerien migrants that Rouch followed embodied the “status paradox of migration”: the process by which migrants from less economically prosperous regions increase their status in their country of origin by sacrificing their social status in the receiving country.⁶⁸

African Pharmakon takes inspiration from cultural theorist Manthia Diawara’s film *Rouch in Reverse*, which turns the camera on the French anthropologist, making him a subject of ethnographic surrealist inquiry.⁶⁹ I employ a different but equally illuminating reversal, by centering the perspectives of the “background actors”—the silent Ghanaian spectators watching Rouch film mentally distressed West African migrant laborers. I examine how residents of Ghana reacted in competing ways to the presence of these aliens and strangers over the course of centuries. To shore up their status against other regional ethnic polities, and colonial powers, Asante and Ga political authorities debated and forged policies to address so-called beggars, vagrants, lunatics, and strangers that filled their streets. With the backing of the colonial state, these African moral entrepreneurs mobilized psychiatric manhunts and asylum confinement to conflate migrants with lunacy.

Scholars of psychiatry in Euro-American contexts have documented how anxieties surrounding ethnic and cultural difference shaped psychiatric practice.⁷⁰ A notorious example of the conflation between stereotypes of difference and diagnostic regimes in psychiatric care is captured by the historian Sander L. Gilman’s account of how the image of the immigrant Jewish man shaped German psychiatric constructions of hysteria.⁷¹ Meanwhile, anthropologists and historians have at times framed medicine itself as a force of imposing novel divisions on subject African populations, such as white and Black, sane or lunatic.⁷² But West Africans had complex techniques for racializing and diagnosing migrant groups long before the arrival of European alienists.⁷³

Two years after *Jaguar* was released, the Ghanaian government partially reversed the potential for economic prosperity that made Accra and Kumasi such attractive destinations for regional migrants by declaring a mass expulsion of immigrants not seen in the region since prior to colonial rule. In November 1969, the newly elected Second Republic Government of Prime Minister Kofi Abrefa Busia issued the Aliens Compliance Order.⁷⁴ This mass

expulsion order stated that all immigrants in Ghana without residence permits should regularize their migrant status or leave the country within two weeks. By the end of 1970, over 140,000 immigrants of West African origin had fled the country fearing the growing xenophobia of Ghanaian news outlets and attacks by police and neighbors.⁷⁵ Many decolonizing states in Africa used expulsions to enact their sovereign powers alongside issuing passports, minting currency, and policing newly nationalized borders. Calls for expulsion of purported immigrants, aliens, or strangers remade geographies of political membership and psychological exclusion in urban Ghana and in West Africa more broadly, where most expulsions (34.9 percent) in sub-Saharan Africa took place.⁷⁶ In 1971, the first full year after the Ghanaian mass expulsion, the number of first admissions at the Accra Psychiatric Hospital dropped by 65 percent.⁷⁷ Such a massive decline in first admissions is suggestive of the powerful and enduring impact of migration status on psychiatric confinement in postcolonial Ghana.

Pharmakon and Mind Politic

While working in the Blida-Joinville Psychiatric Hospital in the mid-1950s, during the early stages of Algeria's war for independence from France, the Caribbean psychiatrist and anticolonial theorist Frantz Fanon observed that doctors bound by oath to treat mental distresses were instead using torture in interrogations to extract military knowledge from patients.⁷⁸ They were not healers but harmful agents of France's ruthless regime of state terror.⁷⁹ For Fanon, psychiatry operated on the communal psyche of the colonized as a repressive apparatus of a state hellbent on inducing terror in its subjects to remain in control.⁸⁰ Yet, with few exceptions, Fanon's attention to the duality of healing and harming in medical practice is not characteristic of scholarship in the history of science and medicine in the formerly colonized world more broadly.⁸¹ As noted by the historian Nancy Hunt, since the early wave of African independence in the late 1950s and early 1960s, scholarship on medicine in African societies has focused on practices of healing.⁸² Historians of precolonial Africa have generated a rich stream of studies of "public healing," in which religious or spiritual movements are examined as social therapeutic movements with relationships to political authority and the maintenance of communal well-being.⁸³ Early scholarship in this vein acknowledged the duality of healing and harming in African political discourses.⁸⁴ But by stressing the word "healing" in the naming of these ambivalent processes, historians unwittingly romanticized African vernacular therapeutic practices in a manner that sometimes ossified biomedicine into a secular universal science—

denying its relatively enchanted origins in practices like missionary medicine.⁸⁵ Discussions of the harming registers of politics and therapeutics, often glossed under the banner of “witchcraft” in public discourse in postcolonial Africa, were increasingly left to anthropologists of spirit possession and the occult practices.⁸⁶

This book grafts the histories of the healing valences of African politics onto an analysis of their equally powerful counterpart: practices of mental harming. It reveals how African people mobilized practices associated with healing and harming at shrines of territorial spirits to politically harness the development of psychiatric social control in West Africa. To theorize these ambivalent entanglements, I draw on Achille Mbembe’s expanded definition of the concept of the pharmakon, first introduced into critical theory by Jacques Derrida in the 1980s, into the political problem of postcolonial enmity.⁸⁷ Mbembe reads Fanon—perhaps the most famous theorist of anti-colonial cathartic violence—to interrogate why the postcolonial present is increasingly characterized by racism, xenophobic rhetoric, and laws targeting migrants and denizens across the globe. The pharmakon refers to both ambivalence and catharsis. In the first instance, pharmakon is the dual capacity of pharmacological substances to both cure and poison. When applied in excess, curative substances are weapons of destruction. The second valence of the pharmakon is the sacrifice of a scapegoat, who in the Greek *pharmakos* ritual was a slave or a criminal who was killed or expelled from a territory as a means of purifying the body politic in times of crisis. Scapegoating a sacrifice was designed to foment social catharsis: to bind those who remained in the polity. Sacrificial catharsis is at the core of pharmakon even in its ambivalent valence as remedy and poison. For the broadest and perhaps most accurate definition of the pharmakon is “an agent of change,” which entails tools for harming/healing and rituals for cathartic relief.⁸⁸

War is the pharmakon of the postcolonial global order, Mbembe suggests. War is both poison and remedy in a context where equality is continually eroded by new anticonvivial legal regimes promoting strictly nativist notions of citizenship.⁸⁹ This conception of the pharmakon is indelibly tied to the global problem of migrant expulsion, which necessitates an “ethics of the passerby” in the international order, such that freedom of movement, association, and dissociation take precedence over autochthony, origins, and citizenship.⁹⁰ Borrowing from the language of Carl Schmitt, Mbembe argues that war is the new *nomos*—the spirit of the laws—of the earth. The dialectical negation of Paul Gilroy’s notion of planetary humanism, which, in turn, draws on Aimé Césaire’s demand that we make humanism “to the measure of the world,” war as pharmakon and *nomos* forces us to consider the recrudescence

of a planetary enmity predicated on a form of mass violence animated by the logics of securitization, whose effect includes the arbitrary expulsion and internal exclusion of political enemies.⁹¹ For Fanon, the great conundrum of modernity was that the vast migrations of people that marked this period led to the violent colonization of land on an unprecedented scale. According to Mbembe, it is not surprising that Fanon viewed decolonization, and its potential to heal the nation, as necessitating violence. Fanon thus challenges the German idealist philosopher G. W. F. Hegel, who argued that colonization would bring to subject populations the spirit of freedom and would be mutually beneficial for the political economies of both colonizers and subjects.⁹² Fanon shows that racism and warfare burnished through colonization become the the nomos of this new postcolonial modernity.

African Pharmakon brings Fanon's insights on colonial racialization to bear on understanding the emergence and durability of the problem of the migrant lunatic in West Africa. Fanon was aware of the problems of political enmity and violence that African colonial subjects were likely to face after independence. He said that "all political leaders should be psychiatrists as well."⁹³ Fanon was ambassador of the Algerian National Liberation Movement in Ghana in the early 1950s. At the time, he was one of a handful of Black psychiatrists on the entire continent.⁹⁴ We do not know if he interacted with Dr. Edward Francis Bani Forster, Africa's second psychiatrist, a Gambian migrant who was the director of the Accra Psychiatric Hospital. Nor do we know if Fanon knew about the overconfinement of regional migrants in his host country, which fashioned itself as the center of pan-African solidarity. But we do know that some West African independence-era authorities proposed mental distress as a political force. In the words of Thomas Sankara, the Marxist revolutionary who became the president of Burkina Faso in the early 1980s after leading a military coup d'état: "You cannot carry out fundamental change without a certain amount of madness. In this case, it comes from nonconformity, the courage to turn your back on the old formulas, the courage to invent the future. It took the madmen of yesterday for us to be able to act with extreme clarity today. We must dare to invent the future."⁹⁵

Fanon's psychiatrist as political leader and Sankara's madman as political prophet reveal the irony of what Fanon called the ambivalent "double-power," the pharmakon, of the mind of the necropolitical sovereign, who heals and harms but can also be healed and suffer harm. Fanon invites us to confront the dark underbelly of medicine as politics and warfare.⁹⁶ These can be uncomfortable stories to tell given that Africa and Africans were, for so long, marginalized and excluded from global histories of science and medicine.⁹⁷ But to ignore public harming as constitutive of African healthcare is to deny

the full spectrum of humanity to Africans. Generations of African healers, politicians, and entrepreneurs used the techniques of the West African pharmakon to invent their own futures: to imagine and effect distinctions between political friend and foe. By paying attention to Zulu public health efforts to secure the health of individual bodies and the body politic, historian Karen Flint likewise reveals state building in southeastern Africa to have been motivated by “personal vendettas and power seeking.”⁹⁸ But if public harming follows from the will of authorities to embrace friends and expel enemies from the body politic, I contend that membership in the body politic is also predicated on a shared “mind politic,” another key conceptual term that guides this book. More than political culture, the mind politic consists of struggles to stabilize an ideological community. Like hegemony itself, the mind politic is not stable: it is shaped by ongoing contests to define political membership and culture among authorities, who deploy pharmakonical mechanisms in a bid to bind people into communities of thought.⁹⁹ In the words of Stuart Hall, “Politics does not reflect majorities, it constructs them.”¹⁰⁰

My conception of the mind politic builds on the scholarship of African intellectuals and political leaders of the 1950s and 1960s, who theorized concepts closely allied to the mind politic in two registers: as a thing in the world—active struggles over ideological unanimity—and as a set of claims about how the world ought to be, a philosophy.¹⁰¹ The mind politic of decolonizing African nation-states was a prominent concern for West African leaders such as Kwame Nkrumah, Ghana’s first head of state, and Léopold Sédar Senghor, the first president of Senegal. Nkrumah developed a political theory of Consciencism, which posited a protocol for healing disruptions to the “African personality” caused by centuries of colonial conquest. Senghor’s Négritude, in turn, elaborated a pan-Africanist theory of psychological unity of the spirit of Black civilization (see chapter 4). Theorization of the proper orientation of collective psychology in independent Africa was a political imperative for independence-era leaders trying to unify disparate ethnolinguistic or religious communities within new nation-states that inherited the borders of colonial states.¹⁰²

The question of how to forge an African mind to the service of nation-building, how to enact Africanization, was at the heart of the first book of the Ghanaian philosopher William Abraham, *The Mind of Africa* (1962), written during his tenure as the first African-born Examination Fellow at All Souls College, Oxford.¹⁰³ Building on a pan-Africanist tradition, Abraham theorized an African mind as a shared continental personality. He explained this theory through case study of the “national character” of Akan-speaking polities of southern and central Ghana. He argued that these polities shared

a “communal spirit” or “communal mind” that shared features with those of other African communities because they prioritized spiritual and ideological domains over physical and material ones.¹⁰⁴ For the Asante Empire, for example, the national soul (*sumsum*) was materialized at the state’s official founding through a ritual that enshrined the spirits of the ancestors in the Golden Stool (*Sika Dwa Kofi*), the ceremonial throne of the Asante king.¹⁰⁵ Abraham, Nkrumah, and Senghor reached very different conclusions about the proper orientation of the African mind in theory and in history. But they all relied on characterizations of precolonial African societies as relatively rigid, closed, and timeless.¹⁰⁶ Departing from an essentialized vision of the African mind, *African Pharmakon* shows how African elites and political leaders in one corner of the continent—southern Ghana—debated over competing visions of the “mind politic.” For example, while Abraham presented Akan-speaking polities as a cultural ideal type, I track shifting understandings in Kumasi, the heartland of the former Asante Empire, of physical and spiritual membership in their society: the *ɔman*.¹⁰⁷ This places the philosophical debates of independence-era African thinkers into a longer intellectual genealogy of struggles to understand and control African minds. Here, I draw on another intellectual inheritance of Senghor, Nkrumah, and Abraham: their attention to the embeddedness of relationships between Europe and Africa in shaping the psyche not only of Africans but also of Europeans and Euro-Africans. I find traction in Abraham’s theory of Euro-African relationships as a “graft.”

Abraham argued that the European psych sciences could be applied in Africa if they were culturally modified. Writing about the supposed imposition of British values and institutions in early-independence Ghana, Abraham wrote that “the possibility that certain techniques and institutions are already infused with cultural elements of the people from whom they are lifted, may well make it impossible to effect a simple transplantation. It may become necessary to carry out an operation in the nature of a graft.”¹⁰⁸ In effect, Abraham circled an insight now central to the anthropology and history of science: because technologies are embedded with cultural systems of value, they rarely function as they are designed to when transferred into new contexts.¹⁰⁹ For a technological transfer to succeed in Africa, Abraham implied, it would need to be “grafted” onto local cultural realities. Grafting is more violent than hybridization or mixture. It is a Frankensteinian process of melding, as the graft and the host, fused together, remain genetically distinct even as they grow together.¹¹⁰ In agriculture, a plant grafted to its host can wither and die from the shock of the cut. In medicine, the host’s immune system might reject the grafted tissue or succumb to disease from fighting off a perceived threat in the foreign material. Grafting is pharmakonical—it is healing by harming.

Colonial administrators in Africa understood the problem of the graft for decades before *The Mind of Africa* was published, but they propagandized its alleged benevolence.¹¹¹ In the early twentieth century, the Gold Coast Government Anthropologist Robert S. Rattray wrote about his desire to “help” the Ashante elders by improving, rather than displacing, their own civilizational achievements.

I have tried to make them understand that we are now here among them to help them by grafting on to their institutions such of our own as will help them, in these modern times, to take their place in the Commonwealth of civilized nations, not as denationalized Ashantis, but as an African people who will become all the greater force and power in the [British] Empire because they have not bartered all the wealth of the past, metaphorically speaking, in exchange for a coat, a collar, and a tie.¹¹²

But Asante political authorities, as captured in their own words a century prior to Rattray’s reflections, understood that the motivations behind British attempts at institutional grafting in West Africa were neither altruistic nor as mutually beneficial. As Asantehene Osei Bonsu (1779–1824) said in response to Thomas Bowdich, one of the first British explorers permitted to enter Kumasi, who claimed to offer uplift to the Asante:

This motive cannot be the real one. I see that you are much superior to the Asante in industry and the arts; for in your fort of Cape Coast itself, which is only a small establishment, you have many things which we do not know how to make: but there exists here in the interior, a people, those of Kong who are as little civilized relative to us as we are relative to you. They do not know how to make ornaments of gold, to build comfortable houses, or to weave garments. However, there is not a single one of my Asantes, not even the poorest, who would leave his home for the sole purpose of going to teach the people of Kong.¹¹³

African Pharmakon examines how the dynamics of psychiatric grafting in West Africa have been driven by contests and exchanges among African peoples over the bounds of political membership and the grounds for demarcating strangers as “enemies by nature.”¹¹⁴ Much like the sentiments expressed by Asantehene Osei Bonsu, these contests have engendered processes of racialization via the psychological differentiation and hierarchical civilizational valuation of West African peoples.¹¹⁵ Taken together, Rattray’s, Osei Bonsu’s, and Abraham’s reflections point to the long history of African theorizing about the political potential of institutional grafting in the context of British imperialism in Ghana.¹¹⁶ These accounts also challenge ethnographies of psychiatry in the formerly colonized world that have long been

organized around a binary between European science and African/Indigenous traditions.¹¹⁷ If such a binary could be plausibly argued for some historical settings, it is deeply misleading in coastal West Africa, where Europeans, Africans, and Afro-Europeans have exchanged diagnostic categories for mental distress and techniques for healing, hunting, and managing “mad slaves” and “lunatics” for over five centuries.¹¹⁸ To presume a strict binary between “Africa” and “Europe” also ignores the powerful insight of the historian Pablo Gómez’s work on medicine in the early modern Caribbean: that Africans and Afro-descended healers innovated objectivity and empiricism, which later observers falsely classified as a European scientific innovation.¹¹⁹ We cannot assume that the arrival of colonial psychiatric institutions triggered an epistemic rupture within the subjectivities of colonized populations.¹²⁰ Mental distress is empirical, but its symptoms do not reflect stable noumena across time. Believing otherwise is to engage in what the philosopher and historian Ian Hacking described as the contradictory Kantian romanticism that characterized Foucault’s early book *Folie et déraison*, “in which our experience of the mad is a mere phenomenon conditioned by our thought and our history, but there is also a thing-in-itself which can be called madness and which is uncorruptible.”¹²¹ In the absence of regional histories of mind politics, psychiatric anthropologists may replicate anachronistic assumptions about the roots of contemporary forms of mental distress.¹²²

I do not theorize a unitary continental mind politic. Nor do I claim the existence of an African mind or even a Ghanaian mind, which risks essentializing African thought or making it seem ideologically univocal. I highlight changing idioms for mental distress (including spiritual capture, witchcraft, and fever) and arguments made by African and European doctors, healers, and political authorities about changes in psychiatric symptoms among their own communities or neighboring groups.¹²³ The result is an ethnographic history of shifting epistemologies of mental healing and harming in southern Ghana: a region defined by intense regional immigration and close ties to European trading partnerships forged in the crucible of slavery and pan-African politics.

Psychiatric Anthropology in the Asylum as Shrine

African Pharmakon emerges from a lifelong engagement in southern Ghana, where I was born and raised; my peripatetic training in African history, anthropology, and critical Black studies in England, France, Canada, and the United States; and my own personal experience with migration and chronic illness. I carried out the bulk of the archival, oral historical, and ethnographic

research for this book over the course of nearly two years in Ghana as a doctoral candidate in the Program in Anthropology and History at the University of Michigan. I complimented this work through archival research in Switzerland, in Senegal's National Archives, and in the British National Archives. Many of the questions that motivate this book—particularly concerns about political belonging and migration—emerged from the unprecedented access I was given to the patient file archives of the Accra Psychiatric Hospital.¹²⁴ According to Promise Dumevi, the head archivist, the Accra Psychiatric Hospital's biostatistics department storeroom is the best managed patient file archive in Ghana and perhaps in all of West Africa. The room is thirty square feet, with floor to ceiling shelves crammed with over five hundred numbered boxes each holding thirty patient files. The ceiling was caving in from water damage and documents were so caked with dust that I worked with a surgical masks and gloves, which still seemed inadequate.

I was initially disappointed that the archive did not contain the documents I had hoped for in order to write what I had imagined would be an asylum-centered history of Ghanaian colonial psychiatry.¹²⁵ But there were only a few files from the colonial period, and none from prior to the twentieth century. What the archive did contain was an unusually rich collection of patient files beginning in 1952, a year after the arrival of Dr. Forster, the first African chief of staff in the psychiatry hospital. Overwhelmed by a sea of boxes, I began at random: climbing on a stool to reach box 125, which held about eighteen files from the 1970s. I was drawn into the sociology of psychiatric files, communicated in large part from documents and marginalia beyond the medical notes. All the boxes contained reams of correspondence from nonpsychiatric medical authorities, the police, and other government officials, as well as attestations from employers and petitions from families, friends, and patients, alongside newspaper clippings and the occasional drawing. But my lack of formal psychiatric training also limited what I could understand about the medical significance of notes and assessments from doctors and nurses themselves. I needed to move away, as Ann Stoler suggested, from reading the archive as source to understanding the archive as subject, an institution of knowledge production unto itself.¹²⁶ When and how were files initiated? What did doctors and nurses write down and why? When did they choose to omit information from the record? How were all these social documents among the files of medical notes? I could not resolve these questions in the archive, so I turned to ethnography for answers.

Ethnography guided the historical questions I explore in this book, but I was a reluctant ethnographer. For one, it was not a method commonly employed by historians of psychiatry.¹²⁷ The bigger barrier was that my training

in African and postcolonial studies made me wary of the historic use of anthropology to exploit knowledge from individuals in the formerly colonized world or to marshal indigenous political formations into the oppressive structures of colonial indirect governance.¹²⁸ I was also a devoted student of the Black studies conception of the double bind, which taught me that “the master’s tools will never dismantle the master’s house.”¹²⁹ It was difficult for me to see how anthropology, a social science with origins in European imperialism, could produce truly humanistic knowledge. Though a part of me always wondered if a version of Emmanuel Eze’s solution for humanizing philosophy could also hold for anthropology: “to transcend both the racialism and racism implicit in these philosophic traditions would require—from no one other than these philosophy traditions themselves—a new mode of self-enlightenment: an ethnographic critique.”¹³⁰

My wariness of ethnography also came from my upbringing in Ghana, where many people believe that some forms of chronic mental distress are caused by witchcraft, a ritual invocation of enmity among neighbors or kin, or by spiritual capture—owing a ritual debt to, and thus being seized by, capricious spirits. I was born in Accra and raised in Teshie-Nungua Estates, a neighborhood roughly nine miles from the psychiatric hospital. My mother is Ga from Accra, and my father is Asante from Kumasi. Before I moved to the suburbs of Washington, DC, with my mother at the age of ten, my childhood was spent in a family compound with my maternal grandparents, aunts, and cousins, where I spoke a mixture of Ga and English. Teshie-Nungua is cosmopolitan and diverse, but it is still considered a domain of Ga language and culture in an urban landscape where Twi, the language of the Asante, and pidgin increasingly dominate. While such a mixed heritage is common in Ghana, particularly in urban spaces, I became aware at a young age that I belonged to two cultural worlds, each with proud and often opposing histories. I also gained access to an outsider cultural perspective by listening to conversations and critiques about the aesthetics and mores of the Ga and the Asante when in the company of one or the other side of the family.

In the process of researching and writing this book, I learned that my family, like most southern Ghanaians, have been victims and, at times, perpetrators of harmful applications of the techniques of the West African *pharmakon*. My grandmother descends from eighteenth-century “Euro-African” merchants, who practiced logging to control their enslaved laborers in Accra. She grew up across from the street from a Ga healer (*tsofaste*) in Mamprobi, who logged mentally distressed patients to the tree opposite my grandmother’s bedroom. I am named after my father’s uncle, who was a member of the

Kumasi Town Council when it organized psychiatric manhunts in the early 1940s (see chapter 3). Another uncle organized anti-immigrant market raids in Kumasi during and after the 1969 mass expulsion (chapter 5). Meanwhile, my great-aunt spent a decade undergoing spiritual pawning treatment in Ejisu, just a few miles away from Kumasi. The family eventually sent her to the Accra Psychiatric Hospital for pharmacotherapeutic treatment when her mother went bankrupt in the early 1980s from debts to ritual specialists. My great-grandmother initially refused to send her daughter to the Accra Psychiatric Hospital because she considered it an unsafe space—not just physically but also psychologically and spiritually. The hospital was overcrowded, understaffed, and underfunded. Patients slept on floors and bacterial illnesses spread. Ritually, it was like a shrine, full of mentally distressed people receiving care. But without a priest to conduct the propitiation rites for the spirits seizing patients, capricious spirits could capture and afflict medical staff and visitors with mental distress.

Such sentiments remain salient for many in contemporary Ghana. While preparing this book for publication, I was afflicted by two chronic illnesses, causing bouts of blindness and requiring repeated hospitalizations. Ophthalmologists at Yale Health, NYU Langone Medicine, and the University of Ghana Medical School have all said the compounding illnesses are idiopathic: their causes are undetermined. Some friends and family in Ghana, however, are quick to remind me of the unseen entities I may have “encountered in the asylum.” I too take the agency of West African spirits very seriously—not as an intellectual exercise, but as a part of my lived experience growing up in Accra and as constitutive of the risk entailed in conducting ethnographic fieldwork in the Accra Psychiatric Hospital. I brought these academic and personal legacies into what extended into a year of participant observation in the Accra Psychiatric Hospital, where I learned how people became patient archives. I spent Mondays and Wednesdays reading files in the psychiatric archive. On Tuesdays and Thursdays, I was permitted, through my affiliation with the Department of Psychiatry at the University of Ghana Medical School, to observe portions of the clerkship program at the Accra Psychiatric Hospital. I shadowed doctors, nurses, clinical psychiatric officers, community liaisons, pharmaceutical representatives, patients, and their families. I studied alongside many Ghanaian psychiatric trainees who went on, in the intervening decade, to populate Ghana’s mental health infrastructure. Together, we observed doctors, nurses, medical students, and the biostatistics department construct the patient file archive as they documented hundreds of intake interviews, mental state exams, and follow-up sessions with patients

and their families in the Outpatient Department. At days' end, I listened as psychiatric residents and medical staff debated the merits of complex cases they observed in the hospital's wards.

I also overheard conversations about political belonging, the duty of the state to its most vulnerable citizens and migrants, and conflicting concepts of mental distress that inspired various threads of this book. Long before I read documents about the repatriation of Charles Krakue, the dead alien lunatic profiled at the beginning of this introduction, I observed Dr. G. maneuver the disposal of an unclaimed corpse at the Accra Psychiatric Hospital. "The family will *have* to come and collect his body," the doctor said exasperatedly to the secretary. I was sitting outside of the hospital director's office. The psychiatrist and the administrator were openly discussing a patient who had just died in the Accra Psychiatric Hospital in November 2016. This was a three-way standoff. The man, an inpatient for over two decades, had long been abandoned at the institution by his family members, who had stopped paying for his care about a year ago. Two branches of the family claimed that the other was responsible. The hospital also did not want to bear the cost of burial. "But do not mention the hospital fees that they owe when you contact them, or they will leave the body with us to deal with," Dr. G. strategized. In those early days of research, I interpreted this morbid transaction as an effect of contemporary institutional austerity. Today, I see that this conversation was part of a longer history of expulsion in the West African *pharmakon*.¹³¹

As an ethnographer and witness to this history, I was not a fly on the wall. Patients receiving care in the hospital deserved privacy, not ethnography. My presence—and that of the other psychiatric trainees—sometimes shifted patients' moods. One patient became irate and imprecated me and two other student observers as "unbalanced/fools" (*gyimi*) for not greeting her upon entering the consultation room. I also feared engaging in a kind of journalistic voyeurism that purveyed the psychological suffering of African people to audiences predominantly based in the North Atlantic as social science. But my original plan, to remain in the archive, was no less ethically fraught, as regards patient privacy. People known to receive psychiatric care often face social exclusion from friends and their kin. This stigma accounts for why most psychiatric files globally are under a century-long moratorium, rather than the multidecade moratoriums more common of state archives.

In 1951, Dr. Forster instituted the rule, still in place today, that patients must be accompanied by kin, or a member of their therapy management group, during outpatient clinic consultations. This policy limits the patient's privacy in the hope of collecting more accurate case notes and patient histories to facilitate better treatment practices. Privacy is also impacted by spatial

limitations. With two doctors to an office during outpatient clinics, patients and their kin easily overhear other cases, and the confidentiality of the content of patient files is relatively ambiguous. A social scientist with multidisciplinary interests, Dr. Forster recognized this ambiguity when he established the patient file archive of the Accra Psychiatric Hospital. In his first decade in Accra, he granted select anthropologists and social psychologists access to the archive for anonymized research. In his own writing, Forster interpreted anonymized letters from Ghana's psychiatric archives to help explain the psychological impacts of independence-era political change.

Building on Forster's careful approach, I took additional measures to maintain the privacy of patients. I obtained permission from the Ghana Mental Health Authority and the University of Michigan Institutional Review Board to conduct this research. I did not read patient files generated after the 1980s, which excluded the possibility of seeing the files of any patients that I observed at the hospital.¹³² I have anonymized patients from the psychiatric hospital's archives and from my ethnographic research by using aliases, altering places of origin, and changing languages spoken. Patient files are not simply documents. They are a written form of an oral genre, speech put to text. Treating patient files as merely written genres places the history of psychiatry in Africa at odds with much of the broader field of African history, which has sustained a rich conversation on the use of unconventional oral genres as historical evidence. Such genres include oracles, oath making, accusations of witchcraft, vampire stories, and dreams—utterances that are categorizable as delusional in some clinical or political circumstances. Postcolonial psychiatric files must be placed within historically specific genres of speech, or we risk turning patients, doctors, and their families into voices without selves: "voices," in the words of Luise White, in which no "embodiments, interests, and powers strive to be reinvented and reinterpreted as they speak."¹³³ These archives are built upon the inherent discursive alterity that slots the African mind as simultaneously "savage" and "mad" in the colonial library.¹³⁴

My research also benefited from an unusually dense record of ethnographic inquiry into the mind and mental healing in Ghana by psychologists and ethnographers since the early twentieth century.¹³⁵ Starting under British colonialism, Ghana has been the field site for many expatriate anthropologists concerned with questions of psychiatry and social psychology.¹³⁶ The Anthropological Department of the Gold Coast Colonial Service, headed by Robert Sutherland Rattray (1921–30), was one of the first institutions of its kind in the British Empire. Rattray's first monograph attempted to uncover the "popular mind" of the Asante people through knowledge of the local language and proverbial sayings.¹³⁷ In 1932, Charles Gabriel Seligman, a medical

doctor, professor of ethnology at the London School of Economics, and former president of the Royal Anthropological Institute (RAI), lamented the limited engagement of his discipline with the concepts developed in psychological studies of behavior.¹³⁸ Soon after, he recommended his former student Meyer Fortes, a doctor of social psychology and mentee of Rattray, for an RAI fellowship to conduct ethnographic research in the Gold Coast. There, Fortes revolutionized ethnographic methodologies using social psychological insights, and by the 1940s he was a leading figure in British social anthropology. He returned to northern Ghana in the 1960s to study the increase in the incidence of psychosis among the Tallensi people at a time when their youth were migrating to southern Ghana at higher rates.¹³⁹ Jack Goody, Fortes's most famous doctoral student, had a long series of debates with the famous German sociologist Norbert Elias, his former colleague and adversary at the University of Ghana, on the civilizing of so-called "savage minds."¹⁴⁰ Gustav Jahoda, a social psychologist, pioneer in the field of cross-cultural psychology, and colleague of Goody and Elias in Ghana, studied how Ghanaians on the eve of independence perceived "the white man" in the first comprehensive psychological survey of African views of Europeans.¹⁴¹ Meanwhile, the first report from Britain's Colonial Social Science Research Council, published in 1951, was a study of mental distress in the Gold Coast by Geoffrey Tooth, a medical doctor who became head of mental health a decade later in the UK Ministry of Health.¹⁴²

Margaret Field, the head of the Gold Coast Anthropological Department after Rattray, obtained both a PhD in anthropology and a medical degree with a specialization in psychiatry. Field's study of mental healing at shrines in rural Ghana, *Search for Security*, published in 1960, is a pioneering text in psychiatric anthropology.¹⁴³ Writing against the 1953 World Health Organization Report on the African mind that argued that African people lacked the civilizational progress to suffer from certain forms of mental distress, like depression and psychosis, Field revealed those ailments to be common concerns of people seeking mental healing at shrines.¹⁴⁴ She associated the proliferation of shrines dedicated to mental healing for those very ailments in rural Asante with shifting sociopolitical norms generated by the interwar cocoa boom.¹⁴⁵ After Field came Leith Mullings, who is best known in African American and feminist studies as the theorist of the sojourner syndrome.¹⁴⁶ Mullings wrote a pioneering study that compared Christian spiritualist mental healing with care at local shrine settings in Accra, emphasizing that the rise of the former institution was tied to escalating personal and political insecurity in postindependence Ghana.¹⁴⁷

Several prominent Ghanaian ethnographers trained in the era of African decolonization and its aftermath also engaged in debates within psychiatric

anthropology. Medical anthropologists Patrick Twumasi and Mensah Dapaah theorized the failure of psychiatry to take hold in Africa as the triumph of historic healing rituals for mental distress. Likewise, anthropologists of religion Christian Baeta and Kofi Asare Opoku examined the recrudescence of shrine rituals in Christian spiritualist healing.¹⁴⁸ Also indispensable is linguistic anthropologist Kofi Agyekum, whose work reveals how belief in the power of oaths, verbal taboos, and the spoken word to cause dreadful ailments like mental distress remain essential to political processes necessary for the functioning of the state.¹⁴⁹ Ghana retains its status as a laboratory for psychiatric anthropology in the present day.¹⁵⁰

The density of ethnographic scholarship on the relationship between culture and politics to the mind in Ghana was not coincidental but conjunctural. Almost all of them understood that spaces of mental healing and harming in West Africa, be they shrines, psychiatric hospitals, or Christian spiritualist churches, were integral to the management of political dilemmas associated with increasing regional migration to Ghana in the first half of the twentieth century.¹⁵¹ But even if this scholarly genealogy means Ghana has a singular ethnographic source base for telling histories of the mind in twentieth-century Africa, it is less clear to me that the story emerging from a close reading of this corpus is unique. Because scholarship in psychiatry in the formerly colonized world tends to start with the arrival of the colonial lunatic asylum, we have rarely asked about continuities between psychiatry and historically preceding practices of mental healing and harming.¹⁵² One reason this may not have happened in African histories of psychiatry is methodological; examining these continuities from the Atlantic era also requires a rich written source base and training in African languages and regional epistemologies. The colonial period in Africa was unique in that people with symptoms of mental distress were funneled into a narrow institution, with only one or two asylums per colony in most cases. In this context, a given director or constellation of staff could have an outsized influence on shaping whether indigenous methods were explicitly embraced or rejected. For example, after independence, the French doctor Henri Collomb welcomed African healers into the care practices of the Fann (psychiatric) Hospital in Dakar, Senegal, while the Gambian doctor E. B. Forster created no role for local healers in the Accra Psychiatric Hospital and even admonished their treatment protocols in publications.¹⁵³ As important as these distinctions are, however, focusing on them obscures the degree to which Africans shaped psychiatric forces “beyond the Asylum,” including who gets in and out of the hospital.¹⁵⁴

I write from the position that the historical study of the colonial lunatic asylum deserves a careful assessment of its Atlantic-era antecedents and

postcolonial consequents. *African Pharmakon* reveals the myriad ways in which African men and women—elites and the poor, denizens and migrants—domesticated what became known as psychiatry. Similar processes were likely happening elsewhere on the continent. But this remains for other scholars to verify through careful reconstructions of African modalities of healing and harming the mind prior to colonial rule. In any case, the potential ubiquity of psychiatric Africanization does not necessarily entail the existence of an “African psychiatry.” There may not be a traceable ensemble of techniques that are practiced by healers across the entire continent and that are described uniformly by those practitioners as useful for managing the myriad symptoms and social repercussions of mental distress. For the gatekeepers of West African mind politics, however, there is a pharmakon.

Spiritual Pawning in Atlantic West Africa

It is truly amazing that the European genocide of the New World and the monumental enslavement of millions of Africans by Europeans in the fifteenth to the nineteenth centuries never enter into the discourse about the history of madness written predominantly by European scholars. The suffering and mental illness of the enslaved African people at that time must have been untold and horrendous, but whoever heard of a mad slave? Slaves who had physical and mental disabilities would no doubt have been swiftly executed and exterminated by the European slave owners and slave masters, leaving the perception that mental illness was something which was not known in African people.

FREDERICK HICKLING, *Madnificent Irrations*, 2021

Psychiatry was born in West Africa of the paroxysms of mania and manhunting in the era of the transatlantic slave trade. It was in September 1884, only seven months before his death, when William Young, the governor of Britain's Gold Coast Colony, discovered that the colonial police were illegally kidnapping mentally distressed Africans from the streets of Accra. A year prior, in 1883, the British administration of the newly formed Gold Coast Colony had drafted a Lunatics Removal Ordinance to authorize the colonial police to chase and capture "suspected lunatics" whom they shipped to the Kissy Lunatic Asylum in Freetown, Sierra Leone. At the time, Kissy was the only colonial asylum in West Africa, and Sierra Leone was the administrative center of British operations in the region.¹ But due to an incongruency with Sierra Leone's corresponding ordinance for receiving lunatics, neither the colonial secretary nor Parliament in the United Kingdom had ratified the Gold Coast Colony's ordinance. Thus, dozens of suspected African lunatics rounded up by the Gold Coast's colonial police and transported to the Kissy Asylum had been "illegally sent": kidnapped and forcibly removed overseas.²

Governor Young's dismay at this legal breach reflected the increasingly sensitive political context of British involvement in the forced mobility of Africans. By the 1880s, the British had occupied forts along the coast of West Africa for over two hundred years, which had primarily been used for the traffic in enslaved Africans to the Americas. Following the criminalization of the British slave trade in 1807, British officials began to argue for the expansion of colonial rule in West Africa on the ironic pretext that it would bring moral

and material uplift to Africans downtrodden by enslavement, in which the British had played a major role. Indeed, the gaze of a powerful transnational abolitionist movement—focused on ending the slave trade—was the impetus to establish an asylum in Africa. The British Navy sent dozens of ships to patrol the West African coast for European ships engaged in the illegal slave trade. Captured ships were brought back to the coast, often to Sierra Leone, where the enslaved were to be released. But freedom raised new problems. The enslaved came from various ports from across West Africa, where slaving ships illegally purchased human captives. These men and women were displaced, exhausted, and psychologically terrorized. Most could not undertake a journey thousands of miles to their “homes,” many of which had been destroyed by warfare. Severe mental distress was ubiquitous among the recaptured. It was to treat former captives that the British built Africa’s first lunatic asylum in 1827: the Kissy Asylum and Hospital in Freetown, Sierra Leone, a city named for its role as a refuge for freed captives. As the first European-run asylum on African land, Kissy was established to treat “mad” slaves brought forcibly from the sea, not from populations resident in West Africa.

From slave markets in West Africa to the Americas, managing the minds of Black individuals and communities was central to the economic and ritual logics of enslavement. The architecture of dungeons and techniques of confining African captives at coastal slave castles were designed to break people down psychologically, to make them pliable enough to be forcibly moved across the ocean.³ Slavers also cultivated the disability of Black life to incite psychological terror: intentionally allowing a certain number of “refuse slaves” to perish in the Middle Passage and at auction blocks in the Americas from disease, starvation, or suicide.⁴ But slave traders towed a fine line. They had to keep most African captives alive, physically fit, and psychologically sound enough to be sold to buyers, who inspected slaves for signs of physical and mental distress.⁵ Slavers were preoccupied with the economics of madness because if enslaved individuals became mentally distressed, they lacked exchange value as labor capital on the Atlantic market. In the Americas, it was considered fraud to sell without fair notice a “mad slave”: a term used by slaveholders in the British Atlantic for captives with symptoms of mental distress not easily attributable to organic illnesses.⁶

Of course, what madness meant and looked like varied across different geographic and social contexts of the Atlantic world as it has across human history.⁷ But there was a transcultural recognition of when someone had passed the threshold of insanity in the Atlantic world. This threshold was the subject of litigation concerning the sale of “mad slaves” from the Americas, West Africa, and Europe.⁸ Slave traders also saw madness as a political prob-

lem to be managed, particularly on slave ships. At times, slaveholders in the Americas interpreted madness as a form of revolt.⁹ Guinea surgeons, doctors on British slave ships, knew the conditions in which Africans were held in the hulls of boats were so deplorable as to induce madness.¹⁰ In particular, they feared that “melancholia”—a diagnosis linked to the humoral theory that excessive black bile in the body caused depressive moods—could spread and cause revolts.¹¹

Because madness placed limits on the commodification of human beings and could be interpreted as a form of “slave protest” in key settings, historians of slavery in the Americas have analyzed accounts of “mad slaves” to understand how labor value was generated through the transport and sale of captives across the Atlantic.¹² By contrast, historians have rarely discussed the relationship between psychological distress and enslavement in West Africa, where many captives originated, with an estimated three million from the Gold Coast alone.¹³ This chapter begins centuries prior to the construction of Kissy, when European officials and African elites engaged in the sale of enslaved Africans and exchanged concepts about madness and techniques for its proper treatment in coastal West Africa. In coastal Ghana, the ethnolinguistic group known as the Ga were central to mental healing and harming at the interface of the transatlantic slave trade. As the founders of Accra (1677–present), a major Atlantic port city for the exportation of gold and enslaved people, Ga peoples became primary interlocutors with European merchants.¹⁴ In the late nineteenth century, the Accra Asylum was built on Ga land.¹⁵ But long before the opening of a European-run asylum, Ga priests treated the mentally distressed at shrines that were dedicated to territorial spirits located at ritually propitious source points on the landscape. Shrine priests cared for people seeking aid from medically ambivalent territorial spirits, who both caused mental distress and were sometimes enrolled in treating these dreadful ailments.

I build a picture of mental healing at Ga shrines by drawing on British medical reports on mental healing at Ga shrines, archaeological sources, documents on lunacy from the Ghanaian and British national archives, European travelogues, British parliamentary debates, nineteenth-century ethnographies by Ga intellectuals, missionary-produced Ga dictionaries, and twentieth- and twenty-first-century ethnographic studies of Ga healing practices. Historians have analyzed Ga shrines as sites of resistance to European enslavement because shrine priests gave refuge to people on the run, diverting labor from European forts and slave ships.¹⁶ Yet shrines not only resisted the logics of transatlantic capital; they also generated human labor value for the slave trade.¹⁷ When shrine priests healed mental maladies, they also converted

mad persons deemed unfit for sale into potential subjects of bondage—a process I call “spiritual pawning.”

In Atlantic-era West Africa, pawning was the practice of confiding one’s kin to a creditor as security until the repayment of a debt.¹⁸ Pawns lived with the family of the creditor and labored for them. Their labor covered the cost of room and board and the interest on the debt but not the principal, which the debtor had to pay to reconstitute the pawn. Europeans and Africans used pawns to secure trade deals. When retrieving slaves for transport from slave markets, Ga middlemen would often leave a family member as a pawn with European traders who financed their trips with gold. The pawn could be sold if the Ga traders failed to return with slaves by an allotted time.¹⁹ Like debt-bondage pawns, mentally distressed people were thought to owe debts, but sociospiritual rather than monetary ones. Families placed the mentally distressed in the custody of a shrine priest, who propitiated spirits for healing and used their clients’ labor during recovery. In the event of successful healing, families could recuperate their kin after an exit ritual and a thanksgiving fee. Ga shrine priests thus worked as psychotherapeutic creditors. Mental healing was a form of labor capital recuperation and conversion.

Because madness placed limits on the commodification of their labor, mad slaves were not ideal “disposables,” those people who experienced “death-in-life” by being sent into the transatlantic slave trade as human labor capital or into the internal West African slave trade.²⁰ Neither were they indispensable, because to be so entailed a threshold of sanity such that Black bodies could be behaviorally compliant as vessels of labor, knowledge, or power to the service of capital.²¹ Mad slaves, rather, were figures of the *nondisposable*—to be confined or excluded until they could pass a medical inspection, to be fit for expulsion as slave laborers. Attention to the political management of non-disposable beings brings into frame a panoply of actors and institutions that, at first glance, appear far removed from the social relations inside a given carceral or therapeutic setting but who, in fact, shape who becomes a figure of psychiatric intervention in the first place.²²

By reconstructing how enslavement transformed Ga etiologies of madness and psychological therapies, this chapter situates mental healing in West Africa in transatlantic processes of labor value creation. It also interrogates the relationship of social belonging to psychological therapy, the moral ambivalence of healing, and the politics of capture and sanctuary in West African shrines prior to colonialism.²³ Ga healers used spiritual pawning to redress the effects of spiritual capture, a diagnostic category they associated with several dreadful illnesses, which some European observers understood as a form of temporary madness. Ga healers used other techniques to man-

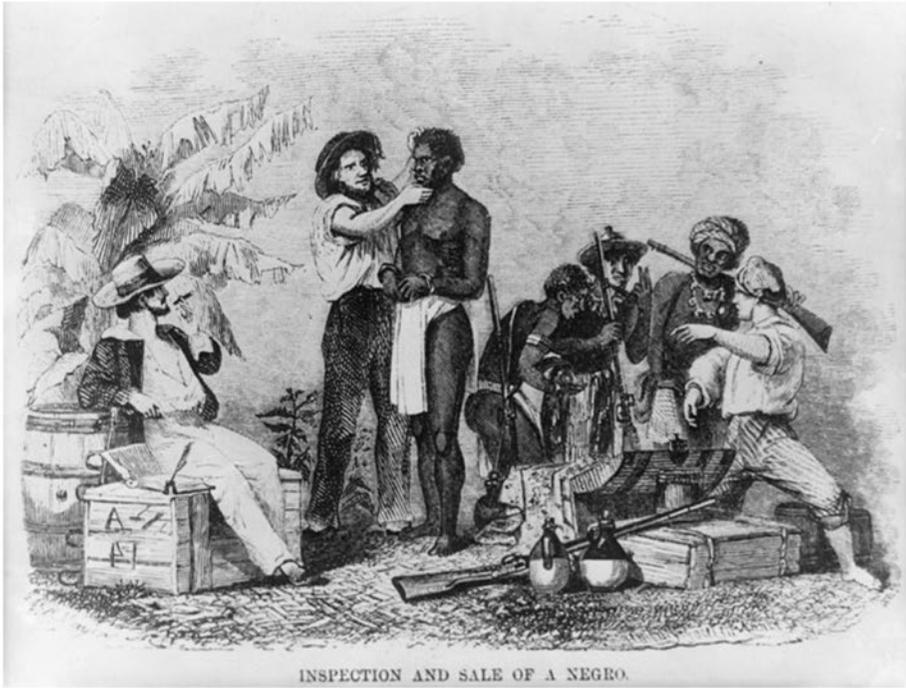


FIGURE 1.1. Inspection and sale of an enslaved person. Wood engraving by Whitney, Jocelyn & Annin from *Captain Canot; or, Twenty Years of an African Slaver* by Brantz Mayer (New York: D. Appleton and Company, 1854), between p. 94 and p. 95. Library of Congress Reproduction Number LC-USZ62-15392.

age mental distress: mass expulsion, cooling leaves (pharmacotherapy), the removal of mentally distressed individuals to rural healing shrines (urban-rural manhunting), and logging. These are the five techniques of the West African pharmakon—evolving strategies of therapeutic redress used by the Ga and other African communities to heal and harm individual minds and to stabilize competing mind politics.

Elements of the pharmakon are visible in the archival record as early as the fifteenth century, but they crystallize as an ensemble in the denser archival record of the nineteenth century and in the institution of “fetish shrines.” The term “fetish” is a slippery one. It was used as a racialized slur by European observers and colonial officials to variously disparage African ritual practices as capricious or to admonish Africans for an improper understanding of the nature of causality for their purported veneration of objects as gods or specters of occult power.²⁴ But as the anthropologist J. Lorand Matory suggests, avoiding the term “fetish” cedes the important meanings intended in this concept as it was developed by Black people in West Africa, and understood to this day by practitioners of Afro-Atlantic religions, to European theoretical

misinterpretations.²⁵ Following Matory, I employ “fetish” as an actor category that West Africans used in analytical discourses about the ritual exchange or conversion of value. The term “fetish” originated in the cross-cultural discursive field of the Atlantic-era Gold Coast, where, as described by the historian William Pietz, “fetish” emerged as the English gloss of *fetisso*, a Portuguese pidgin derivative of *feitiço* that emerged from early Portuguese encounters in West Africa.²⁶ Black people of the Gold Coast embraced the word “fetish” to describe similarities between their amulets and those worn by the Portuguese Catholics. Far from being mistaken in their attribution of spiritual power to inanimate objects, they knew that their ritual labor and propitiatory practices created value in the fetish.

The techniques of the West African pharmakon developed in close dialogue with European methods of capture and psychotherapeutic healing. European merchants, colonial agents, and missionaries also engaged with West African etiologies of madness and methods of the West African pharmakon. If colonial psychiatry began with the pretense of caring for recaptured “mad slaves” in the Kissy Asylum, by the end of the nineteenth century it centered on hunting “lunatics” on land for newly built colonial asylums. Over three hundred years of Euro-African exchange concerning the treatment of “mad slaves” shaped how nascent European colonial powers approached the problem of madness in Africa. Colonial psychiatric practice was prefigured in the violence, manhunting, and terror of the Atlantic Age in coastal Ghana.

Great Accra (Ayawaso) and the Expulsions of the Transatlantic Slave Trade

The early history of the Ga people, founders of Accra, is bound up in iterative mass expulsions that Ga political authorities enacted against traders from Akan-speaking polities, European merchants, and enslaved Africans on the West African coast. Much of what we know about Ga history derives from the archival record generated by their intimate partnerships and conflicts with European traders, who operated out of coastal forts on land conceded by Ga political authorities, beginning in the late fifteenth century with the arrival of Portuguese traders. Ga oral traditions trace the origins of the Ga people to migration by sea from the east, likely from somewhere in contemporary Nigeria, to the “Accra plains”—undulating hills to the north of present-day Accra. Archaeology suggests that political noncentralization was a long-standing feature of Ga life, which was centered around clusters of villages organized around patrilans.²⁷ Ga cosmology was rooted in the Kpele drum cult, whose spirit dances worked to heal mental distress and a host of chronic

ailments, including impotence, fevers, and barrenness. Nai, the deity of the sea, was the most powerful Kpele spirit. Nai served alongside a pantheon of gods and ancestor shrines. Ga households drew sustenance from the land and the sea, cultivating millet, okra, and eggplant. Starting in the mid-sixteenth century, Ga households also adopted corn and cassava, crops indigenous to the Americas introduced to West Africa through trade with the Portuguese. Ga raised pigs in small plots adjacent to their dwellings. Cornmeal, known as *kpekple*, was consumed for the annual *homowo* harvest celebration and at other life-cycle events. Ga men fished in groups in the Atlantic Ocean in dugout wooden canoes, known as *lele*. Both men and women harvested and dried salt from seawater lagoons, protected by the ocean from large sandbars. Lagoons were the Ga's most revered "spirited geobodies," distinctive ecological formations home to protective spirits.²⁸

From the fifteenth to the nineteenth centuries, the Ga maneuvered to control trade with European merchants for the region's most lucrative exports: gold and enslaved Africans. The Ga did not reside on gold-bearing lands, which were situated further to the north in forested territories occupied primarily by Akan speakers. But with a strategic stronghold on the coast, the Ga managed by the sixteenth century to control nearly a third of gold exports from the area known among European traders as the "Gold Coast." Gold was the primary focus of Portuguese trade on the coast of Ghana for over a century, but this began to shift in the late 1500s with the arrival of more European merchants on the coast and the shift, increasingly, to a Euro-African market centered on enslaved Africans.²⁹ The multiplication of European forts on the coast also coincided with a shift to a market progressively centered on enslaved Africans, rather than gold.³⁰ Supplying gold to Portuguese forts also increased the demand for enslaved labor gold mining in Akan-speaking territories.

Acting as middlemen for inland-dwelling Akan-speaking merchants, the Ga and the Fante—an Akan-speaking group indigenous to the Atlantic coast—first entered the slave trade by purchasing Africans captured by the Portuguese from the Bight of Biafra and Kongo and transported to the Gold Coast for sale.³¹ Ga traders purchased these war captives primarily for landholders in inland Akan-speaking states, who used slaves to clear dense forests to expand food cultivation and gold mining. Ga men specialized as translators of European languages, which few of their Akan trading partners spoke. Many Ga women married European merchants, establishing influential Afro-European households.³² By the early 1600s, much of the gold trade from inland states was funneled through "Great Accra," the name given by European merchants to a hierarchical Ga polity at Ayawaso Hill, north of the Accra Plains, founded in response to growing struggles for control over trade routes

with Akan states and other ethnic polities.³³ Reflecting the long-standing role of Ga as middlemen, Great Accra became a transit point for gold and ivory from Akan polities in exchange for salt from the Accra lagoons, fish, and a supply of African war captives from European ships to work in Akan gold mines and fields.³⁴

As with many coastal African polities, the Ga began trading with Europeans largely on their own terms, conceding Ga lands for the construction of trading forts on narrow strips of coast. This ensured that the European occupants of these forts would remain reliant on the Ga for most of their provisions and enabled Ga authorities to restrict European mobility to the coast, ensuring the Ga maintained control over their territories and lucrative trading routes into Akan territory. The Ga also used strategic territorial expulsions to control commercial partnerships. In the 1550s, the near-monopoly of the Portuguese on the Atlantic-side gold trade was threatened by the arrival of several British and French trading ships near the coast of Accra.³⁵ The price competition, and the cheaper voyage iron and cloth purveyed by these trades, was advantageous for the Ga.³⁶ In a bid to reestablish economic dominance, in 1570 the Portuguese built a trading lodge on the coast of Accra called St. Vincentia. Wary of the Portuguese presence near the heart of their commercial, ritual, and political dominion, in 1577 the Ga attacked St. Vincentia, expelling Portuguese settlers and traders en masse from the territory.

Shifting dynamics in the transatlantic slave trade also transformed the commercial and political partnerships of the Ga with other African polities. Prior to the second half of the 1600s, few slaves were exported from the Gold Coast itself. By the mid-1600s, the Afro-European trade was increasingly centered on enslaved Africans to meet an insatiable demand for enslaved labor on sugar plantations in the Caribbean and in gold and silver mines in South America, which reduced the demand for West African gold in Europe while increasing the market for African captives. While the Ga had prohibited European trading partners from establishing permanent posts, or restricted them to small plots of land, they had allowed Akan-speaking traders to transit into their territory to engage directly in the gold trade with European partners. But with a commercial transition toward a trade in slaves, the Ga began to welcome more European forts onto their territory while restricting Akan access to the coast. In 1647, two years prior to the completion of Fort Crevecoeur by the Dutch West India Company on Ga lands, the Ga expelled Akan-speaking traders en masse from the coast to secure Ga hegemony as the middlemen for the slave trade.³⁷ Over the next two decades, the Ga allowed other European merchant powers to build forts on the Accra coastline. In 1661, the Danes established Fort Christiansborg, which would become the

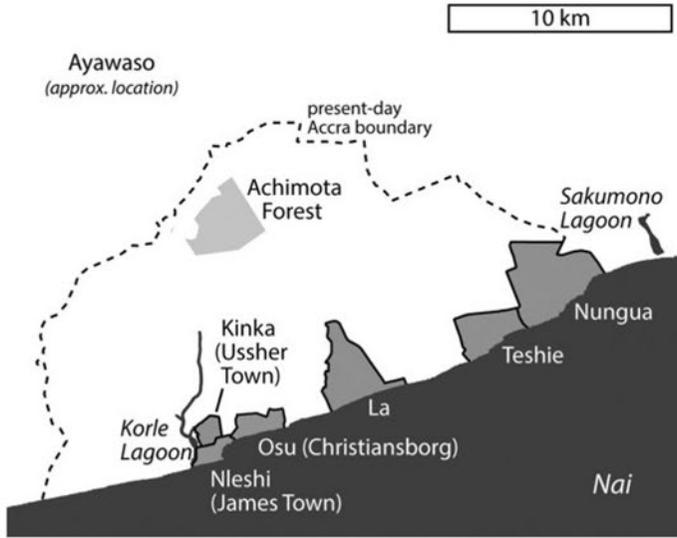


FIGURE 1.2. Map of Great Accra (Ayawaso) and the seaside towns (*nshɔnamajii*).

British-run colonial governor's residence, and then be converted into a mental asylum two centuries later. In 1673, the British Royal African Company began to operate out of James Fort, adjacent to what remains today as the densely populated Ga neighborhood of "Jamestown."³⁸

The Ga state treasury initially grew from collecting ground rents, called *kostgeld* in Danish, on forts on Ga lands.³⁹ But Ga monopoly on coastal trade was transitory. In 1677, leaders of the Akan state of Akwamu sacked and burned Great Accra to regain access to coastal trade. They also captured and executed the Ga king, Okaikoi, and his eldest son, which led to the effective expulsion of Ga residents from the highland base of Great Accra.⁴⁰ Ga refugees fled to the coastal enclaves surrounding the British, Danish, and Dutch forts on historic Ga lands. This Ga exodus to the coast marked the end of a centralized Ga polity and the birth of the three Ga *nshɔnamajii*, seaside towns, that came to form the nucleus of colonial Accra. The political consequences of the fall of Great Accra reverberated far beyond Ga lands, as inland Akan states fought with one another for control over trade routes that reached the Accra coastal zone.

After defeating Great Accra, Akwamu gained control of the trade route from the Akan forest zone to the emergent Ga *nshɔnamajii*, but they were largely unable to gain authority of the Kwawu and Akyem regions that produced much of the gold. Akwamu had to settle for the same middleman status the Ga previously held. Meanwhile, Akyem, who produced the gold, entered

a series of conflicts with Akwamu partially to gain control of the coastal trade market. The effect of these scuffles was that the Kumasi-Akyem-Akwamu road, the most valuable route for the transportation of gold in the previous century, was repeatedly blockaded, thus leading to a drastic decline in the amount of gold that could reach the Accra coast. These wars in the Akan forest zone led by the end of the seventeenth century to the rise of a military union of states, which came to be known as the Asante Empire, centered under the authority of the chief of Kumasi, who became known as the Asantehene. The rise of Asante, and the proliferation of war captives that came with its emergence, was a major factor in the transition on the Gold Coast from primarily exporting gold to exporting slaves. Expelled from their city-state at Ayawaso to the coastal *nshɔnamajii* and effectively isolated from control over the conflict-ridden Kumasi-Akyem-Akwamu trade route, Ga authorities grew dependent on revenue generated by exporting captives—captured by Akan polities in their wars of expansion—to European coastal “factories.”

By the seventeenth century, trade in the Gold Coast increasingly unfolded on terms dictated not by Africans but by market conditions prevailing in port cities and plantations in Europe and the Americas. In earlier centuries, the Ga had successfully distinguished themselves as unfit subjects for enslavement through marriages and exclusive trading partnerships with Europeans who occupied forts on Ga lands. But as the slave trade reached its apex in the eighteenth century, the hardening of anti-Black racism made all Africans, including the Ga, vulnerable to the risk of enslavement. It was in this context of personal and communal insecurity that old and new techniques for transporting human beings for bondage flourished on Ga lands. Mercenary kidnappers of diverse ethnolinguistic affiliations roamed caravan routes and ambushed rural denizens whom they then transported to the coast for sale.⁴¹ Known by the Danish term *siccadingers*, these mercenaries were mostly single destitute men who sought refuge in the coast after their dispossession from territories to the north because of Akan wars of expansion and slave raiding.⁴² African merchants and elites hired *siccadingers* to capture their enemies for a form of ransom, known as *panyarring*—a term derived from the Portuguese verb for “to seize” (*penhorar*). In the seventeenth century, panyarring was a means of debt foreclosure and grievance resolution by manhunting that spread on the Gold Coast.⁴³ A group or individual would hunt a person they then held hostage until the captive’s kin or owner repaid a debt or resolved a violation or criminal offense. The implicit threat of panyarring was that captives could be expelled, or sold into slavery, if the debt for which they were captured was not repaid in full or on time. Among the Ga, panyarring increased in times of famine and political turmoil.⁴⁴

Spiritual Capture in Atlantic-Era Accra

Panyarring was not only a political act in the visible world. By the eighteenth century, Ga people understood it to be an act taken by spirits against individuals and their families that could create psychological distress. Mental distress was understood to have multiple potential causes. Overconsumption of alcohol and certain fevers were known to cause symptoms like delirium and mania. However, psychotic states that lacked physical explanations were understood to be caused by being hunted and caught (*mɔ*) by a spirit (*wɔn*).⁴⁵ Johannes Rask, a Danish clergyman working at Christiansborg Castle in Accra from 1709–12, wrote that among the Ga, “to be possessed, or as it is called in the country, to be panyarred by the fetish, is something truly remarkable.”⁴⁶ In Ga, the term for this spiritual panyarring was *wɔnmɔmɔ*, literally “captured by the spirit,” also translated by Europeans as “fetish-fury” and “madness.”

Imagery of the spirit as hunter resonated with practices of capture, raiding, and enslavement that were ubiquitous along the Gold Coast and in its hinterland in the eighteenth and nineteenth centuries. The Ga, like other West African societies, innovated new therapies and forms of ritual redress to mediate novel moral and material consequences of widescale enslavement.⁴⁷ Ga shrine priests and families engaged with old and new spirits, power objects, and healing landscapes to negotiate the rapidly evolving ritual and monetary economies of the transatlantic slave trade along the coast of West Africa. Actions in the unseen spirit world that caused mental distress in Ga ritual frameworks reflected emergent repertoires of capture in the visible world, where anyone could potentially become vulnerable to seizure and sale.⁴⁸

Spiritual capture (*wɔnmɔmɔ*) among the Ga was polyvalent: It entailed the duality of the concept of asylum, whereby capturing spirits and their priests offered refuge to runaway slaves and therapy to the mentally distressed. It was an articulation of experiences of mental distress, through which West African and European observers discovered resonances and divergences in beliefs about health and healing. For West African observers, spiritual capture was a ritual manifestation of the psychological costs of the trauma of the transatlantic slave trade reflected as a ritual debt owed to the capturing spirit, a temporary state of ritual awareness and insight, or an experience of a lifelong spiritual calling into the priesthood. For both European and West African slave masters, spiritual capture also carried the connotation of a punishable offense: a refusal to conform to human labor value as defined by transatlantic economies of enslavement.

Ludvig Rømer, a Danish slave trader who worked in Accra several decades after Rask, described spiritual capture as coming about “suddenly and

unconsciously.”⁴⁹ In Rask’s description, a person could be going about their daily lives when a spirit suddenly seized them, inciting behavior analogous to madness: talking to themselves or acting strangely enough to require supervision.⁵⁰ This condition of spiritual capture, he explained, was often temporary (lasting only a day). Family and friends initiated therapy by gathering to play music in the home of the afflicted individual, who danced and shouted while naked. Such gatherings likely aimed to propitiate the capturing spirit, whose identity was reportedly revealed by the style of dance performed by the distressed person.⁵¹ For Rask, if the possession was short, it was a “temporary confusion” or “momentary madness,” such as when people—perhaps overcome by the “burning climate”—jumped off a high ledge. If a possession lasted longer, it was likely a ploy for prestige, a claim that one was closer to the spirit than others.⁵² The longer the possession, Rask noted, the more likely it was that the afflicted person would seek out healing or refuge at a Ga shrine.⁵³

Like spiritual capture, Ga shrines (*gbatsu*) played polyvalent roles within Ga-speaking communities and for migrants displaced by wars among Akan-speaking polities of the inland Gold Coast.⁵⁴ Ga shrines were used as spaces for oath making, for political asylum for runaway slaves and debtors, and of ritual healing and harming of dreadful ailments, including chronic mental distress. European travelers referred to Ga shrines (*gbatsu*) and their patron spirits (*wɔn*) as “fetishes” and their prophets/mediums (*wulomɔ/wɔntse/woyoo*) as “fetish priests.”

In the Gold Coast of the eighteenth century, fetishes were understood as containers for spirits and deities that came in two primary forms: objects from the natural world (such as rocks and trees) or ritual objects composed of natural objects (such as bark, leaves, wood, and hairs). Fetishes could be worn on the body as protective amulets. But the most powerful ones were kept in sacred groves or compounds.⁵⁵ Some shrines were ephemeral, created to commemorate a person, an encounter with a spirit, or even a battle.⁵⁶ Others were cultivated over generations by shrine priests who gained notoriety for their connection to specific spirits. Priests presided over large compounds that contained a sanctified space—often marked by an assemblage of objects placed at the base of a rock formation or tree—where dozens of people lived and worked for the shrine priest.⁵⁷ Many of the priests who maintained shrines began their service to a particular spirit after a bout of temporary spiritual capture. *Wulomei* maintained their ritual edifices and agricultural fields through the labor of men and women who confided themselves into their care.

A visual image of a *gbatsu* edifice emerges in the writings of Carl Christian Reindorf, a Ga theologian, historian, and healer of the mid-nineteenth cen-



FIGURE 13. "Fetish house in Christiansborg." Photo by Max Otto Schultze. Basel Mission Archives, Basel, Switzerland.

tury. Reindorf described Ga shrines in Accra as having "only a single opening, which could be closed by a kind of mats [*sic*] made of fan-palm leaves."⁵⁸ These buildings were constructed of grass and stick thatched roofs, about five and a half feet high, built in the shape of a pyramid "of sticks and swish or solid clay." Shrine furniture consisted of fan-palm baskets with lids that held precious items, such as beads, a commonly noted "fetish object."

West African merchants insisted that their European trading partners consecrate trade deals on shrines. This was a common practice in the region of using ritualized objects as "oath vehicles" (*wɔntsɔne*) to bind people to their word and regulate decorum. In this capacity, the spirits contained in shrines captured, rendered mad, or killed those who owed sociospiritual debts associated with breaking oaths: ritually significant social transgressions (*bulemɔ*) or punishments for not propitiating a shrine spirit (*wɔntomɔ*).⁵⁹ The oath-making power of shrine spirits, and ritualized objects, could protect or destroy people, based on the context on hand.⁶⁰ Europeans pointed to Africans' belief in the oath-making power of these sacred objects as evidence of Africans' diminished mental capacity and inability to understand causation. But this reflected a European misunderstanding of the social function of oath

making in Afro-Atlantic contexts, and for that matter within European Christian frameworks.⁶¹ Oaths did not verify the truth of statements through the force of magico-religious belief. Rather, when making oaths Africans invoked the names of ancestors, spirits, or deities to mobilize ordinary language into performative discourse that bridged the gap between spoken word and (f)acts (both action and truth).⁶² Far from imputing power to inanimate things, and proving their inherent irrationality or madness, West Africans who made oaths on shrines understood that people, and social relations, empowered belief in the spirits at shrines. The value-making practices embedded in these dynamic human-spirit social relations at shrines empowered spirits to catch people who did not keep their word by causing mental distress.⁶³

Shrines were also spaces of refuge (*wɔnbɔ*) for voluntary devotees fleeing the volatile debt markets, enslavement, or panyarring of the Atlantic-era Gold Coast.⁶⁴ European observers proffered various explanations for this practice of asylum at shrines: as a deterrent against mistreatment of slaves, as a system of capital accumulation by shrine priests, or even as a result of madness among the asylum seekers caused by being captured by the spirit.⁶⁵ As spaces of refuge, shrines facilitated subaltern modes of political belonging and kin making for those on the periphery of civil society, including former slaves, debtors, religious dissidents, and migrants. Thomas Edward Bowdich and Alfred Burdon Ellis, British explorers who visited the Gold Coast in the nineteenth century, and the British anthropologist Robert Sutherland Rattray, who worked in the region in the early twentieth century, observed that anyone willing to swear an oath of devotion to a spirit could seek political asylum at its shrine.⁶⁶ In 1819, Bowdich wrote, “A slave flying to a temple, may dash or devote himself to the fetish; but, by paying a fee of two ounces of gold and four sheep, any person shuts the door of the fetish house against all of his runaway slaves.”⁶⁷ Both European and African slave owners were known to pay gold and livestock to these ritual leaders to release runaway slaves from their care. When payments failed to entice shrine priests, slavers threatened shrine priests with military force.⁶⁸ Paul Isert, the chief surgeon at Christiansborg Castle in Accra in the mid-1780s, complained that one of his slaves fled to a shrine and the only person willing to help him retrieve the slave was a “mulatto soldier” who “admitted that from fear of the fetish he had been trembling throughout his entire body.”⁶⁹ Johannes Rask, writing between 1708 and 1713, noted that shrine priests in Accra likewise feared the ritual consequences of handing over runaway slaves and sought to maintain plausible deniability, lest they face repercussions for breaking the trust of their communities and spirits. But if bribed, they might look the other way while armed Europeans recaptured the escapees.⁷⁰

Pledging devotion to a shrine did not always release individuals from enslavement. If successfully ransomed or recaptured by their masters, runaways who sought asylum in shrines were often killed, as were “mad slaves” allegedly afflicted by spiritual capture. In Accra, Rask explained, “If a Negro who is a slave is frequently panyarred by the fetish, it usually costs him his life, since we have examples where the master has him, while in ecstasy, whipped to death.”⁷¹ Rask suggested that enslaved individuals who experienced bouts of madness in Accra cost their masters their labor value. In a morbid register, their value could lie in their death serving to warn other enslaved people to moderate their behavior. Centuries later, in the 1970s, while developing decolonial “psychohistoriographic” care at the Bellevue Mental Hospital in Kingston, the Jamaican psychiatrist Frederick Hickling linked such rapid executions of “mad slaves” to subsequent European colonial beliefs that Africans did not experience mental distress.⁷² Rask went on to note that Ga slaveholders ransomed runaway slaves from shrines simply to have them executed, suggesting that some enslaved people who ran away to shrines claimed they were captured by spirits.⁷³

Some slaveholders in the Americas feared that the enslaved might feign mental distress to evade labor.⁷⁴ European slavers in West Africa were concerned about the impact a single mentally distressed enslaved person might have on the exchange value of the human cargo of an entire ship. This was also a point of discussion in abolitionist debates in Britain. In 1790, Clement Noble, a ship captain from a Liverpool-based family with a long history in slaving, testified in Parliament about two mentally distressed slaves transported on his ship.⁷⁵ Concerning the first, Noble remembered “a man slave on board his ship attempting to destroy himself, and believes the man was perfectly mad, is sure of it. Did not appear so at first or he should not have bought him.” By the early nineteenth century, a system had been elaborated in the southern United States for adjudicating cases where a slave for sale from a newly arrived ship was presumed mad. Courts expected buyers to be aware of the perils of mental distress. The buyer was liable for the cost of a slave that, for example, committed suicide around the time of the sale. But the seller was responsible if the buyer never had the opportunity to inspect the slave.⁷⁶

In the Gold Coast of the eighteenth century, the system available for adjudicating such disputes over mad slaves was panyarring, the material instantiation of spiritual capture. In 1709, a Fante trader at Anomabo on the Gold Coast reportedly sold a “mad slave” to the British slave trader John Brethaver. Upon observing signs of madness, Brethaver brought the man back to Anomabo to seek reimbursement. Likely angered at the insinuation that they had bartered in bad faith, the Fante traders panyarred Brethaver in custody

until the Royal African Company paid a ransom for his release.⁷⁷ The reason the extreme action of panyarring was taken in Brethaver's case is rendered clear by the remainder of Noble's testimony. The "mad slave," Noble noted, "stormed and made a great noise, worked with his hands, at etc [*sic*] and he showed every sign of being mad." Noble also mentioned "a woman who was insane and very troublesome" and attempted to jump overboard multiple times until he had her confined.⁷⁸ Captives had to be physically and mentally fit enough to work. European medical doctors working on slave ships in West Africa assessed slaves before they boarded and rejected those deemed unfit for the journey. Dr. Thomas Winterbottom, physician to the Sierra Leone Company from 1792 to 1796, noted that slave traders in West Africa often deemed captives exhibiting physical signs of sleeping sickness unsalable because they were disposed to "lethargy," which he considered a nervous condition.⁷⁹ A "mad slave," like the two discussed by Noble, would have threatened the successful transportation of other slaves. Guinea surgeons reported that "melancholia," which could spread rapidly among the enslaved, was a key factor in death by dysentery on some slave ships, as depressed slaves refused to eat or drink.⁸⁰ Noble surmised that slaves exhibiting melancholic symptoms were less likely to respond positively to medical intervention. Moreover, "mad slaves" offered no profit in the New World since their resale value was, at best, equivalent to the cost of their transport.⁸¹ The Guinea surgeon Alexander Falconbridge reported success in treating melancholia by introducing drumming onto slave ships in the late 1700s, a technique similar to that practiced by the Ga, who sang and danced for kin afflicted by *wɔnmɔmɔ*.⁸²

Home-based practices of spiritual propitiation by dancing were a remedy for temporary states of madness. Shrines, by contrast, were spaces of care for the gravely ill and those suffering from severe psychological distress that exceeded the recourse of their kin and community. This latter role of shrines is highlighted in an account of mental healing by Dr. Robert Clarke, a British surgeon, judicial assessor, and legislator who worked for decades on the West African coast and published on topics ranging from the medical application of African bark to the etymology of insect species. Clarke began his career at Sierra Leone's Kissy Hospital and Asylum for liberated Africans.⁸³ At Kissy, Clarke wrote the first comprehensive study of sleeping sickness, which he described as a nervous disorder called "Lethargus."⁸⁴ As a judicial assessor, Clarke even aided in the seizure of illegal slave-trading ships attempting to leave the West African coast.⁸⁵ In 1858, he prepared an extensive medical report for the Gold Coast, which contains the only known account of the "native treatment" of lunacy at a shrine among the Ga, whom he called "Accras".⁸⁶

A superficial observer might suppose, from the very few deranged or imbecile persons going about at large in the coast towns, that the inhabitants were seldom attacked by maniacal disease; but, from inquiries I have made on this subject, I am satisfied such is not the fact. Lunatics, it is true, are seldom seen in the coast towns, because their friends remove them into the bush as soon as possible after the maniacal paroxysm has been manifested; for the Fantees, Accras, and all the other races on the Gold Coast view madness with horror, and as bringing disgrace upon the afflicted party, his family, and friends. Suitable houses are therefore generally provided in the bush for the reception and medical treatment of the insane. In the neighborhood of Accra, persons suffering from mania are sent to the town of Teshia, a few miles distant from Accra. With respect to the mode of treatment adopted by their doctors in these native asylums, the primary objects aimed to appear to be the security of the patients and the prevention of harm being done by them, either to themselves or others, during the maniacal paroxysms. With these objects in view, the patients are carefully secured by fastening the wrist to a log of wood by staple, sufficient space being left between the log and staple to serve the purpose of a rude handcuff. If the lunatic is very violent, the ankles are similarly fastened. In this condition they lie or sit on the ground, where they are often much neglected, being allowed to become dirty and extremely loathsome. On the first appearance of the disease, the head is shaved, when pounded leaves and other cooling applications are kept on it to reduce its temperature, and to calm down mental irritation.⁸⁷

Clarke's brief account suggests that by 1858, and likely far earlier based on other sources, the Ga relied on three primary techniques for healing severe mental distresses at shrines. First, they removed mentally distressed people roaming in the urban spaces of Accra by transporting them to "native asylums" in the countryside. Second, they bound them to logs of wood. Third, they used "cooling applications" of herbs during treatment. As we will see later, the material efficacies and ritual connotations of these three therapeutic practices—urban manhunts, logging, and cooling herb treatments—were adapted to the evolving social, ritual, and political world of enslavement and mental distress on the nineteenth-century Gold Coast.

Spiritual Pawning at "Native Asylums" in Nineteenth-Century Accra

Atlantic-era shrine priests were creditors of ritual transactions that incorporated processes of religious and commercial valuation.⁸⁸ Healing for chronic mental distresses at shrines was "spiritual pawning:" a form of labor capital

recuperation, converting spiritually captured individuals, deemed unfit for enslavement, into disposable and salable laborers in the shrine.⁸⁹ Pawning was the practice of a debtor (*nyɔmɔtse*) giving one's kin (*wekubii*) over to a creditor (*falɔ/frilɔ/sikatse*) as security until a debt was fully repaid. The pawn (*awoba*) lived with and labored for the creditor's family. This labor covered the cost of their room and board and the interest (*hekpa*) on the debt but not the principal (*nyɔmɔ*), which the primary debtor had to pay to reconstitute the pawn. While "mad slaves" were said to have been "panyarred by the fetish" or captured by the spirit, runaway slaves and free debtors who fled to shrines (*wɔmbɔ*) reportedly pawned themselves to the spirit.⁹⁰ Panyarring—both physical and spiritual capture—facilitated the immediate foreclosure of unsecured debts via the threat of dreadful consequences. Pawning, by contrast, allowed people and spirits to secure their investments without the use of force, ensuring the trade relationships that facilitated the exchange in African people for gold, guns, and other commodities. By the 1920s, the British colonial government in the Gold Coast hinted at the relationship between institutions of pawning and shrine care when a Ga priestess/spirit medium (*woyoo*) was convicted of "holding a person in pawn" for using ritual claims to coerce people into staying in her shrine.⁹¹

Spiritual pawning was a repertoire of earthly practices that actualized ritual processes for remaking subjectivity and collectively revaluing mentally distressed individuals. When families took their spiritually captured kin for healing at shrines, they were pawning them into the care of shrine priests. Spiritual pawning took place at shrines managed not only by Ga priests but also by ritual authorities of diverse ethnolinguistic backgrounds across the Gold Coast. One example is found in Sandra Greene's analysis of the testimony of Tenu Kwami, an Ewe-speaking healer and former pawn.⁹² Tenu Kwami was spiritually captured multiple times and taken repeatedly by his natal and host families to a shrine for healing in the early to mid-1800s. On one of his six visits to the shrine, the capturing spirit asked him to return to his natal home in Kpenoe. His accompanying kin, however, deemed the spirit's request economically unviable because moving would foreclose Tenu Kwami's status as a pawn. After being healed, he returned to his host family to continue his debt bondage. As the case of Tenu Kwami suggests, by the early nineteenth century some families and pawn holders in the Gold Coast brought their kin to shrines to be healed for the explicit purpose of further exploiting their labor. The shrine priests, moreover, knowingly arranged with Tenu Kwami's natal and host families to heal him for future captivity on no fewer than six occasions. As a system for recuperating ritual debts, spiritual pawning also transformed ties of kinship and reciprocal social responsibili-

ties between the host of shrines (the shrine priest) and their clients (the spiritually captured).

URBAN-RURAL THERAPEUTIC MANHUNTS

Transporting a mentally distressed person to Ga healing shrines in the mid-nineteenth century was organized around what the historian John Parker refers to as the urban-rural “moral topography” of Ga political and religious life.⁹³ Ga authorities located the civilizational heart of Ga language and culture in the three original Ga urban seaside settlements, the *nshɔnamajii*: Kinka (Dutch Accra), Nleshi (British Accra), and Osu (Danish Accra). These were densely populated multiethnic settlements comprised of generations of immigrants from Akwamu, Fante, Nigeria, and Brazil.⁹⁴ Many strangers (*gbɔi*) became Ga through intermarriage, by fighting alongside the Ga in war, or by seeking political asylum from Ga chiefs (*Mantsemei*).⁹⁵ Ga religious practice of the era was eclectic, adopting “exotic” ritual forms from encounters with neighboring polities and European and African migrants.⁹⁶ The Ga combined their assimilationist religious practice with a ritual geography that contrasted life in town (*man*) against the inland country (*kose*)—which extended northward from the coastal *nshɔnamajii*—and the land of the dead (*gbohiiqjen*). Ga urban residents (*manbii*) of the *nshɔnamajii* fashioned themselves as more civilized than inhabitants of the countryside, the *kosebii*, which is variously translated as “bushmen,” “farmers,” “rough people,” “boors,” and “clowns.”

The *manbii* considered the presence of mentally distressed persons in town a threat to Ga civilizational norms and the welfare of families, which could be endangered by the immoderation of such people. Ga residents, Dr. Clarke reported, looked down upon “lunatics in urban Accra” with “horror” and as a source of “disgrace.” An explorer who visited Accra two years after Clarke’s report also commented on the large number of hysterics and epileptics (both known as *gbliɓliyelɔi*) that roamed the streets of Accra and were believed afflicted by spiritual capture (*wɔnmɔmɔ*).⁹⁷ According to Clarke, Ga families living in Osu, Kinka, and Nleshi manhunted individuals exhibiting “maniacal paroxysm” and transported them to a native asylum in Teshie, a Ga seaside town located to the east of the first three *nshɔnamajii*. The native asylum located in Teshie may have been situated at or near the shrine dedicated to the deity Ogbede at the Kpeshie lagoon, the border between Teshie and La, another Ga seaside town. Dr. Clarke glossed Teshie as “the bush.” From the perspective of the Ga *manbii*, the bush could refer to any uncultivated land beyond cleared settlements, and it was also the domain of powerful spirits. The bush could encompass any area beyond the *nshɔnamajii*, including the

kose and other seaside towns. Teshie was neither *kose* nor *man*. Rather, it occupied a distinct place in Ga moral topography as *husu* or *kona*, the outskirts of town or the entry to the bush. *Husu* was a liminal space propitious for healing because it was lodged at the intersection of Ga urban civilization and the space of territorial spirits that resided in source points in the uncultivated wilderness.

After the British criminalization of the slave trade, some Ga *manbii* entrenched this ritualized territorial distinction by settling their former bonded servants on land in the *kose*.⁹⁸ The civilizational politics of the *man-kose* moral topography emerged, in part, from the history of Ga political domination by successive inland Akan states (1677–1820). Though historians commonly interpret the fall of Great Accra to the Akwamu as a result of Akan encroachment on the Ga's monopoly on coastal commerce with European forts, it is narrated in Ga religious songs as the outcome of a conflict over the Ga king circumcising an Akwamu prince in his custody. While circumcision was considered a sign of maturity and civility among the Ga, it barred Akan speakers from holding royal titles in their kingdoms. Thus, the fall of Great Accra was lamented in Ga religious songs with the refrain, "You let uncircumcised people snatch all Great Accra" (*nye ha folɔi eha Nkranpɔn fee*).⁹⁹ In this reading, the town was associated with economic prosperity and its propitious proximity to the Ga's sacred sea and saltwater lagoons. The countryside, meanwhile, was affiliated with the risk of seizure by *siccadingers* and evoked the uncivil inland Akan world, whose political leaders dominated Accra economically after the sacking of Great Accra in the late seventeenth century. If Ga moral discourses of the nineteenth century demarcated and shielded the urban and civilized *man* from the barbarous *kose*, the *kose* was also essential to Ga communal well-being.¹⁰⁰ The *kose* harbored spirits, bound in shrines, for mental healing. Teshie was ideally situated, far enough from town that the mentally distressed would not disturb the urban elites of Osu, Kinka, and Nleshi. But it was still proximate to the powerful spirits of the sea and the lagoons, as opposed to the less potent land deities (*jemawɔn*).

LOGGING

The Ga transported the mentally distressed from urban to rural spaces for healing at Ga shrines with long-standing methods of restraint and imprisonment. By the mid-nineteenth century, logging (*bɔ moko akpā/akpābɔ*)—attaching persons by their hands or feet to carved log chains (*akpā*)—was the primary method of transporting mentally distressed persons, but the practice

likely dates to far earlier periods based on the ubiquitous use of this technique to transport enslaved war captives in the region for several centuries prior.

In Dr. Clarke's description of a Ga native asylum, the mentally distressed were chained to logs by their arms, and by their ankles if deemed violent, to restrict their movements and prevent them from harming themselves. The use of logging as a psychotherapeutic technique emerges in other European accounts. Based on recollections from his time in West Africa from 1688 to 1701, the Dutch merchant Willem Bosman wrote of a Gold Coast-born African translator for the English who put his wife "in chains" when she was feigning madness. That he threatened to sell her into slavery suggests that the chains were likely linked to logs.¹⁰¹ Over a century later, the British colonial official Brodie Cruickshank wrote of two Fante princes whom the King of Asante chained to logs to stop them from committing suicide, presumably due to mental distress.¹⁰²

Logging had a morally ambiguous therapeutic valence in mental healing, one likely tied to the Ga concept of medicine (*tsofa*)—tree (*tso*) roots (*fa*)—that could either harm or heal physical ailments or social relations when used in different contexts. Based on ethnographic observations among Ga shrine healers in the 1930s, the British anthropologist Margaret Field—the head of the Gold Coast's Anthropology Department in the late colonial period and a pioneer of ethnopsychiatry—noted that the meaning "of the word *tsofa*, tree-roots, has been greatly extended and is used to designate a great variety of substances such as machine-oil, paint, baking-powder, whitewash, gum, perfume, boot-polish, &c."¹⁰³ Stated otherwise, the relationship between any substance and the category of medicine was tied to its embeddedness in a ritual field—thus various items were *tsofa* in the proper spirited circumstances.¹⁰⁴ Wazi Apoh's and Kodzo Gavua's archeological excavations of a Ga shrine at Katamanso from the mid-1800s suggests that the expansion of *tsofa* that Field noted was long-standing.¹⁰⁵ Ann Stahl has likewise excavated miniaturized manacles at a blacksmith shrine dating to the sixteenth century in the northern reaches of the greater Gold Coast world.¹⁰⁶ These miniatures, which have also been observed in twentieth-century divination practices, are consecrated replicas of restraints that were typically attached to logs. Their presence suggests the importance of ritual protections against human and spiritual capture in West African polities prior to the rise of Atlantic-bound enslavement off the Gold Coast—as manacles were also used to restrain enslaved persons bound for trans-Saharan slave markets dating to the dawn of the second millennium CE.

Logging as a method of restraint intensified in the seventeenth century as African merchants used logs to link slaves, pawns, and panyars in caravans

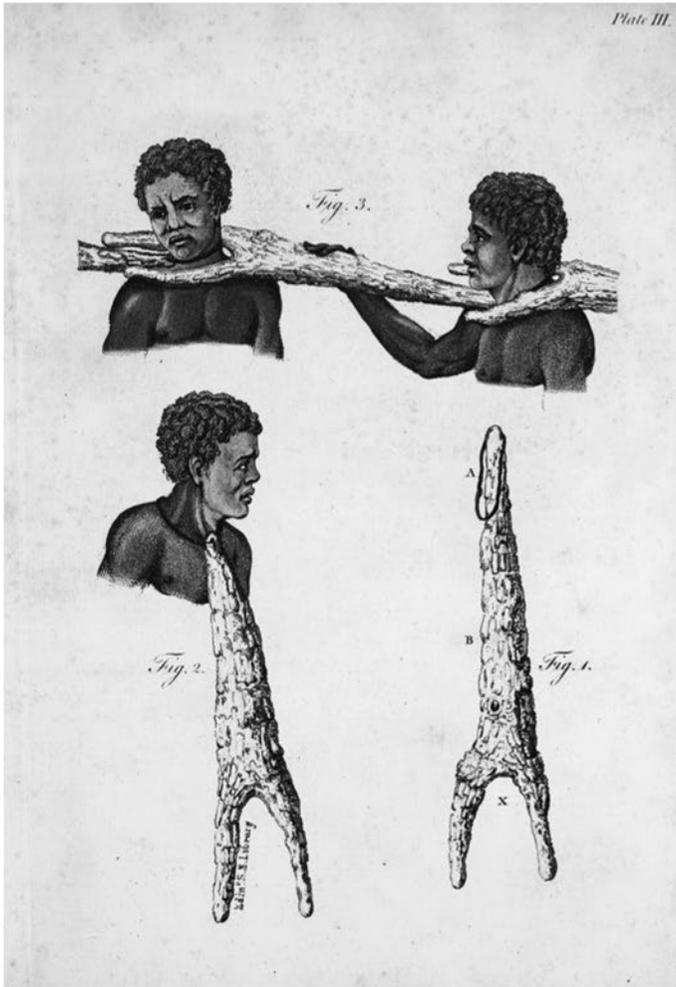


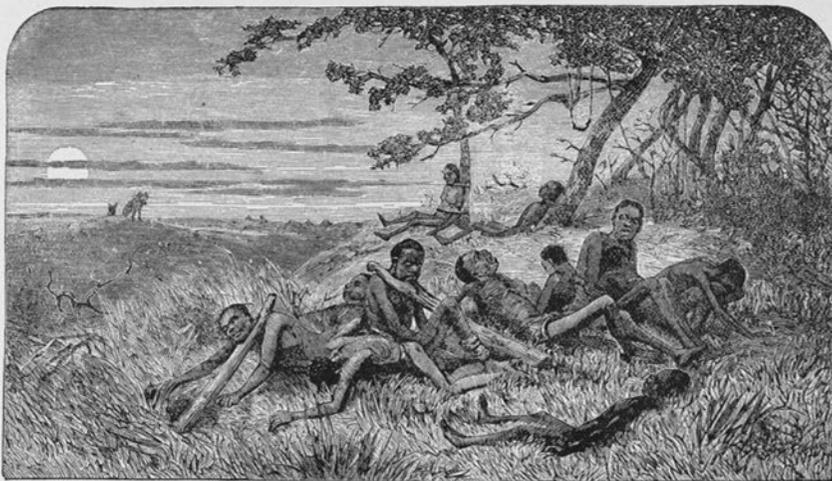
FIGURE 1.4. Drawing of logging in Senegambia. Plate in Thomas Clarkson's *Letters on the Slave Trade, and the State of the Natives in those Parts of Africa, which are Contiguous to St. Louis and Goree* (London: Printed and sold by James Phillips, George Yard, Lombard Street, 1791), p. 36. Library Company of Philadelphia.

led from savanna markets to coastal forts to be sold to European slavers or to African elites.¹⁰⁷ Unlike stocks—another wooden physical restraint that kept people bound to one location in several European communities—logging was an modular practice that existed on a spectrum from confinement to limited mobility. It bound the *gbomtso* (body/person tree) to the woods from which healing plants derived. It was designed for both confinement in place and long-distance travel, which enabled slaves to be bound, moved about, and transported for sale. Logging took various faces across the West African

and West Central African regions. For confinement, logging entailed binding individuals to standing trees or chaining them to wooden sheds. For mobility, V-shaped log yokes forced onto the necks of enslaved people in the Senegambia region operated like the ball and chain, limiting the speed at which captured persons could move, making escape difficult. The advantage of logging over the ball and chain, however, was that it could be readily fashioned or repaired from locally available wood.¹⁰⁸

British abolitionists pointed to logging as evidence of the human indignity and barbarity of West African slavery. Drawings and descriptions of logging accompanied popular abolitionist literature sold as pamphlets in urban marketplaces in Europe and in North America. This is exemplified in a 1785 account of logging on the Gold Coast by the prominent British abolitionist Thomas Clarkson.

The slaves here are usually brought down to the ships. They consist of such as come from the neighboring parts. They are brought down in droves by the black traders, who, in order to secure them, frequently place the right hand of each of them on a log of wood. A staple of a semicircular form is then fitted to the wrists, and the sharp ends of it driven down into the wood. Within this staple the wrist is included. In this manner being secured, they march along,



LEFT BY SLAVE TRADERS TO THEIR FATE.

FIGURE 1.5. Logging of so-called “refuse slaves” in West and West Central Africa. Schomburg Center for Research in Black Culture, Manuscripts, Archives and Rare Books Division, The New York Public Library. “Left by slave traders to their fate,” New York Public Library Digital Collections. Accessed October 20, 2024.

at one time supporting the wood to which their wrist is fastened, upon their head, at another resting it in their left hand, as their ease requires. In this situation they are either sold to the natives on the shore, or to the people in the fort, who sell them again to the ships.¹⁰⁹

In response to an inquiry regarding the state of the Gold Coast slave trade in 1789, John B. Weuves, the former British governor of the Gold Coast Committee of Merchants, spoke to the violence of logging:

The slaves are not always chained when they are carried down to the Ships; but the Gold Coast Negroes, being the most turbulent of any, have a Log of Wood, of the Length of Three or Four Feet, and weighing Eighteen Pounds or more, flatted to their Arm; and when they walk, they carry it either on their Head or their Shoulders. The inland Negroes are allowed to walk about freely, with a Man before, and a Man behind, to prevent them from running away.¹¹⁰

Logging remained ubiquitous on the Gold Coast throughout the nineteenth century. Ships continued to illegally transport captives to the Americas for decades after the British criminalized the slave trade in West Africa, which led to an increase in slaveholding in West Africa itself as African elites purchased slaves originally destined for export for use as house servants and agricultural laborers.¹¹¹ In addition to their use in slave caravans and “native asylums,” logs were used in what Europeans called “native prisons,” spaces where African political and merchant elites held captives in confinement. As the threat of being sold into transatlantic slavery through panyarring for debt resolution lost its power, the new threat became imprisonment, which brought collective shame on families.¹¹² These native prisons were often simply rooms full of people attached to logs.¹¹³ In the Ga language, the phrase *ye tsu mli*, which translates literally as “to be in a room,” also carried the meaning “to be in prison.” Similarly, the Ga word for “jailor” (*akpābɔɔ*) was “one who chains others in log.”

The close parallels between native prisons and native asylums underscores the ritual and moral ambivalence of logging as a core dimension of mental healing in shrines and as a technique used to control enslaved persons in West Africa and across the Atlantic world. As early as 1819, repeat runaways were chained to large logs to restrict their movement in the United States, where only one lunatic asylum accepted enslaved Africans as patients.¹¹⁴ Dr. Clarke’s description of logging in native asylums thus also recalls the historical role of Ga healing shrines in the Gold Coast as spaces of political asylum for runaway slaves, another class of people that may have made their way to shrines with their legs and hands bound in log. Runaway slaves often became “fetish-domestics” (*wɔnwebii*, literally, “servants of the spiritual family”), who took

on names associated with the spirit and exchanged their labor for protection from former masters and slave-raiders. As a technique of capture and torture, but also of psychological healing, logging was integral to the broader regional economy of violence and displacement tied to the transatlantic slave trade.

COOLING LEAVES

Manhunting, logging, and removal of the mentally distressed to Ga shrines in “the bush” (*kose*) created a ritual and physical path toward mental healing in Atlantic-era Accra. Once patients were delivered to the native asylum, shrine priests used a range of techniques, focused on the patient’s head, to redress the spiritual causes of mental distress. After shaving the head of those in their care, shrine priests applied a plant-based pharmacotherapeutic remedy (*shikpon tsofa*) of pounded cooling leaves (*wɔnba*) to the bald scalp. This practice resonated with the Ga custom of cutting a leaf over the head of a newly acquired bondsman to consecrate the exchange.¹¹⁵ Applying plant-based medicines on the scalp was a common practice for delirium and headache—both considered symptoms of various fevers and forms of mental distress—in many regions of West Africa. Dr. Thomas Winterbottom, for example, wrote of eighteen different plants commonly used in Sierra Leone in the eighteenth and nineteenth centuries as “cephalics”: plant-based medicines applied externally to the body and head, and sometimes internally through the nostrils, to treat symptoms of fever.¹¹⁶ Dr. Tedlie, who accompanied Bowdich on his mission to Asante in the late eighteenth century, also wrote of three different plants used as cephalics for headaches by Asante healers near modern-day Kumasi.¹¹⁷

Tedlie’s contemporary, Henry Meredith, described treatment for fevers on the Gold Coast as follows: “The natives use frequent ablutions with warm water; after which, the body is rubbed over with certain herbs. If the head and joints be affected, a composition of pepper, lime-juice, &c. is applied; and when the person is free from fever, the bark of a certain tree, to which they impute the virtue of a restorative, is used in the same manner.”¹¹⁸ The plants examined by Tedlie originated from diverse geographies, suggesting the potential impact of transatlantic trade on the corpus of mental healing pharmacopoeia in West Africa.¹¹⁹ From the early seventeenth century, and likely before, healing herbs from across the globe were available in the markets of Accra, a major port city through which diverse flora and fauna transited.¹²⁰ By the mid-nineteenth century, Dr. Thomas J. Hutchinson applied the same techniques—shaving the head and “applying sedatives and sudorifics”—to Europeans in West Africa suffering from headaches and deliriums caused by



FIGURE 1.6. *Heliotropium indicum* Linn., used as a cephalic in West Africa. This image comes from the papers of botanist Richard Cresswell, 1780–1810. Courtesy of Bridgeman Images.

fever.¹²¹ Both African and European doctors working in nineteenth-century West Africa understood fever, like madness, as an illness with either a short prognosis (quick death) or a long treatment protocol. Indeed, apart from spiritual capture (*ƵƵƵƵƵƵ*), another Ga term for madness was *seke*, a spiritual illness or breath illness (*mumƵ hela*) derived from the phrase “its back is long/it will take long” (*e se se ke*).¹²² The use of cooling leaves was palliative care, and a therapy of last resort. Those few who recovered were considered fortunate.

Though Clarke’s account is the only extant description of the use of cooling herbs for treating mental distress in Atlantic-era Accra, ethnographic ac-

counts of Ga shrine healing in later generations offer suggestive insights into this therapeutic practice. For example, in the 1930s, Margaret Field described the use of cooling herbs in the treatment of *mumɔ helai* such as madness.¹²³ In many Ga shrines she visited, Field documented the use of cooling herbs with close parallels to the one described eight decades earlier by Clarke, albeit with key distinctions. Field observed shrine priests shaving the heads of patients upon their arrival and treating them in a steam bath infused with herbs pleasing to the spirit (*wɔn*) of the shrine. Shaving the head, Field noted, initiated a transition into a new state of being. Marion Kilson, an American anthropologist who worked among the Ga in the 1950s, described Ga healing practices as “redressive rituals performed to reestablish harmonious relations between divine and mortal beings which have become disordered through both intentional and unintentional human acts.”¹²⁴ As Kilson showed, purification bathing and external medicines were the primary treatments for illnesses caused by supernatural forces, such as madness, at Ga healing shrines. The shrine priest often asked patients to drink some of the bath liquid: a genre of oath taking. Upon imbibing this liquid, the patient swore to abide by the rules of the shrine’s spirit in exchange for healing. Treatment involved the periodic washing away of illness, thought to be the work of a *wɔn* who disturbed or displeased either of the patient’s two souls (*kla* and *susuma*). Indeed, in Ga cosmology, each *wɔn* was associated with its own special herb that was used in cephalic preparations. At times, patients were denied common comforts or even beaten, for, as Margaret Field put it, “if the sickness be made comfortable it may not want to go away.”¹²⁵ In this description, we might revisit the treatment ideology behind logging in these “native asylums” as a practice meant not only to physically restrain the mentally distressed but also to make the spirits who “captured” these persons uncomfortable.

In the nineteenth century, Ga shrine priests likely used cephalics throughout the duration of a patient’s stay, to alleviate symptoms of madness but also to hasten the departure of capturing spirits. Patients who were able also labored for the priests by tending to the shrine. They swept the courtyard, cut back undergrowth from paths linking the shrine to roadways, and cultivated cassava, yams, corn, plantains, and millet for shrine priests and their clients. We do not know how often these therapeutic protocols healed madness, and surely other forms of therapy were used in psychological healing, including amulets, ritual incantations, and speech.¹²⁶ But the repeated mentions of “thanksgiving” exit rituals at healing shrines, known as *awɔke hamɔ*, suggest that some patients were cured. Cephalics were crucial to these exit ceremonies. Patients were bathed in consecrated leaves pleasing to the *kla*. *Awɔke hamɔ* symbolized the washing away of the final traces of the illness.¹²⁷ The

anthropologist Leith Mullings, in her study of early postcolonial Ga mental healing in Accra, explained that shrine healers encouraged the kin of the mentally distressed to contribute to the cost of treatment during *awɔke hamɔ*. Without a monetary payment, the patient could not be “ceremoniously returned.” This practice harkens back to the ransoming of runaway slaves from shrines and principal debt fees (*nyɔmɔ*) that families had to repay to recover their pawned kin in the eighteenth century. It reminds us of the imbrication of mental healing in the regional economies of the transatlantic slave trade when shrine priests grew wealthy from amassing debtors and runaway slaves. They also generated human labor value by treating madness, thereby converting the unsaleable “mad slave” into a person of sound mind who could be bought and sold. Mental asylum seekers who were not healed remained spiritual pawns of the shrine spirit, working alongside the priest and other asylum seekers.

Colonial Psychiatric Manhunting

The value-problem of the “mad slave” in the political economy of healing in the Atlantic world lies at the heart of transformations in both colonial medicine and spiritual pawning. It was not until the 1870s—well over two centuries after British merchants began trading with Africans along the Gold Coast—that the British became a colonial power in the region by muscling military control over land, rather than just seabound trade. The British secured their hegemony among competing European powers on the Gold Coast through treaties, the purchase of other European forts (former slave castles), and wars of expansion waged primarily against the Asante. In 1874, on the heels of a victory in battle against the Asante, the British declared the entire coastal region of Ghana the Gold Coast Colony. By 1877, they had moved the colony’s capital from Cape Coast (a Fante coastal city) to Accra (the Ga homeland).

A primary discursive justification for British encroachment on African land was to abolish slavery on African soil and to replace it with moral and economic uplift. By the closing decades of the eighteenth century, an abolitionist movement had taken root among Quakers, evangelicals, and some political classes in Europe and North America. For fear of alienating planter classes in the Americas, abolitionists targeted the trade in slaves, rather than slavery itself, while simultaneously highlighting the role of Africans, rather than Europeans, in processes of enslavement. Ironically, the criminalization of the British slave trade in 1807—followed by the Slavery Abolition Act of 1833—had the opposite effect. Abolition did not end slavery: it rechanneled it through more diffuse networks and pushed its nucleus into the South Atlantic and toward

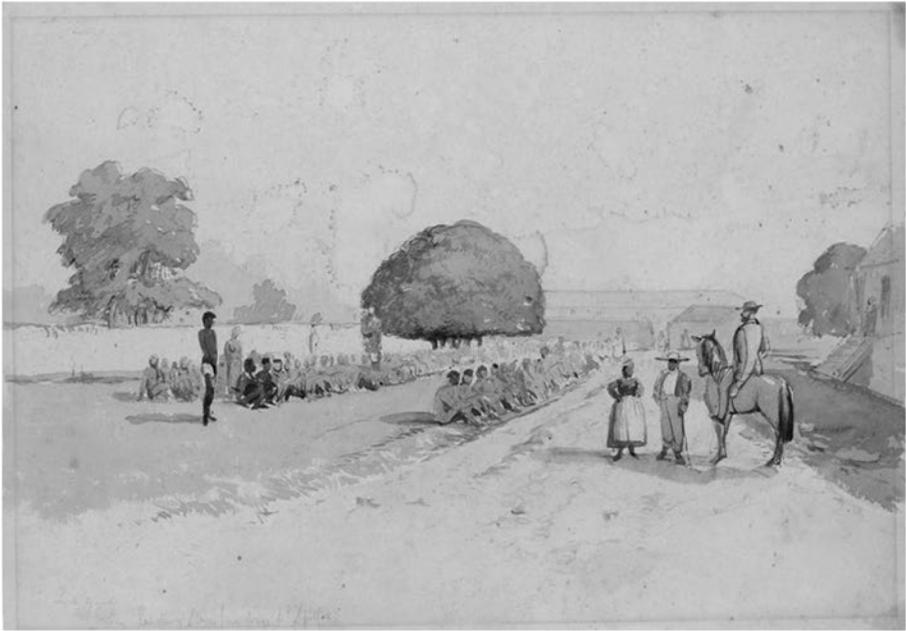


FIGURE 1.7. Inspection of liberated Africans at Kissy in the painting titled *Kissy Landing*. From *Prize to "Spitfire."* by L. A. Good, ca. 1860. © National Maritime Museum, Greenwich, London, Michael Graham-Stewart Slavery Collection.

the Indian Ocean ports of East Africa. Though European outlets for slaves were closed, the cycles of warfare that produced African captives for market did not diminish. As a result, slavery in West Africa increased as African elites purchased slaves originally destined for export for use as house servants and agricultural laborers.¹²⁸ Furthermore, the British were largely unwilling to enforce the Slavery Abolition Act because it troubled their fragile alliances with African political allies who engaged in so-called domestic slavery.¹²⁹

Attempting to end the slave trade in West Africa also forced the British into the business of managing the minds of recaptured Africans, many of whom exhibited signs of severe mental distress. At Kissy in Freetown, Sierra Leone, a cadre of African "dressers" supervised by one to two British doctors staffed the asylum in its early decades.¹³⁰ In an 1853 report on health in Sierra Leone, Dr. Clarke gave a chilling description of the arrival of hundreds of mentally distressed "liberated Africans" to the Kissy Lunatic Asylum.

At the period I took charge of the Kissy hospitals 1837 the slave trade was in active operation consequently great numbers of liberated Africans were constantly received into hospital. It was a most distressing sight to witness the arrival of these poor creatures and it is necessary to make a few preliminary

remarks in order clearly to understand the difficulties with which the medical officers had to contend. The appearance of the slaves when landed from the condemned ship was most striking. In some the expression of the countenance indicated suffering moral and physical of the most profound and agonising nature. Others of them gazed vacantly around them in the most utter helplessness. Occasionally among the newly arrived groups all sense of suffering was merged in melancholic or raving madness. The wizened shrunk and skinny features were lighted up by the hollow feverish eye. The belly was as it were tacked to the back whilst the hip bones protruded and in some cases became the seat of foul sloughing ulcers. The hand and skinny fingers seemed much elongated by the great and neglected growth of the nails and they were so deplorably emaciated that the skin appeared tensely stretched over and tied down to the skeleton. The legs refused to perform their functions and they reeled and tottered about from sheer debility. Their squalor and extreme wretchedness was heightened in many cases by the party coloured evacuations with which their bodies were besmeared. They rushed towards the water provided for their use fighting with each other to drink and drink again as if their thirst was unquenchable. They would devour their food quarreling with each other for the possession of a bone or fragment of meat and what was left they would carefully put away in little bags suspended from their necks to be eaten at leisure.¹³¹

As an ocean-facing institution, designed to resolve a novel concern of caring for the re-captives, Kissy initially served a complementary role to the land-based West African institutions of mental healing, namely shrine care. As was common at shrines, healed patients at Kissy were put to work, with men serving as hard laborers or as soldiers, and women serving in caretaker roles.¹³² But as the British became more interested in cultivating crops and mining African land, they intervened more directly in land-based psychiatric care. They did so initially by assisting African authorities in removing their mentally distressed kin to African-run rural healing shrines that British medical officers called “native asylums.” As noted in the *Gold Coast Colony Annual Report* of 1875, “There is no separate establishment for lunatics. The few who come under notice are provided for by being sent into the Country under the charge of competent persons.”¹³³ The “competent persons” described here were Ga families and healers whom colonial officials assisted in carrying out therapeutic manhunts of the mentally distressed in urban centers to rural shrines just a year after the British made Accra the capital of the Gold Coast Colony.

By the 1880s, the British began to organize urban manhunts of the mentally distressed themselves, rather than merely assisting African authorities. This transition from African to British-led “psychiatric manhunting” was formalized by the passing of the 1883 Lunatics Removal Ordinance, which authorized

raids organized by colonial officials to capture and clear “suspected lunatics” from African city streets. These raids for urban territorial control were practices of expulsion that brought mentally distressed Africans into colonial asylums. This marked a watershed in European interventions into psychiatric care on West African soil. For several hundred years, Europeans had relied on Africans to manage mental distress, and a host of other ailments, in and around their slave castles. By the early eighteenth century, some African “castle slaves” served as “doctor servants” for European participants in the slave trade on the Gold Coast.¹³⁴ Deep into the nineteenth century, colonial officials and Swiss and German missionaries frequented African healers themselves.¹³⁵ For British observers, the “native asylums” of the Gold Coast, where patients were forced to labor and logged, looked quite similar to forced labor protocols and chaining of patients in eighteenth-century European madhouses.¹³⁶

As anti-Black racism hardened, European travelers to West Africa increasingly disparaged African therapeutics as irrational, mystical, and backward. It was only with the rise of the germ theory of disease, which coincided with the British colonial service excluding African workers from their medical corps, that missionaries and colonial functionaries came to disparage the use of African healers.¹³⁷ British ridicule of African therapeutics intensified in the late nineteenth-century, including the use of logging by African authorities and the employ of shrine priests to adjudicate social disputes, which Ga speakers understood, in some cases, to be a cause of madness.¹³⁸ Colonial authorities used negative depictions of African therapeutics to justify establishing European hospitals, asylums, and other therapeutic protocols as means of allegedly uplifting Africans from the social and physical degradations of the slave trade. In practice, however, the putative boundary between “African” and “European” therapeutics was porous, intensely so in the Gold Coast where African and European had been trading and intermarrying since the late fifteenth century. This is one reason why, as the next chapter of this book explores, the imposition of British colonial psychiatry looked far more African—or Afro-European—in form than it did “European” in any sense of the term.

In part, the British were pulled into psychiatric manhunting on the Gold Coast by the rapidly growing population of strangers and vagrants in Ghana’s coastal urban centers. New arrivals to the coast included Muslim traders from across the subregion, recent Christian converts, formerly enslaved migrants, and Euro-African merchants profiting from an industrial-scale gold boom in the central forest region near the Asante heartland of Kumasi, several hours north of the coast by caravan.¹³⁹ The Asante region was home to a long-standing labor-intensive African mining industry, which had supplied gold dust to coastal African traders for centuries. But the 1870s saw an expansion

in capital investments in these goldfields, largely by Euro-African merchant elites and some British mining firms. These large-scale mining operations drew thousands of labor migrants from northern savanna regions—portions of which would be later incorporated into France's West African empire—to central and southern Ghana. To weaken the Asante state, the British also worked to redirect kola nut exports from territories north of Asante directly to Accra, with the goal of cutting out Kumasi as a transit point.¹⁴⁰ The British directed the influx of new traders and labor migrants from the north toward the *zongos*, Muslim immigrant quarters in Kumasi, which dated to the eighteenth century, and in Accra, founded in the mid-nineteenth century. Historically, Ga homes (*shia*) and families (*we*) had incorporated strangers into their households along the coast and on the Accra plains, creating pathways for intermarriage and assimilation into Ga lineages.¹⁴¹ The sheer numbers of immigrants to the city eroded this practice in the second half of the nineteenth century. Moreover, the Ga state's progressive loss of political and legal authority to British authorities in Accra weakened the economic base of Ga households and created political fractions as Ga elites competed for control over urban space and markets alongside the British.¹⁴² Formerly prosperous Ga households that once recruited migrant workers could no longer afford to expand their dependents. Neighborhoods of former slaves emerged along the Accra plains, populated by people from the realm of the historic Asante Empire and from the northern savannas.¹⁴³ On the level of kin relations in urban centers, the fabric of rights and obligations within master-slave relationships across the Gold Coast was unraveling.

A new wage labor-based economy, bolstered in part by jobs within the colonial government, attracted former slaves to the heart of the colonial administration in Accra and Cape Coast. Others engaged in petty trade, which could slip into vagrancy. Visible poverty was on the rise in the coastal cities.¹⁴⁴ Those with weak social ties to Ga households were thought to be vagabonds and the perpetrators of banditry flourishing on Accra's access roads.¹⁴⁵ Elite Africans writing for newspapers in the late nineteenth century Gold Coast and Lagos decried vagabond "lunatics" who disturbed the urban public.¹⁴⁶ The Ga called a new class of mostly male urban poor the *kobɔɔ*. Derived from the phrase *bɔ ko*—"to stroll around (in the bush)," or "to lose one's self in the bush"—*kobɔɔ* was associated with vagrancy and vagabondage. It also reinforced an elite Ga moral topography, which located the civilized Ga (*Ganyo kron*) in urban centers and backwardness in the "bush" (*ko*) or inland country (*kose*).

British "removals" of suspected lunatics from urban centers to rural healing shrines directly reinforced Ga urban-rural moral topographies of moving

mentally distressed Africans from a center (*man*) to the periphery (*kose*), mirroring the logics of spiritual pawning at Ga shrines. The transition to transporting African lunatics from the Gold Coast to the Kissy Asylum in Sierra Leone after 1883 maintained the long-standing concern for control of the urban center already apparent in the manhunts that led people to rural shrines for spiritual pawning in Atlantic-era Accra. Early British colonial psychiatric manhunting also mapped onto the distinctions between simple kidnapping and panyarring. First, individuals did not carry out psychiatric manhunts. Rather, they were collective police operatives of the newly emergent colonial state against the newly emergent floating and unattached migrant population in urban centers like Accra. Neither the concerned kin nor the agitated neighbors who organized previous hunts against the spiritually captured, the police were more akin to the *siccadingers*—the Akwamu state's mercenary panyarring squad—going after the vulnerable and unattached, rounding them up, and taking them to the state, who would then ship them off to Sierra Leone. Second, the police roundups against lunatics were not facially arbitrary, even if, as we will see later in chapter 3, they were discriminatory. Rather, literate African elites and British observers accused the newly visible population of *kobob*, some deemed as insane, of being criminals and public nuisances, responsible for attacks on unsuspecting residents.¹⁴⁷

Though the Lunatics Removal Ordinance consolidated the authority to manhunt suspected lunatics in the hands of the colonial state, Africans continued to shape psychiatric manhunting. The grafting of European colonial forms onto African administrative modes was common practice in mid-nineteenth-century West Africa. It foreshadowed the practice of indirect rule as necessitated by the ephemerality of emergent colonial governance structures.¹⁴⁸ By the 1880s, African elites agitated in Gold Coast newspapers—such as the Cape Coast-based *Western Echo*—for the British to provide the colony with social institutions available in the metropole, including a lunatic asylum, if they expected to assume authority over the territory. On June 26, 1885, the Gold Coast Legislative Council, whose body constituted several British colonial administrators and one African unofficial member, passed a revised Lunatics Removal Ordinance, aligning with Sierra Leone's legislation for the management of lunatics. While this new law appeared to resolve earlier concerns about British kidnapping of lunatics, European-educated Africans continued to voice concerns about the visibility of lunatics in the burgeoning cities of the Gold Coast. They also agitated for a European-style lunatic asylum in the colony—and not just in Sierra Leone, over 2,000 kilometers away by ship. On April 10, 1886, a *Western Echo* article by an anonymous African author discussed the increasingly common judicial writs calling for inquiries

into the peoples' states of mind. It continued, "We must urge the authorities, for their own sakes quite as much as in the interests of the general public, to delay no longer the erection of an Asylum for the reception, custody, and treatment, for those of our unfortunate fellow creatures who are afflicted with insanity."¹⁴⁹ According to the author, the ubiquity of suspected lunatics roaming naked in the streets of Accra proved the need for a new asylum. Another article published in the *Western Echo* on July 29, 1886, detailed the disturbance of the peace by one suspected lunatic. "The other evening, for instance," wrote another anonymous African man, who identifies himself as working in a colonial office, "when it was raining hard, people may have been disturbed in their sleep by frequent shouting which it is painful to add proceeded from a mad man. The unhappy man on passing our office was asked to go home when he replied that he would; but subsequently he commenced 'to burst out' as if in the height of the disease, singing and dancing simultaneously, with the rain falling upon him, a veritable object of commiseration, and half-naked!"¹⁵⁰ The author's conflation of lunacy to nudity and breaches of urban public safety would reemerge in African concerns over lunacy for decades to come. Both authors concluded that by failing to provide a local lunatic asylum the colonial government was neither fulfilling its social contract to maintain public safety nor was it maintaining the welfare of the insane.

Three months later, on October 2, 1886, Governor Young's successor, William Branford Griffith, raised his own concerns about lunatics in a meeting of the of the Gold Coast Legislative Council. As reported in the meeting minutes:

The Governor stated to the Council that several Lunatics had latterly been apprehended, and for their own, and the safety of the Public had been placed in the Goals at Accra, Cape Coast and Elmina, where there was no suitable accommodation for them; and the necessity for making provision for these unfortunates had been pressed upon him by the Officers in charge of prison discipline and by the Chief Medical Officer. The colony had also to maintain lunatics at Sierra Leone who had been sent to the Asylum there within the last three years.¹⁵¹

Because the colonial state was unwilling or unable to transport lunatics to Sierra Leone fast enough, suspected lunatics were putting a strain on the prison system. The governor called for the surveyor general to prepare plans for the construction of a new lunatic asylum in the Gold Coast with a capacity of fifty beds, to be placed at the northeast end of land already occupied by the Colonial Hospital in Accra. The legislative council unanimously approved a budget for the asylum. A home for colonial psychiatry now touched Ga lands.

Mammy Water

Outpatient Department—Case 3, January 24, 2017

Esi arrived at the Accra Psychiatric Hospital on Thursday night bound by her hands and feet in the back of her father's sedan. This Tuesday marked her fifth morning of psychiatric confinement and the first time a family member, her mother, visited her.

According to her mother's testimony, Esi was a bright young woman in her mid-twenties, who became fluent in Portuguese while living her entire childhood in the urban centers of anglophone Ghana. She had hopes of travelling to Portugal on a fellowship. But she stopped attending university unbeknownst to anyone in her family. When her truancy was discovered, Esi became violent and unpredictable. At first, she destroyed property, like the time she defecated on and then burned two couches. Soon she turned on her family, pouring boiling water on her younger brother while he was asleep, causing him to be hospitalized for a week.

Esi's family first consulted several Christian spiritualist healers, including televangelists in neighboring Nigeria and Togo. They surmised that Esi's affliction was somehow tied to her recurring dream that Mammy Water, the West African mermaid-like capturing spirit, was feeding Esi treats at night. Today, stories of Mammy Water are reported along the Atlantic seaboard of West Africa, from as far north as the Gambia to Cameroon to the south. This geography aligns with Mammy Water's roots in the Atlantic Age, when stories of her emerged on the West African coast alongside the concept of the "fetish," a term used by merchants to create commensurability between European and West African value systems starting in the fifteenth century. This new spirit manifested the grafting of European mermaid myths, and later

eighteenth-century exoticizations of Indian women, onto West African ocean and river spirits.¹

As far back as the mid-1960s, Mammy Water was reported in psychiatric encounters in West Africa by Ronald Wintrob, a doctor trained at the University of Toronto and McGill University, then working in Liberia as the director of the Catherine Mills Rehabilitation Center, at the time the country's only psychiatric facility. Wintrob noted that "ten per cent of male patients requiring in-patient treatment for psychotic disorders, revealed a system of delusions relating to possession by Mammy Water."² The capturing spirit almost always appeared to the men in dreams, offering them riches if they had sex with her and abstained from alcohol, tobacco, and intercourse. When the men inevitably failed this spiritual test of interminable abstinence, Mammy Water plagued them with severe mental distress. In some cases, several descendants of the original offender also suffered the consequences of this spiritual capture. In the words of one of Wintrob's patients,

They say [my father] spoiled the law Mammy Water gave him. I was in school at the time. Since then this spirit always attacks some of us, and each time we lose our senses over it. Three of my brothers have had it already.³

Like these Liberian brothers in in the 1960s, Esi became devoted to Mammy Water soon after her first dream. She carved an effigy of the spirit into her bedroom closet door and drew a second one on the wall. While singing praise songs about Mammy Water, she would use the entire poly tank—a two-week supply of water—for a single bath. On some days, she would flood the entire house and use cleaning detergent to bathe herself in the deluge.

"Why did you do it?" Dr. R spoke softly. Esi raised her voice slightly: "Anger and frustration." Dr. R sat up and leaned forward. "What was the source of the anger?" She stared out the window behind the doctor. "Because of things not being right."

I averted my gaze to my lap, where I scribbled notes along with several student clinical observers. Esi had long diagnosed herself as suffering from obsessive compulsive disorder, an assessment that Dr. R shared. She was a patient with "insight," a word I heard repeatedly in the Outpatient Department.

Dr. R followed, "So, why haven't you sought help for your OCD?" Esi evaded the question. "I'm used to it . . . messing up the house . . . I do it because I'm frustrated. I also like to be clean." "But, if you are so obsessed with cleanliness, then why do you defecate anywhere?" Dr. R queried.

Esi slumped her shoulders in defeat and turned to Afua in what appeared to be a plea for help.

Dr. R continued taking notes, stopping only to lean in Esi's direction with fresh inquiries. "Do you hear voices?"

"No."

"Do you get the feeling that people know what you are thinking?"

"No, I can't read into people's minds. Sometimes, when I go out, I see people staring at me. I feel uncomfortable because they must know about what is happening. I wonder what they have heard about me?"

"Do you watch television? Do you ever feel that what they are doing is because of you or related to you?"

"Yes, I watch Christian programs and when the pastors are talking, I hear them speaking about me."

"How long has this been going on?"

"As long as I can recall."

"Is anything wrong with you?"

"Yes."

"In your own words?"

"I can't do anything right."

"Do you sleep?"

"Not well, I have nightmares that are so so real of a fair woman with braids."

"Why did you burn your things?"

"I thought . . . it's over, life is not worth living, I can't make right, and I can't live right."

Dr. R swiveled in his chair toward us, the student observers. He theorized, aloud, that Esi might struggle with both OCD and schizophrenia or bipolar disorder.⁴ "But we cannot rule out depression," he added, before returning his gaze to Esi.

"Why do you strip yourself naked?"

There was a clear shift in Esi's comportment.

"I don't want to talk about it," she snipped.

"When she first arrived at the hospital, she claimed that she used to live in Portugal . . ." Dr. R turned his head in our direction, "but according to her father and mother, she only went to Guinea-Bissau. And the night before she was brought to the hospital, Esi was found walking naked on the beach. When questioned, she claimed she was walking into the Atlantic Ocean to go home to Mammy Water. The thing is . . . Esi doesn't know how to swim."

"He's a liar!" Esi screamed, presumably referring to her father, or perhaps to Dr. R.

Asylum as Shrine in the Gold Coast Colony

Whereas the doctors claim that the colonized patient doesn't know what he wants, whether to stay sick or be cured, the native keeps saying, "I know how to get into their hospital, but I don't know how I'll get out—if I get out."

FRANTZ FANON, *A Dying Colonialism*, 1959

Ga narratives of the founding of Accra are transmitted in words and inscribed in rock. According to a nineteenth-century account collected by Carl Christian Reindorf—the Ga historian, Christian catechist, and healer—the first sovereign of Great Accra, King Ayi Kushi, disembarked on the shores of the Gold Coast by boat with his son, Ayite, a group of his subjects, and the prince of the Akyem.¹ As firstcomers, they decided to divide authority over the land between Ayi Kushi and Akyem. The Ga king and prince would rule the coast and the Akyem prince would rule the Akan speakers in the interior. The group alighted from their boats on a series of limestone rocks protruding into the Atlantic Ocean. The Accra and Akyem princes organized a race among two of their servants, agreeing that the runner who first discovered habitable land should claim preeminence for his sovereign. When the race began, the servant of the Accra prince, realizing that he was no match for his opponent, stopped on a rock, feigned that a thorn had pierced his foot, and asked his competitor for a knife to remove the thorn. Though surprised that the rock was thorny, the Akyem servant stopped to help his opponent. While kneeling to retrieve the knife, the duplicitous Accra servant grabbed the Akyem servant's shoulders and leaped over him, declaring his sovereign's authority over the Akyem prince. But as he uttered these words, both men transformed into the twin rocks known as Akwete and Akuete on the parent rock Tumotey. Tumotey, Ga for "jumping rock," likely the property of Nai, the Ga deity of the sea, became a powerful "fetish" for guarding the communal well-being of the Ga people.² Tumotey overlooks the beach of what became the Ga coastal neighborhoods of Kinka (Usshertown) and Tunyea (Victoriaborg), formed when the Akyem sacked Great Accra and the Ga dispersed from the hills to these seaside towns, the *nshɔnamajii*.



FIGURE 2.1. “Fetish Rocks.” Accra, ca 1899–1912. Photo by Wilhelm Erhardt. Basel Mission Archives, Basel, Switzerland.

In 1878, roughly five hundred years after the Ga founded Accra, the British began quarrying portions of the rock of Tumotey to construct the Gold Coast colony’s hospital and asylum in Victoriaborg, which became a largely European neighborhood during colonial rule.³ In 1881, the Ga chiefs (*mantsemei*) of Accra complained in petitions to British colonial officials that Tumotey was a “fetish” that should not be quarried.⁴ “Defiling a fetish” (*bulemɔ*), they understood, could create cause for spiritual capture (*wɔnmɔmɔ*), leading to mental distress or death for residents of the surrounding area. The British briefly put a stop to mining Tumotey but recommenced in 1883, using rock hewn from this “spirited geobody” to build the colonial hospital.⁵ Ga agitators, men likely from surrounding neighborhoods, retaliated by throwing the blasted rock back into the Atlantic Ocean.⁶ As noted by historian Sarah Balakrishnan, this was an act of political resistance against British colonial expropriation.⁷ It was also a ritually significant return of stolen rocks to their owner: Nai. In 1882, the colony opened its central hospital in Victoriaborg, and in 1887, they finished construction on the asylum just adjacent to the hospital.⁸ The asylum occupied two additional spaces. From 1897 to 1903, it was housed in Christiansborg Castle, formerly a Danish slave fort. When the British made Christiansborg the home of the governor in 1903, the asylum

briefly returned to Victoriaborg, until it was moved permanently in 1907 to Adabraka, a neighborhood on the outskirts of the earliest Accra settlements where it remains in operation today. The adjacent neighborhood is eponymously named Asylum Down.

The colonial lunatic asylum in Victoriaborg was enshrined. In a literal register, the spirited rock of Tumotey was incorporated into the material edifice of colonial psychiatry.⁹ That the asylum was built from stolen Ga “fetish rock” would come to ritually trouble many African patients.¹⁰ Such European incursions against “the fetish” underscore William Peitz’s schizoanalytic reading of colonial institutions in the Gold Coast as “organ-machines.”¹¹ Colonial authorities often conceived of Africa as the “geographical or (‘territorialized’) delirium of a body without organs”—an “irrational” socioeconomic form with a “dark” and unregulated interior.¹² Colonial institutions like the trade post, railroads, forts, and hospitals were thus organ-machines installed to regulate and channel the flow of people and goods from the interior toward the coasts for the mercantilist and civilizational projects of European colonialism.¹³ As organ-machines, colonial institutions were born, in part, of European colonial capitalist anxieties about the role of the fetish and the fetish shrine as “anti-production machines”: institutions fueling the resistance of local African authorities to colonial capital accumulation by offering an alternative avenue of capital accumulation beyond the reach of colonial authorities.¹⁴ But if colonial economic institutions like the trade post reveal the European will to eliminate the fetish, the therapeutic and penal lunatic asylum exposes the hypocrisy of this colonial annihilation anxiety. Tumotey’s extirpation was part of a centuries-old practice of Europeans mining fetish rock to build European commercial and governance institutions like Cape Coast Castle, the former slave trading fort and later seat of British government in the Gold Coast prior to the relocation to Accra in 1874.¹⁵

Placing the asylum in Victoriaborg animated Ga ritual and public safety concerns. Not only was it on expropriated Ga lands, but lunatics captured by the colonial state in Accra would now be internally quarantined in the city rather than expelled to a Ga therapeutic shrine in the countryside (*kose*). On one hand, the new asylum in Victoriaborg lessened the extreme ritual risk involved with moving lunatics to Sierra Leone—a distant land that did not hold shrines associated with the capturing spirit, essential institutions in the processes for resolving patients’ afflictions. On the other hand, the construction of the Accra Asylum did not resolve the larger problem of psychiatric man-hunting. The capture of lunatics by the colonial police reduced the visibility of mentally distressed *kobɔɔ*, or vagabonds, in Gold Coast urban centers. But transporting them to British-run asylums meant that ritual debts—which

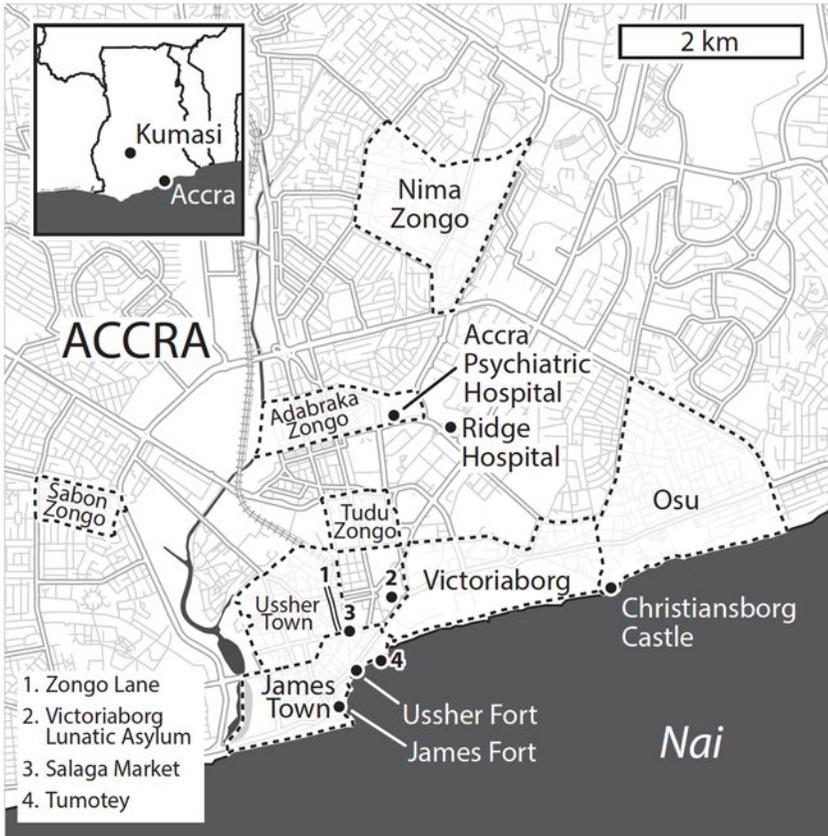


FIGURE 2.2. Map of urban Accra.

were often believed to cause mental distress in the first place and were treated in rural shrines—remained unresolved.

Accra's colonial asylum also materialized the grafting of colonial psychiatric care to West African therapeutic worlds. For one, African staff engaged with the asylum and its patients in ways that mirrored regional encounters with Atlantic-era healing shrines and drew on the repertoires of the West African pharmakon. African staff practiced logging, they cultivated healing plants, and they fostered debt exchange relationships reminiscent of panyarring and pawning: techniques used by shrine priests of the Atlantic era to heal mentally distressed Africans, including enslaved captives and pawns. African staff also manhunted escaped patients and suspected lunatics in urban spaces, carrying on the psychiatric manhunts of the early British colonial state. Shrine techniques entered the asylum in part because the staff of the Accra Asylum was dominated by Africans, far more so than in many other

medical institutions in colonial Ghana and elsewhere in the British African empire. When the first British colonial hospital was built in Accra in 1882, Africans were excluded from the institution designed to staff its medical personnel: the Gold Coast Medical Service.¹⁶ Nurses and doctors were brought from the United Kingdom. This was one articulation of a hardening anti-Black racism that also manifested in the segregationist policies of European medical bodies in Africa in the late 1800s.¹⁷ Yet because European doctors viewed asylum posts, particularly in Africa, as undesirable, the asylum in Accra was staffed almost exclusively by Africans and people of African descent.¹⁸ British authorities sought to impose their standards of mental healing at the asylum. But African staff, whom patients interacted with far more than British medical officers, routinely drew on Atlantic-era techniques of the “native asylum” and healing shrines, even as they adapted these techniques to novel conditions and innovated new practices altogether.

African patients and their kin also engaged with the asylum as a shrine in the strategies and norms they used to navigate admission to and discharge from the asylum. In petitions written to colonial officials and asylum staff, African residents of different gender and class backgrounds representing dozens of families hoping to secure the release of their kin from the asylum often employed a familiar rhetorical strategy. They made appeals to what colonial officers and Africans alike referred to as “native treatment” at “fetish shrines.” These “fetish petitions,” as I call them, were oath-making vehicles that drew on precedents from the British Isles and from West Africa. First, they took the form of “petitions,” a tradition of political requests and grievances used in Britain and in the British Empire, arguably since the Magna Carta.¹⁹ Second, African petition writers invoked an Afro-Atlantic modality of confiding a loved one into a healing shrine, and seeking their release, through oathmaking, thanksgiving fees and the commitment of the labor of their kin to the priest as recompense for healing. Historians have argued that in Africa most families of the mentally ill continued to treat their loved ones at healing shrines.²⁰ Limited family support, they theorize, is one reason why migrants were more likely to end up in asylums in colonial Africa.²¹ But petitions from the Gold Coast paint a more complicated picture. Some family and friends worked to keep the mentally distressed out of the asylum, but many others sought out the medical services of the colonial state for the treatment of their loved ones. They did this by giving testimony during the medical examination process or by swearing oaths to begin the process of asylum confinement.²²

If the structure of fetish petitions drew from the dual forms of British

petitioning and West African oath-making processes, they also emerged at the intersection of professional letter writing, a common legal position across the British colonial empire that provided letters in English for illiterate colonial subjects addressing the colonial state, and the growing cadre of literate colonial subjects, who invented their own translations for regional idioms about the causes and cures for mental distress into English.²³ Fetish petitions were sometimes authored by their signatories and sometimes dictated in Ga and Twi to professional letter writers, who tailored the letters' content for colonial officials. While we cannot be sure that the letter writers remained entirely faithful to the desires of their clients, we know that they maintained their clients' appeals to shrine healing that they likely knew the colonial state did not support.

Fetish petitions reveal how the asylum was shaped not only by extant practices of Afro-Atlantic shrine healing but also by an explosion of new mental healing institutions that arrived on the Gold Coast during the early colonial period. The asylum would compete for patients alongside powerful immigrant medicine men and witch-finding shrine healers, who traveled to the Gold Coast from surrounding African colonies alongside thousands of regional labor migrants. Colonial administrators and migratory evangelists also introduced new medical techniques and ideologies from the North Atlantic to the Gold Coast. These travelers arrived with diverging epistemological frameworks, ranging from allopathic medicine to Christian spiritualism and witch-finding masquerades. Within this dense and competing marketplace of medicine and healing, witch-finding shrines would emerge as the most popular site for mental healing among families of diverse ethnic, linguistic, and religious affiliations in the region.

Enshrining Colonial Psychiatry

In its early years, the Accra Asylum straddled penal confinement and medical care. Mirroring colonial prisons, the asylum was staffed by mostly male African "warders" who worked under the supervision of female or male African "attendants."²⁴ In the decades to follow, medical officers included African, European, and Afro-Caribbean men, most of whom had no training in psychiatric care. These medical officers imposed and experimented with new therapies developed in Britain and the British Empire. But faced with overcrowding, understaffing, and meager budgets, they relied heavily on African warders who imported techniques of the West African pharmakon into patient care in the asylum.

MORAL THERAPY AND PHARMACOTHERAPY

The first asylum at Victoriaborg had a capacity of fifty patients and a large garden of 5,600 square yards.²⁵ The asylum's first chief medical officer was Dr. Derwent Waldron, a Jamaican medical doctor of African descent who trained at Edinburgh University.²⁶ Early treatment for mental distress at Victoriaborg entailed a labor regime designed to transform suspected lunatics into human capital, a practice with strong parallels to the labor demands of Ga shrine priests of their patients in the nineteenth century. Prescribing work as a treatment for asylum patients' distresses was core to European and North American psychiatric discourses of moral therapy.²⁷ In the Accra Asylum, confined men were expected to garden from six to nine o'clock in the morning and from three to five o'clock in the afternoon to "supply both the general hospital and the asylum with vegetables." Female asylum patients, in turn, laundered the linens for both the asylum and the adjacent hospital.²⁸

African medical staff also treated patients with local plant-based pharmacotherapeutic remedies (*shikpɔn tsofa*) used by shrine priests. Dr. Easmon—a Sierra Leonean doctor who replaced Dr. Waldron at the asylum—experimented with cultivating West African medicinal plants, particularly those known as cephalics (see chapter 1).²⁹ By the time he arrived in Accra, Easmon was an award-winning student at University College London, where he trained in biomedicine. He also traveled throughout Ghana to meet with African herbalists, whose work he studied and applied in his medical practice at the asylum. Easmon sent plant samples from Ghana to the Kew Botanical Gardens in the metropole, where his contributions were critical to research into arrow poisons (the genus *Strophanthus*).³⁰ He was one of a number of medically trained botanists who, since the mid-eighteenth century, had expropriated and transferred pharmaceutical knowledge from the colonies to Kew.³¹ Easmon also translated his findings on African medicine into scientific publications in medical journals and in colonial agricultural reports.³² Easmon's engagements with African pharmacotherapy unfolded in a rich landscape of African healers experimenting with herbal medicines from the region and abroad. So-called patent medicines—preparations prepackaged, branded, and sold by Euro-American pharmaceutical companies—were growing in popularity in urban Ghana, where they had been in circulation since the second half of the nineteenth century. In Ga, patent medicines were known as *blɔfo tsofa*, which translated literally as "European tree roots/herbs."³³ Patent medicines found an audience in a context where the colonial state did not provision healthcare to the majority of the Gold Coast's African subjects.³⁴ At the same time, the colonial government attempted to

police African therapeutic practices by clamping down on certain forms of ritual practices that colonial officials deemed harmful.³⁵ Due to the lack of regulation of their sale and use, likely an outcome of the tariffs they accrued to the colonial state, patent medicines were easily enrolled into the highly incorporative practice of domestic medicine in Accra's households.³⁶ Many patent medicines became vernacularized, that is, taken for treatments beyond the manufacturer's intended use.³⁷ *Blɔfo tsofa* was part of an emerging culture of medical consumption among Gold Coast residents. Patent medicines occupied the middle of a colonial civilizational hierarchy around medicine, which privileged biomedicine at the top and placed medicine associated with "fetishes" and rural herbal preparations at the bottom.³⁸

Local herbal healers, meanwhile, sought legal recognition by the colonial state for administering patent medicines, including their own plant-based formulas.³⁹ As early as 1924, African healers in the Gold Coast established the Society for African Herbalists (SAH) in the southern city of Sekondi to support the growth and spread of "scientific herbalism," a mode of healing based on outpatient care and the systematization of African plant knowledge. Scientific herbalists marketed various African medical remedies using the sartorial trappings of biomedicine in a bid to capture the patronage of a growing class of literate African colonial subjects, who were also the targets of many newspaper advertisements for patent medicines.⁴⁰ J. A. Kwasi Aaba, the founder of the SAH, authored what is commonly considered the first compendium of medicinal plants by a "scientific herbalist" in the Gold Coast, published in 1930. Alongside Aaba, Easmon's experiments in the Accra Asylum made him a forerunner for West African doctors and chemists of the midcentury who sought to document and transform plant medicines into industrial-scale pharmaceutical drugs to tackle pressing medical needs in their communities. By making a record of "the empirical remedies employed" by West African people and their ancestors, Easmon cleared the ground for men like Dr. Oku Ampofo, whose research led to the molecularization of novel antimalarial compounds from herbal medicines.⁴¹ Easmon's interests also extended to pot-herbs, plants used for cooking and seasoning food, on which he provided commentary about the health and nutritional value of these edible plants.⁴²

Easmon could have accessed a diversity of pharmacotherapies in Accra, a bustling port city whose markets had boasted exotic herbs and medicines from around the globe since the early decades of Atlantic-bound trade.⁴³ Easmon also collected plants on his trip across the Gold Coast Colony that he transplanted on the grounds of the asylum, where he enrolled asylum patients in cultivating medicinal plants that included *Solanum aethiopicum*, or "Ethiopian eggplant," for dysentery; *Newbouldia laevis* for intractable vomiting

and as a sedative; and a plant known in Fanti as *yoloba* for abdominal pain and constipation.⁴⁴ Easmon also tried his hand at cultivating cotton, *apora* from the family Celastraceae, finger root or *Uvaria chamae*, and *kaka-ipe* (likely *Rauvolfia vomitoria*) from the family Apocynaceae.⁴⁵ The first four were helpful with dysentery, which was common in the asylum.⁴⁶ *Kaka-ipe* and *Solanum aethiopicum* were sedatives historically used in the Gold Coast as a remedy and poison. Easmon used the latter on patients when, in his words, “morphia, bromides, Chloral [hydrate], *Cannabis indica*, and other sedatives” proved ineffective.⁴⁷

Increased policing in Ghana’s fast-growing urban centers accelerated the influx of patients into the asylum. Overcrowding exacerbated the unsanitary conditions that made the asylum the leading medical institution for contracting enteric illness in the Gold Coast.⁴⁸ In the absence of straitjackets and more cells, the staff relied increasingly on local sedatives, like *kaka-ipe*, and logging. These plants also carried ritual ties to diverse healing traditions, including the cephalics used by Ga shrine priests in combination with logging to address manic paroxysms. Easmon would have been familiar with the use of incantations by Ga healers and shrine priests to activate herbs in treating “serious illnesses” (*mumɔ hela*), such as madness.⁴⁹ Ga healers understood that each spirit (*wɔn*) was associated with its own herb and that herbs could only be rendered efficacious by appeasing spirits who aided, or blocked, healing.⁵⁰ Asylum patients, in turn, would have recognized some of the herbs used by Easmon as the plants of distinctive spirits and shrines.

MANHUNTING AND LOGGING

Psychiatric manhunting was crucial to the techniques of asylum confinement in the Gold Coast. But by the turn of the twentieth century, the agents who carried out manhunting, and the impetus for raids, had changed considerably since the passing of the 1885 Lunatics Removal Ordinance, which sanctioned the colonial police to conduct street clearing of suspected lunatics. Once the asylum was operational, manhunting was delegated to African warders and attendants, with only occasional aid from the police.⁵¹ For decades, a steady cycle of patient escape and recapture was common, since the asylum was not enclosed by a fence.⁵² The earliest recorded escapes from the asylum date from the 1890s and coincide, perhaps not surprisingly, with the first dismissals of warders and attendants for abusing patients.⁵³

In November 1892, the Gold Coast’s medical officers and the asylum’s visiting committee, a review board comprised of various colonial officers, rec-

commended the construction of lean-to sheds to protect both male and female patients from the elements while on the exercise grounds surrounding the asylum.⁵⁴ Within a year, however, the visiting committee noted that the head attendant, Mr. Kelson, was using the wooden planks of the lean-to sheds, in the style of logging, as a base for chaining patients. The “condition of these patients was deplorable,” the committee wrote, “standing chained naked and only shaded from the rays of the sun by two boards which were placed against the posts to which they were handcuffed.”⁵⁵ This language echoed abolitionist accounts, penned decades earlier, to describe the transportation of slaves in logs along caravan trails to the coast. The committee called for the purchase of more straitjackets to reduce the need for logging. But Dr. Eason, the Sierra Leonean who replaced Dr. Waldron as the asylum’s medical officer, responded that straitjackets, while better suited to cooler European climates, were exhausting and demoralizing for West African patients compared to logging. Mr. Kelson, moreover, justified logging violent patients to wooden planks on the grounds of austerity: There were not enough cells in which to house these individuals.⁵⁶ The logging of patients reduced but did not end with the reintroduction of straitjackets after the arrival of the first British alienist assigned to the Gold Coast.⁵⁷

OLD GHOSTS AND YOUNG SPIRITS

To relieve overcrowding at Victoriaborg, in 1898 the asylum was briefly moved to the Christiansborg Castle, originally built by the Danish in 1661 as a slave castle. The British later purchased Christiansborg and made it the official residence for Gold Coast governors until 1898.⁵⁸ Christiansborg was overseen by a cadre of African warders and Dr. Alexander E. Knight, a British medical officer who had worked for several years in an asylum in England. Victoriaborg had been based around a large outdoor space for moral therapy in the form of recreation and gardening. The slave fort-turned-asylum was oriented to the interior with “four good sized dormitories, a large day-room, two capital isolation rooms, three smaller rooms capable of being converted into strong rooms . . . a kitchen dispensary, office, hospital, and officials’ quarters.”⁵⁹

Housing the asylum of the Gold Coast Colony in a former slave castle revealed how difficult it was for the colonial state to create moral and temporal distance between colonial psychiatry and slavery.⁶⁰ Though the asylum was based at Christiansborg for only a few years, during that time it began earning a negative reputation that solidified later into an imperial embarrassment likely to “bring discredit upon [the Gold Coast] government” in what

was otherwise seen as a “model colony.”⁶¹ Meanwhile, in colonial Ghana, the castle was understood to be haunted by ghosts (*sisá/otɔfo*) of former colonial agents, slave traders, and African captives. These ghosts are described in an acclaimed travelogue, *Alone in West Africa*, published in 1911 by Mary Gaunt, an Australian novelist and travel writer who had explored the old slave forts of the Gold Coast several years prior.⁶² Gaunt relayed the testimony of a former African warder she encountered, who had worked with Dr. Knight at Christiansborg in the early 1900s. “‘No, sah; no, sah,’ said the man earnestly, ‘it no be good.’” The warder explained that “as soon as the place was locked up quiet for the night, and he knew there could not possibly be any white men within the walls, two white men, he described them, one had eyes like bright stones, walked up and down that long corridor.”⁶³ For Gaunt the strangest part of the warder’s tale was that “he described unmistakably” two governors of the Gold Coast that formerly resided at the castle but had died several years prior, “one, I think, in the West Indies, and the other on the way home from West Africa!”⁶⁴ Neither Gaunt nor the warder provided names but the details match the biographies of William Branford Griffith, who was born and died in Barbados and served as Gold Coast governor twice, from 1880 to 1881 and again from 1885 to 1895; and Samuel Rowe, who served as governor of Sierra Leone (1875–81), Gold Coast, and Lagos (1881–84), and later as governor of the British West African Settlements (1884–88). While occupying the latter office, Rowe died at Madeira on his way to England to recover from a sudden illness.

In Ga ritual discourses, spirits of the dead came in two forms: *sisá* and *otɔfo*. Griffith’s spirit was a *sisá*, a person who reached his natural or divinely intended time of death (*nyɔngmɔ gbele be*). *Sisá* could protect or harm, depending on their relationships to the living.⁶⁵ Benevolent *sisá* became spiritual caretakers of their living relatives, and they tended to stay in the world of the dead (*gbohíaajen*) unless summoned during ritually significant festivals, or in moments of familial conflict.⁶⁶ Rowe’s spirit was an *otɔfo*, one who suffered an untimely death.⁶⁷ *Otɔfo* and malevolent *sisá* were known to cause shade sickness (*sisá hela*), a subset of spiritual sickness (*mumɔ hela*), which often manifested in symptoms of mental distress.⁶⁸ They haunted the living they blamed for their misfortunes until a shrine priest conducted “compensatory rituals” to transform them into benevolent *sisá*.⁶⁹ In Ga ritual worlds, working or receiving treatment in the slave castle-turned-asylum also exposed one to vengeful British spirits of mental harming.

Beyond asylum walls, the landscape of psychotherapy among African herbalists, priests, and other healers—who remained the primary modes of therapeutic resort—was evolving rapidly. Thousands of migrants from the

Northern Territories and from French West Africa were drawn to southern Ghana's cocoa boom, centered on the forested region surrounding Kumasi.⁷⁰ Migrants carried with them novel witch-finding shrines that, by the 1930s, came to dominate the landscape of mental healing in southern Ghana, a region that venerated healers and healing techniques from distant lands as having some of the most efficacious medicines.⁷¹ If asylum care was mired in the ghosts and infrastructure of the slave trade, by the dawn of the twentieth century, spiritual capture—the statutory debt owed for a failure to propitiate a shrine spirit in the Atlantic era—had lost traction as an explanation of psychological distress. The onus of the cause of mental distress shifted from improper engagements with the agents of the spiritual world to improper interactions with living relatives, associates, and strangers.⁷² These social tensions were expressed through the language of witchcraft: a malevolent act committed by an individual against the spirit of another.⁷³ Margaret Field, the Gold Coast government anthropologist, attributed this shift toward accusations of witchcraft to several interlocking historical factors: the venereal disease epidemic of the early twentieth century, and two bubonic plague epidemics of 1908 and 1924, born in part from overpopulation in the city's older quarters generated by rapid urbanization.⁷⁴ Preexisting ritual institutions could not satisfy these novel health crises. Field's work suggests that anxiety, paranoia, and depression were on the rise as colonial occupation destabilized the authority of African political and ritual elites and introduced rapid economic change associated with head taxes and cash crops.

Spiritual capture of the Atlantic era entailed a pharmakonical duality in that it signified both a forcible seizure and the potential to become a member of the spirits' family. In the case of witchcraft, pharmakonical duality was limited to the domain of intent; a person could be a witch without knowing it. But the purpose of witchcraft was always singular: to harm. To combat witchcraft, a new institution, known as witch-finding cults, gained traction among diverse populations of the Gold Coast in the late nineteenth century.⁷⁵ These "personal security cults" largely originated from the savanna of northern Ghana and neighboring colonies. They included, among others, Tigari, Kundi, and Nangoro from French Ivory Coast; Asasi from the French Northern Territories; and Krakyi Dente.⁷⁶ These shrines held the traveling younger spirits (*ɔbosom-mma* in Twi) from the Northern Territories—the Tongo Hills were particularly significant—that offered protection against malevolent individuals operating as spiritual enemies.⁷⁷

The explosion of witch-finding cults emerged from the grafting of the *ɔbosom-mma* onto the *ɔbosom-pan* (older spirits).⁷⁸ Witch-finding shrines provided psychological security in the face of new forms of political and

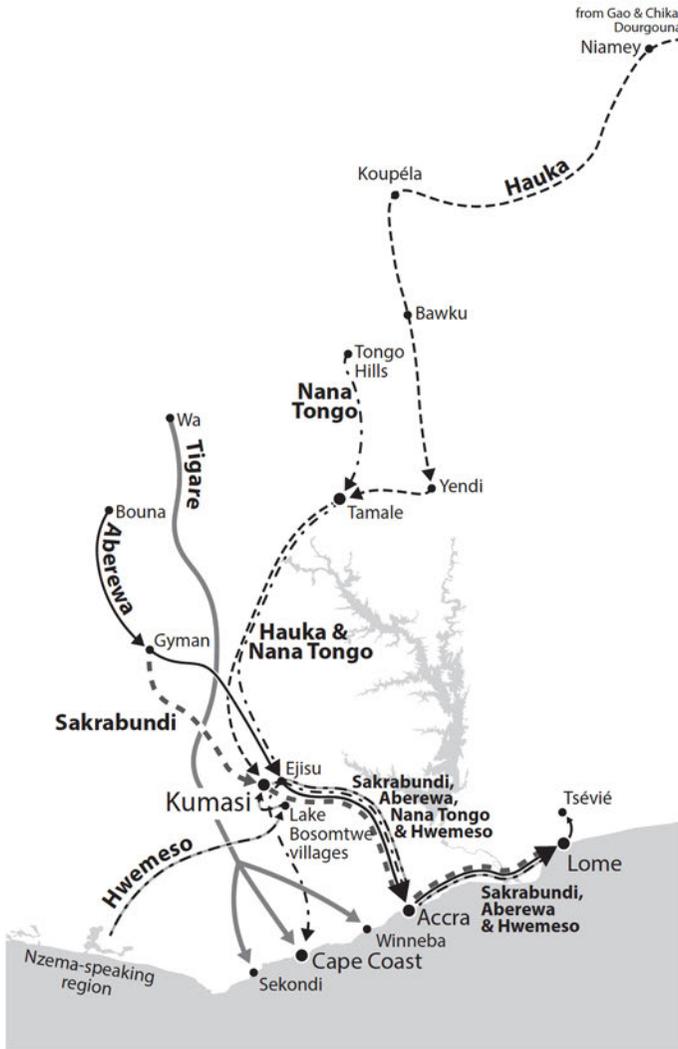


FIGURE 2.3. Map of travelling spirits, ca. 1860s to 1940s.

ritual change. Migrants also sought protection from these shrines for their journey, often made by foot, from the savanna to southern Ghana. Migrants propitiated to protective spirits at shrines before their departure and upon their safe return. In some cases, migrants carried their own protective spirits in portable talismans.⁷⁹ Mirroring the movements of labor migrants, these witch-finding spirits moved in circular patterns, with periodic returns to their source points in the north required for the ritual renewal of shrines.⁸⁰

By the 1920s and 1930s, as many seasonal migrants from Niger and Côte d'Ivoire began to settle permanently in Ghana, they transported and enshrined witch-finding shrines to the southern forests and coastal regions.⁸¹ These demographic transformations triggered anxieties about the dangers and problems brought by strangers, within their southern host communities (see chapter 3). Witch-finding shrines reorganized communal bonds during this crisis by policing the entrance of some strangers over others, thus establishing common defensive interests among putative enemies through an ethics of mutual protection and conviviality dictated by their shrine spirit.⁸²

The embrace of northern shrines by many long-term residents of southern Ghana was a sociologically flattening process that allowed strangers—historically barred from land ownership, relegated to menial tasks, and excluded from political membership—to share bonds of community with their hosts. It was also, as the anthropologist Richard Werbner noted in his study of West African witch-finding shrines in the 1960s and early 1970s, an assertion of cultural dominance through the mastery of the ritual knowledge



FIGURE 2.4. Mound altar at a shrine to the spirit Dente, in the outskirts of the village of Abetifi, ca. 1885–1895. Photo by Fritz Ramseyer, Yale Divinity Library Archives, Yale University Library.



FIGURE 2.5. Mound altar at a shrine to an unnamed spirit in Bobo Dioulasso, contemporary Burkina Faso, ca. 1942. Photo by George Labitte, Institut Fondamental d'Afrique Noir, Dakar, Senegal.

of a group deemed inferior by their hosts. Shrine healers from the coastal and forest regions, and their spirits, only rarely sanctioned satellite shrines in the north.⁸³

The Sakrobundi spirit masquerade was the first widespread witch-finding shrine in colonial Ghana. It was carried down to the southern coast and cen-

tral forested regions from the savanna in the 1860s by Sei Kweku: a healer and moral entrepreneur of Senufo (Nafana) descent. While Sakrobundi was popular among diverse constituencies, it did not initially gain traction in Asante, where masquerade shrines were historically uncommon and Asante state bureaucrats had regulated the migration of ritual practitioners from northern regions into their territories.⁸⁴ But after the British wrestled control from the Asante, and exiled their leader (the Asantehene), the acquisition of amulets and healing from the prophets of the younger spirits brought by migrants grew in Asante.⁸⁵ To make the institution more palatable to Akan speakers, Sei Kweku grafted Sakrobundi onto the sartorial shrine practices of older spirits of the region under the new name Aberewa (“the old woman” in Asante Twi).⁸⁶ By the 1880s, when European imperial powers had carved up Africa into discrete colonies, priests of witch-finding shrines donned the white clay in the fashion of Akan shrine priests of territorial spirits, practiced logging at institutions, and offered sanctuary to the ritually insecure—those seeking care for spiritual capture, witchcraft, or seizure by other unseen forces.

As witch-finding shrines exploded in Ghana between the two world wars, African independent churches—breakaway congregations from nineteenth-century European mission denominations—also gained popularity.⁸⁷ British colonial authorities and “the fathers” of African independent churches led numerous campaigns to discredit and criminalize older spirits and ritual practices in the region.⁸⁸ The first independent church in Africa—Akonomnsu (“The Water Drinkers” in the Fante language)—had been founded in the Gold Coast in 1862 by J. R. Ghartey. Ghartey went on to become first king-president of the late nineteenth-century Fante Confederacy. Akonomnsu broke away from the long-standing Methodist missionary church at Anomabu, a key Fante coastal town since the slave trade. Ghartey and his congregants strove to establish a sober Methodist community, and they criticized the Methodist Church in the Gold Coast for not adequately enforcing its doctrines against purchasing and distributing alcoholic beverages. But Akonomnsu’s movement was vexed by the same problems of its predecessor. Within the decade they pushed the Methodist Church to clamp down on the consumption of alcohol among congregants.⁸⁹ Despite being short lived, Akonomnsu pioneered an independent church movement that spread in the 1920s in colonial Ghana in the form of the model of the Christian spiritualist prayer camp.⁹⁰

Christian spiritualist prayer camps were independent churches focused on healing that were often established in historic sacred forests (*kwaē* in Twi/*koo* in Ga). The practices of prayer camps run by African independent churches were grafted onto the West African pharmakon. With an explicit focus on healing, pastors engaged in logging (in the case of mentally distressed



FIGURE 2.6. Two trident branch altars to the spirit Wentoro or, perhaps, the creator spirit Wuro of the Bobo-Fing people of Bobo Dioulasso in contemporary Burkina Faso, ca. 1950. The basin sitting in the forks is for receiving offerings. Photo by Potentier, Institut Fondamental d'Afrique Noir, Dakar, Senegal.

congregants) and used pharmacotherapeutic treatments with herbs on their congregants. Samuel Nyankson, a Methodist catechist turned spiritual healer in the first decade of the twentieth century, is credited with starting the prayer camp movement.⁹¹ We know few details about Nyankson's life, but his influence is felt in the ubiquity of the prayer camp model in contemporary southern Ghana and perhaps across Christian West Africa. The prayer camp was popularized as an institution of healing by the congregants of the influential Musama Disco Christo Church, founded in 1919 by Nyankson's follower Joseph William Egyanka Appiah.⁹² Prophet Appiah, or Akaboha I, was also a breakaway Methodist catechist, who was denounced by the church for using

ritual healing and herbal healing among his congregants. Early in Appiah's work as an independent pastor, Job Cartey, a coworker of Nyankson, asked if he had cleared an open space for prayer. When Appiah said he had not, Cartey called upon the leaders of Appiah's church and taught them how to prepare "the camp." The Holy Spirit guided Appiah to a sacred location in the forest,



FIGURE 2.7. Asante priest holding a trident branch altar known as the tree of God (*Nyame dua*), ca. 1923. The basin sitting in the forks is for receiving offerings. Photo by Robert Sutherland Rattray, Royal Anthropological Institute, London, England.



FIGURE 2.8. “Dioula Malinke dance.” Korhogo, Côte d’Ivoire, ca. 1942. Photo by George Labitte, Institut Fondamental d’Afrique Noir, Dakar, Senegal.

where his congregants cleared the brush and discussed site plans for future buildings. By nightfall, they began assembling for prayer and worship.⁹³

The material overlaps between prayer camps and rural shrine care extended from an ideological convergence between the two institutions of religious healing. In translating the Bible into local languages, British and Swiss Christian missionaries working in colonial Ghana drew on the vocabulary of territorial spirits and witch-finding spirits. Christian missionaries in West Africa sought to undermine the power of local territorial spirits by diabolization—translating the Biblical devil and his demons into the names of spirits they disparaged as “fetishes.”⁹⁴ But instead of disabusing African people of the power of their local spirits in relation to the supreme authority of the Christian Holy Spirit, Biblical translation ended up reinforcing the power of those spirits and their ability to cause harm in the eyes of new Christian converts.⁹⁵ When Ga- and Twi-speaking Christian spiritualist church leaders claimed that the devil was responsible for mental distress, congregants would have heard those pronouncements in the idioms of local diagnostic categories such as the witchcraft (*aye hela*) of younger traveling spirits and the spiritual capture (*awanmawm*) of older territorial spirits.



FIGURE 2.9. "Senufo dancer with bells on his back (Dioula Malinke)." Korhogo, Côte d'Ivoire, ca. 1942. Photo by George Labitte, Institut Fondamental d'Afrique Noir, Dakar, Senegal.

Psychiatry on a Shoestring

In 1901, the asylum returned to Victoriaborg, where the patient population grew.⁹⁶ In 1904, a new Lunatics Removal Ordinance came into effect and made provisions for the repatriation of “nonnative,” which meant European, lunatics from the Gold Coast to Britain, representative of a segregationist impulse in colonial medicine unfolding across Africa. In 1907, the British finished construction on a new asylum in Adabraka, to the north of the coastal *nshɔnamajii* in the outskirts of Accra, which replaced Victoriaborg.⁹⁷ Adabraka was a strategic location for managing *kobɔɔɔi*, or vagabonds, because it was situated in the city’s migrant quarters, known as *zongos*, populated by immigrants from Ghana’s Northern Territories and from the French-controlled territories of Niger, Mali, and Côte d’Ivoire (later divided between Côte d’Ivoire and Haute Volta).⁹⁸ From the asylum’s founding in 1887 until 1930, Accra’s population had quadrupled (from 16,000 to 60,000).⁹⁹ Hausa became the lingua franca of Accra’s *zongos*.¹⁰⁰ The name Adabraka reportedly derives from the practice of alms-seeking by some migrants who held their hands outward while declaring “adabraka,” a Hausa-inflected version of the Arabic “for the sake of blessedness.”¹⁰¹

In its early years, the patient population of the Accra Asylum was dominated by Akan speakers from central and northern Ghana.¹⁰² Forty years later, in the mid-1930s, the majority of the patients confined at Adabraka were from the savanna and to the north of Asante. Most passed through Kumasi—the capital of the Ashanti territories and the historic heartland of the Atlantic-era Asante Empire—on their way to Accra. Many migrants, who were from historically enslaved (*odonkofo*) or marginalized populations, sought contingent and casual labor in Accra. Living in the makeshift dwellings in the tight quarters of *zongos*, some migrants became unhoused *kobɔɔɔi*. Originally built to hold two hundred beds, by the mid-1930s, the asylum at Adabraka was housing the alarming number of one thousand patients a day.

As the patient population at Adabraka soared between the two world wars, the British colonial administration in West Africa solidified its governing ideology of indirect rule. This concept was first popularized in 1922 by Frederick Lugard, the former governor of Hong Kong and Nigeria. It entailed governing “British Tropical Africa” through preexisting (or invented, as was often the case) Indigenous authorities, who retained certain administrative, legal, and other powers that were variously constrained and bolstered by the violence of the colonial state’s army and municipal police forces. Indirect rule was fiscal austerity: “hegemony on a shoestring,” in the felicitous phrase of the historian Sara Berry.¹⁰³ The British not only relied on African authori-

ties for political matters; they also built upon African mining, agriculture, and animal husbandry industries.¹⁰⁴ British reliance on African economic “initiatives”—coupled with their meager investments in infrastructure and production in their African empire—was most evident in the cocoa farming regions of south-central colonial Ghana, where indirect rule reached its apex.¹⁰⁵ In Ghana and Nigeria, the British did not invest in cash-crop plantations, which required paying wages to African workers and European personnel to manage production. Instead, they relied on African families to “self-exploit” extended kin and migrants to cultivate cocoa, which was used to pay head taxes and sold exclusively to the metropole at state-controlled prices. Even when the British began to imagine colonialism in Africa as a developmental venture, expanding modest investments in education and healthcare for African subjects, the status quo remained running the colonies on shoestring budgets, while exploiting African kin and migrant labor institutions.¹⁰⁶

Financial austerity was likewise a defining feature of medical and scientific institutions in colonial Africa.¹⁰⁷ Care in British West Africa’s overcrowded and poorly maintained colonial asylums was only marginally better than that available in prisons. Psychiatric care was a low priority in metropolitan debates about colonial development.¹⁰⁸ Nevertheless, West African colonial officials—who dealt with the consequences of inadequate asylum care—pleaded for funds to build ambitious institutions, like the Nigerian government’s proposed lunatic asylum at Abeokuta.¹⁰⁹ In 1929, Dr. Francis MacLagan, a British doctor trained in the United Kingdom, became the first qualified “alienist” to occupy the position of medical officer of the Accra Asylum. MacLagan was what we would today call a forensic psychiatrist: a professional who treats and diagnoses mental distresses in the context of the judicial system. His reforms to psychiatric care in the Gold Coast reflected a move away from psychiatry’s origins in penal confinement toward professionalization and medicalization of the field, which was also taking place in the United Kingdom.¹¹⁰ Upon his arrival in Accra, MacLagan changed the name of the “asylum” to a “mental hospital” and the title of staff “warders” to that of “nurses.”¹¹¹ He reintroduced straitjackets and handcuffs for violent patients and increased the use of arsenic-based patent medicines (*blfo tsofa*) for sleeping sickness and neurosyphilis: two common organic causes for mental distress in the region.¹¹² MacLagan advocated for funding to expand his modernizing initiatives in psychiatric care and to increase the asylum’s capacity.

But MacLagan’s ambitions for an asylum that conformed to “European” standards ran counter to a pivot in mental health policies in the British metropole that favored offloading a greater financial burden of psychiatric care onto

West African families. This policy shift emerged from a 1935 scandal in British Parliament over the discovery that suspected lunatics were being housed in West African prisons. The British ordered an assessment of mental asylums in their West African colonies, which the governor of the Gold Coast welcomed as a chance to showcase the need for more investment in the Accra Asylum.¹¹³ But on the heels of the global financial depression, the secretary of colonies was unwilling to mobilize funds to build large mental hospitals in West Africa and unsure that such institutions were the best way forward for the region.¹¹⁴ Rather, the secretary advocated for making “the native society” carry out “the responsibility” of caring for the mentally ill.¹¹⁵ This view was put forth as a policy recommendation by the man the colonial service commissioned to survey West African asylums: Dr. Cunyngham-Brown, former commissioner for the Medical Board of Control for Lunacy and Mental Deficiency for England and Wales. In a six-month trip to Sierra Leone, the Gambia, Ghana, and Nigeria, Cunyngham-Brown conducted interviews among West African families caring for mentally distressed kin. Drawing on his observations of the reported efficacy of family-based care, he recommended removing harmless “civil lunatics”—those considered nonviolent—from asylums and prisons into family care, which would mimic historical practices in the region.¹¹⁶ This was a call for deinstitutionalization, decades before this term and ideology became widely adopted in psychiatric care in the North Atlantic.¹¹⁷

Mental healing thus converged toward the broader *de jure* and *de facto* policy of indirect rule: psychiatry on a shoestring. From the start, British officials of the Colonial Office framed deinstitutionalization as simultaneously “West African” (suited to the local environment) and “colonial” (good for the empire’s finances). The goal was to minimize Britain’s investment in psychiatric care in West Africa, while reducing the possibility of another international colonial scandal based on the inadequacies of asylum care. The Gold Coast colony masked metropolitan financial expediency as a liberatory developmental paradigm. And they maintained this position even while perennially acknowledging that the asylum was overcrowded, that labor-as-therapy was a form of coercion, and that many patients died from unsanitary conditions of the asylum.¹¹⁸

Colonial psychiatry on a shoestring became an empire-wide policy.¹¹⁹ In 1939, the Colonial Advisory Committee on Penal Administration sent an empire-wide dispatch prohibiting the mentally distressed in the colonies from being held in prisons by law or in practice. Medical authorities were to assume the care of suspected lunatics, while families were to care for harmless civil lunatics (most patients in asylums). By insisting on family care for harmless civil lunatics, the Colonial Office disavowed future responsibility for more

mental patients than could be housed in preexisting asylums, a number they hoped to manage by moving patients to home care, freeing up space to move a small number of patients without kin from prisons to asylums. Within a decade, Cunyngham-Brown's recommendations derived for the care of mental patients in West Africa were codified in the laws of British colonies from Trinidad to Hong Kong.¹²⁰

In the context of psychiatry on a shoestring, African colonial asylum staff in the Gold Coast also monetized their interactions with patients, famously in the form of asylum nurses borrowing money from patients.¹²¹ These were "contracted intimacies": the clandestine, conspiratorial, or negotiated arrangements and intimate violations among nurses and between nurses and their patients in colonial asylums.¹²² For example, in 1939 the governor reprimanded and warned Nurse E. A. Ankrah for "improperly receiving a loan from a lunatic patient and his salary was reduced one year's increment."¹²³ Similarly, in 1942, Nurse J. K. Essien "was severely censured in writing" by the director of the medical services office "for borrowing and appropriating for his own use money belonging to a patient." To many African and British observers alike, the logging of patients and informal monetary payments between patients and caregivers were corrupt and abusive. But to other segments of African society, these practices articulated with the treatment by shrine priests of spiritually captured individuals. Some African nurses may have seen "borrowing" money from patients as part of the treatment process—as thanksgiving fees—for caring for the mentally distressed. Colonial law, however, deemed these actions illegal. To take money from the confined risked inverting the expected dependency of patients on nurses by making nurses indebted to their own patients, who could trigger the imprisonment of nurses if they failed to repay their debts. This inversion of power within the asylum through debt bondage harkened to panyarring in native prisons and spiritual pawning at healing shrines.

An illustrative example of these inversions played out in the case of Adjoa Denta, a woman who was sent to the Accra Mental Hospital as a convicted criminal lunatic on January 14, 1936.¹²⁴ As far as Dr. MacLagan was aware, Denta had not left the Female Ward since 1937,¹²⁵ and yet after three years of confinement, it was determined that she was pregnant.¹²⁶ Dr. MacLagan wrote to the patient's Asante royal husband, Nsutahene Nana O. Y. Akoto, to ask him to send someone to collect the baby, but the child tragically died of malnutrition before the Nsutahene responded.¹²⁷ The colonial police were also called in to investigate Denta's pregnancy.¹²⁸ By this stage, Denta had accused four different Accra Mental Hospital employees of fathering her child,¹²⁹ but after the child's death, and in view of these conflicting allegations, the police concluded their perfunctory investigation without filing charges.¹³⁰

Yet Denta's case stirred a good deal of public debate in the newspapers. One former asylum nurse sent an anonymous whistleblowing letter to the colonial secretary of the Gold Coast describing a scandalous conspiracy among the nurses and attendants at the Accra Mental Hospital to bribe Denta to cover up the truth about the pregnancy.¹³¹ The anonymous letter writer claimed that Mr. Adams, the head male attendant at the asylum, induced female nurses to bribe Adjoa Denta with "tobacco and all sorts of luxuries" to hide his role in her pregnancy.¹³² In the end, McLagan and the superintendent of police dismissed the whistleblower's claims as being motivated by hostility toward the head attendant.

The scandal surrounding Adjoa Denta's pregnancy reveals how social relationships far beyond the asylum's walls shaped psychiatric care, particularly when viewed through the longer history of debt relationships in the Gold Coast. In the seventeenth and eighteenth centuries, at the height of the transatlantic trade, Akwamu and Akyem kings hired women from neighboring villages to become wives of the king in name only. The kings visited these villages yearly to ask the women to "drink fetish"—to swear an oath on an object enchanted by a local deity—to prove their fidelity. Oral traditions report that the consequence for lying was madness or death. Any man they admitted to sleeping with would be panyarred, and his kin group would have to pay for his release or else he would be sold as a slave to Europeans.¹³³ Well into the twentieth century, Asante chiefs, like Adjoa Denta's husband, still expected payment of adultery fees (*ayefadee*) from any man who slept with their wives.¹³⁴ Those unable to pay were imprisoned as debtors until their kin could pay. Mr. Adams and the male staff members accused of impregnating Adjoa Denta were at risk of dismissal from the colonial medical service and imprisonment for adultery debt. Tensions around this debt would have been exacerbated by the class difference between Adjoa Denta, a royal patient, and nurses, most of whom were from non-elite families from the Gold Coast.

Every man and woman who commented on Adjoa Denta's case saw her as a victim, not as a willing participant in a scheme to extract money from psychiatric nurses. However, the recognition that a patient could serve as a creditor was also an acknowledgement of the class and ritual statuses of patients beyond their classification as lunatics. Shrine priests also recognized the varied social and monetary networks in which individual clients were embedded and adjusted their fees based on the affordances of different families. For example, shrine priests demanded payment in some contexts and pawned patients when families lacked capital. By contrast, the British did not believe that mental patients could be authorities in financial and political matters.¹³⁵

Thus, despite the moral ambiguities entailed in nurses “borrowing” money from patients, debt relationships also recognized the individual humanity of patients, including, in some cases, their relatively high socioeconomic status beyond the asylum walls. In this regard, African nurses rejected the British exclusion of lunatics from the role of creditor or debtor in favor of monetizing psychiatric care, much like shrine priests, in ways that reflected the unique historical status, and future potential, of mentally distressed clients.

Fetish Petitions: Oath Making and Kinship in Asylum Confinement and Release

Shrine care also shaped the way that mentally distressed Africans and their kin interacted with the colonial asylum as an institution with strict protocols of entry and exit for patients. The colonial state required family members of the mentally distressed to make oral or written oaths to have their kin admitted to, and discharged from, the asylum for care. Family members of the afflicted declared oaths in petitions written to asylum and other colonial officials to request the confinement or release of loved ones. Kin, neighbors, and nurses of the mentally distressed also made oaths at the colonial police constabulary to declare the lunacy of an individual. Swearing oaths was standard in legal settings across the British Empire, often taking the form of an official asking an oath maker to “swear” to the truth of a statement. But the British were also aware of regional practices of oath making that shared some characteristics of Anglophone oath making in courts of law in the colonies and in the metropole. Oaths were made to colonial officials in the range of languages spoken in colonial Ghana, including Ga, Twi, Hausa, Fanti, Ewe, English, and pidgin. But Akan oath-making practices—particularly the genre of Akan verbal taboos as described by anthropologist Kofi Agyekum—were particularly influential across linguistic and ethnic groups in colonial Gold Coast due to the political hegemony of the Asante Empire in the eighteenth and nineteenth centuries.¹³⁶ In recognition of the importance of Akan oath making to political life, the British codified the use of oaths—that included oaths to shrine spirits and fetish objects—in legal proceedings with African subjects. In this regard, oath making became central to the formal practice of indirect rule in colonial Ghana, a concession designed to avoid destabilizing African political structures while retaining the authority of the colonial state.¹³⁷

Oath making was the primary means used by African men and women to transform colonial psychiatry—to varying degrees of success—in the image of therapeutic discourses and protocols deployed in shrine care. Going to a

shrine or the Accra Asylum was distinct from visiting a hospital or seeing an herbal healer, where the healing encounter was often short lived and bound to the moment of therapy. By contrast, when a family member gave their mentally distressed kin to a shrine or the asylum, they relinquished control over their loved one for an indeterminate period.¹³⁸ Shrine seeking and asylum confinement could be permanent, as only the medical officer or shrine priest determined when someone under their care could be released. Unlike entry into a colonial hospital, the first procedural step in confining a person to a mental asylum required an “informant” (a family member, coworker, or friend) to swear an oath that the person being turned over for care was indeed mentally ill. Depending on the religious or ethnic affiliation of the informant, African informants swore oaths (*ntam*) on the Qur’an, the Bible, a spirit, a shrine, or dreadful events. The same individuals wrote petitions in the hopes of securing the release of their loved ones in which they made a second, reconciliatory oath (*taame*) that negated or inverted the initial accusatory oath. In making this latter oath, petition writers underscored that their loved one had been sufficiently healed, that the family had the resources to continue their care, or that “native treatment” beyond the asylum walls was needed to heal their loved one. Accusations of madness, sworn under a verbal or written oath, were spiritual invocations, and as such they were verbal taboos. Among the Akan, these invectives also operated as instruments of social control within the courts of public opinion.¹³⁹

Through petitions, families of suspected lunatics attempted to mobilize the power of older Afro-Atlantic and younger witch-finding spirits in evidentiary contests with British colonial authorities to shape processes of asylum confinement and release. Families often succeeded in using oaths sworn on fetishes to get people confined in the Accra Asylum, but petitions often failed to secure the release of mental patients. Colonial officers worried that appeals to “fetishes” in petitions for release signaled the likelihood that the petitioner would take the mentally distressed subject to a witch-finding shrine or herbalist, categories of healers that the colonial state perceived as quacks and scammers. By the 1930s, when petitions proliferate in correspondence on the asylum, colonial officials had waged a decades-long campaign to criminalize the popular recourse to shrines for healing purposes. African colonial subjects would have been aware that British magistrates threw out most cases brought against witchcraft and witch finding for lack of evidence. The modes of evidence used to verify cases of witchcraft by West African individuals were incongruent with the application of the legal standard of *mens rea*, and the “reasonable person” standard in British colonial Africa.¹⁴⁰ Magistrates in African colonies took a Eurocentric view that criminal threats were to be

judged by the standards of a reasonable Englishman and not according to the fears of African “bush” people.¹⁴¹ On the other hand, by legally recognizing the role of West African styles of oath making in administrative affairs of the Gold Coast, the colonial state invited the ritual world of oaths into courtrooms and into asylum care.

Oaths from African informants became so important to asylum confinement, in particular, that in the absence of a sworn oath from an informant, police magistrates often denied issuing a warrant for asylum confinement even if medical officers certified a person as a lunatic.¹⁴² Thus, the appeals of Gold Coast residents to the “power of fetishes” and “native treatment” in petitions seeking the release of their kin from the asylum reflected a keen awareness, on the part of petition writers, of the British reliance on African oath-making practices in Gold Coast legal contexts. At the same time, the views of individual magistrates, police officers, and asylum officials could lead to radically different readings of invocations of spirits and native treatment and, as a result, unpredictable outcomes for their confined kin.

NTAM AND TAAME

The speech-act that triggered the legal and medical processes of asylum confinement was the swearing of oaths on fetishes to the colonial police by lay men and women declaring the suspected lunacy of an individual. Hundreds of such oaths appear in the colonial government’s six-volume Lunatic Record Books, the procedural log of all patients that entered the asylum through the Accra District Magistrate’s Courts. The logs span from 1933, four years after Dr. MacLagan’s arrival, until 1958, the year after Ghana’s independence. In this instance, oath makers acted as informants, a role legally governed by the Lunatic Asylum Ordinance of 1888, which stated that if a British colonial district commissioner (DC) received a sworn statement from an informant that a person in his jurisdiction was a lunatic, and he believed the allegations, then he may have this suspected lunatic confined in any location that he deemed convenient for an examination and for “an inquiry into the state of mind” of the suspect. Prisons and hospitals most often served as temporary spaces of confinement while the DC conducted an inquiry into the suspected lunatic’s state of mind through a summary trial, for which the DC could call witnesses. If the DC concluded that the person was a lunatic, then a medical officer also conducted an examination. If the medical officer certified the suspected lunatic as a “lunatic and a proper subject for confinement,” then the DC could order his confinement at the asylum. The process of lunatic confinement was thus tripartite: inquiry, examination, and confinement.¹⁴³

Informants could be close family members or, on occasion, medical or political authorities who had observed the behavior of a mentally distressed individual. Most sworn oaths to trigger the process of confinement were taken in the Twi-speaking Ashanti territories, the point of transfer for the majority of the mentally distressed people who were confined in the Accra Asylum. Oaths made to admit or release individuals from the asylum mirrored oaths used to initiate (*ntam*) and to conclude (*taame*) conflicts among Akan speakers of the early twentieth century. *Ntam* was both commissive and statutory. It bound “the oath-taker to the community . . . by evoking shared memories and moral commitments and by indexing a community in which these are significant.”¹⁴⁴ Oaths were a powerful means of social control because their misuse carried serious consequences, including the risk of execution, heavy fines, and the potential wrath of the fetish upon which these oaths were sworn.¹⁴⁵ *Ntam* was integral to Akan penal and civil law, invoked to regulate disputes within families and in Akan civil society. Akan oaths invoked memories and spiritual entities, like the new spirits (*ɔbosom-mma*), that were explicitly taboo (*akyiwadec*) and prohibited in public discussion.¹⁴⁶ The most serious oath, known as the *ntamksec*—“great oath”—referenced calamities that befell Osei Tutu I and Opoku Ware I, the first two kings of the consolidated Asante Empire of the eighteenth century.¹⁴⁷ If *ntamksec* was invoked publicly, those in attendance were required to inform the local sub-chief, who would arrest both the invoker and the target of the oath and send them to the court of the Asantehene—the ritual guardian of *ntamksec*—who heard their case. If it was shown that the accuser made a false claim against the defendant, thus contravening the memory associated with *ntamksec*, the invoker would have to pay the Asantehene a fine (*mpata*) in exchange for sparing his or her life.¹⁴⁸ Defendants would also pay *aseda*, a thanksgiving payment of sorts to the Asantehene for adjudicating the case in their favor. However, the case was only concluded when both parties undertook a reconciliatory oath, *taame*, affirming that they would no longer fight one another.

An important category of cases triggered by *ntam* included expressions of “dreadful diseases” (*yarec aksec*) to insult one’s enemy. Some insults were gendered, referring to an infertile woman (*obinini*) or man (*kɔtewuic/krawa*). Other invectives targeted the mental ability of the enemy, including accusations of madness (*ɛdam*) and foolishness (*kwasea/gyimi*).¹⁴⁹ Akan speakers understood such illnesses as a manifestation of social problems within the afflicted person’s family. Insults of this genre were taboo because those who invoked them could bring the same disease upon their own family “by virtue of the potency and magical power of the spoken word.”¹⁵⁰ There were spiritual and legal consequences for invoking such taboos. People could bring their

enemies to the Asante royal courts to complain that the latter had wielded verbal taboos against them, invoking insanity among other ailments.

The Lunatic Record Books of colonial Ghana document hundreds of cases where family, friends, and coworkers served as the informants for sworn oaths and certificates of urgency that triggered the legal processes leading to asylum confinement. Such was the case of a petition sent by the family of Adjoa Kakraba, a Twi speaker from the Kumasi region, in 1935 to the district commissioner of Kumasi, which was immediately forwarded to the superintendent of police.

I the undermaked [*sic*] of Tetrefu in the Sewua Division Ashanti, have the honor to submit by humble and pitiful petition before your worship, and respectfully [*sic*] crave for your kind and sympathetic consideration and assistance on this matter:

1. That one Adjoa Kakraba of Numabo is in the Central Province now at Tetrefu is my only Sister.
2. That it was about four years ago since my said [sister] became crazy and all efforts of treating her has become abortive, but regret to remark that the sickness is still growing worse of which she is at present uncontrollable unless she is put in chains.
3. That she is causing great havoc and injuries to the inhabitants of our house. She used to injure our poor old lady with stones and sticks, as well as anybody that she sees.
4. Under the circumstances, I fervently submit this our humble petition before Your Worship, to be kind enough to assist us so that she might be admitted into the Asylum Accra, to avoid such confusions, injuries and other unhappy state, giving to us as well as the inhabitants of the Tetrefu Village.

Should this my humble petition meet your kind and prompt attention I would be extremely grateful.

I have the honor to be, Sir,
Your Obedient Servant,
Adjoa Serwa¹⁵¹

If the declarations of the suspected lunacy of individuals to the colonial police was an oath akin to *ntam*, petitions written by family members to the colonial state for the release of patients were like *taame*, a mirror image of sworn oaths used to trigger asylum confinement. Akan speakers petitioning for the release of a family member from the mental asylum involved the strategic appropriation of the role of the sworn oath (*ntam*) informant by the petitioner, who also swore their ability to reconcile (*taame*) the state's

public safety concerns that had led to the confinement of their kin. The petitioner aimed to negate the claims of the informant, and subsequent medical evaluations, by using the same spiritual and legal mechanisms that initially validated the word of the informant. From the perspective of ritual healing practices at shrines, appeals to fetishes in the petitions written for the release of patients from the Accra Asylum were a version of a reconciliatory oath, designed to counter the sworn oaths made to police that initiated the asylum confinement process.¹⁵²

Chief Yaw Dabanka of Tafo, near Kumasi, wrote a petition in 1939 to the medical officer in charge of the asylum that invokes the discursive framework of *taame* oaths. The petition requests the release of Kwaku Tawiah, a servant in the chief's court. The letter begins by situating the chief's social relationship to the suspected lunatic.

1. That your humble petitioner is the master of Kwaku Tawiah, who being insane, was sent to the Asylum Accra some two years ago.
2. That your humble petitioner about two weeks ago sent one of his grandchildren Kwasi Mensah by name, to Accra to see how Kwaku Tawiah was faring, and he returned with the news that Kwaku Tawiah spoke coherently and sensibly with him for a long time and that he appeared to have been completely recovered.
3. That your humble petitioner in view of the above earnestly entreat you to cause Kwaku Tawiah to be returned to him.
4. That your humble petitioner entertains the hope that his petition will be granted, and your humble petitioner will in duty bound for ever pray.¹⁵³

Chief Dabanka complained that Tawiah was confined in the asylum even though he was no longer speaking nor behaving like a lunatic, pointing to Tawiah's sensible and coherent speech as a sign of his recovery. Dabanka ended the petition by asking for Tawiah's release back into his custody. In justifying the release of Kwaku Tawiah by appealing to his own behavioral observations of his grandson, Chief Dabanka's petition appropriated the role of the "informant" to make judgments about a suspected lunatics behavior in sworn oaths. But rather than swearing an oath about his kin's behavioral judgment to trigger confinement, Dabanka's petition aimed to discharge his grandson from the asylum. Dabanka strove to invert the power that kin held in making the assessments that triggered the processes leading to asylum confinement. Once the process of confinement began, suspected lunatics had little means of redress against the state other than letters of petition, like Dabanka's, which pled for release on their behalf.

NSEDIE AND DUABO

Some families used petitions as oath vehicles for professing a belief in the talismanic healing and harming powers of what they and the colonial state referred to as “fetishes.” In some instances, petitions that invoked fetishes served as a family’s acknowledgment of making a self-imprecatory oath (*nsedie*), calling a curse upon themselves, or accusing themselves of witchcraft. In other instances, the petitions constituted grievances (*duabo*) against the state. The behavioral claims made in “fetish petitions” often attested to the supposed harmlessness of the patient. These were strategic inversions of the behavioral claims made in “sworn oaths” to confine patients that declared the harmfulness of a suspected lunatic. In fetish petitions for the release of patients, authors commonly argued that the confined patient was not mad. Rather, they seemed mad for reasons tied to the oath making itself: they had contravened either a self-imprecatory oath or a grievance made in the name of a particular shrine, power object, or dreadful event. In this event, the petitioners argued for removing their loved one from the asylum to transport them to the home of the spirit to seek its forgiveness. By combining their appeals to fetishes with information about the ethnic, class, and migrant status of the patient, and themselves, petitioners waged evidentiary contests: to negate, invert, or mitigate the claims of sworn oaths.

Such concerns emerge in the case of a petition written on November 5, 1946, by Okyeame Kwame Boateng to the medical officer in charge of the Accra Mental Hospital. Boateng was the chief linguist to the Asantehene, the king (*ohene*) of the Asante Empire whom the British accorded an intermediary role in colonial governance that entailed control over land and the organization of labor.¹⁵⁴ The chief linguist (known by the honorific *Okyeame* in Twi) wrote on behalf of his nephew, Private John Amuah, a soldier in the British colonial army and graduate of the prestigious Accra-based Achimota Secondary School. One month earlier, Amuah had been confined at the asylum, diagnosed with acute mania. Boateng wrote:

1. That the above named John Amuah is my own Nephew who sent him to school, and thence to Achimota College, and after his career at Achimota he joined the Army.
2. That about one month ago, I heard that the said John Amuah had been mentally deranged, and as a result, he has been sent to Lunatic Asylum.
3. That we Ashantis are having Domestic Fetishes, and whenever one offends such a Fetish, is capable of causing the offender to be suffering from Mental Derangement.

4. That I have known that the said John Amuah my Nephew has offended our Domestic Fetish, and this is cause of his suffering and so I have thought it more expedient to solicit your kind generous assistance in this matter which I have watched with a very grave concern in order that the said John Amuah now confined in Lunatic Asylum because of Mental Derangement to be released so that he may undergo a Native Treatment.
5. That I promise faithfully that as soon as he is released to me, I shall always keep him in without allowing to do any harm against any person until to the time that he would recover from his sickness.
6. That in the circumstances, I am submitting very respectfully to you for your worship's kind assistance in this matter so that by your good recommendation and necessary help the said John Amuah be released to me, because I know the cause of his sickness, and therefore know the effectual way of treating him, but if he is not released and is kept there for many days or months, I am afraid the treatment there will not have any effect, because the sickness was caused by our Domestic Fetish, and as such the same Fetish is capable of curing him, as soon as he comes home and the necessary libation poured in accordance to the Custom of the Fetish.
7. That I therefore entertain every hope and confidence that this my humble submission will no doubt receive your kind consideration, so that a favourable reply be given to me in respect of this letter.¹⁵⁵

Boateng requested Amuah's release on the grounds that he knew the most effective treatment for his nephew's mania because he understood the underlying cause of Amuah's condition to be the transgression of an Asante fetish. Amuah was to be sent into the care of an *ɔkɔmfo* for healing from spiritual capture.¹⁵⁶ The only hope for his nephew's cure was to return to the kingdom's capital, Kumasi, where he should pour libations on the shrine of the offended deity. Once the deity was appeased, the petition implied, Amuah would be healed.¹⁵⁷ Asante oral histories recount cases of people like Amuah, who appeared to be mad but were not, as the origins of possession dances (*akɔm*) for propitiating capturing spirits.¹⁵⁸

In a letter addressed to the colonial secretary concerning a similar fetish petition written by a mother to release a soldier from the Accra Mental Hospital, assistant colonial secretary Mr. Ribeiro-Ayeh, a man of Ga and Afro-Brazilian descent, explained what he framed as the "basis" of such petitions. In his words, these requests were tied to "the common African belief that certain propitiatory rites must be performed for soldiers before and after enlistment."¹⁵⁹ The rites for soldiers that Ribeiro-Ayeh referred to involved the use of two Akan oaths: "assertive self-imprecatory oaths," known as *nsedie*, and "grievance imprecations," known as *duabɔ*. Like *ntamksec*, *nsedie* and *duabɔ*

were verbal taboos. *Nsedie* and *duabɔ* were oaths that invoked “a supernatural power to witness what has been said and to impose a supernatural sanction should the statement be false.”¹⁶⁰ *Nsedie* were used to pledge loyalty, for self-purification, to profess a belief of faith in a religion, and to swear in juries in Akan legal proceedings.¹⁶¹ Similarly, *duabɔ* could be used for “self-defense, protection of property . . . theft cases, slander, libel, marital cases, etc.”¹⁶² Among Akan speakers, contravening or improperly invoking the power of a fetish spirit using *nsedie* and *duabɔ* would ensure that the speaker of the oath, and potentially his entire family, became afflicted with mental distress.

As the ethnographer and psychiatrist Margaret Field explained in her study of the younger shrine spirits, executioner spirits (*ɔbosom-brafɔ*) and what she termed the “drinking-medicine” type:

The typical pilgrim comes annually to the shrine, asks the deity for a year’s protection and promises a thank-offering of a sheep and a bottle of rum at the end of the year. The deity’s protection and blessing is granted conditionally on the supplicant’s keeping prescribed rules of ethical conduct. He must not steal, commit adultery, bear false witness, nor curse another person. And above all he must neither possess bad talismans, make bad magic against others, nor engage in witchcraft. If he breaks any of these rules the deity will first “catch hold” of him and then, if he does not promptly confess and obtain pardon, will swiftly kill him or alternatively, smite him with permanent madness.¹⁶³

Drawing on intelligence gathered from Asante informants, the Criminal Investigation Division of the Gold Coast Police in Accra produced a report on June 27, 1946, regarding the operating mechanisms of shrines to Tigari, which they considered the most harmful fetish in colonial Ghana. They described a process much like the one discussed by Field in her study of therapy seekers for mental distress at Akan shrines in the early 1950s. In the shrine house, the police report explained, there is an earth mound erected and smeared with red clay. The priest puts kola nuts and cowries on the mound and he is seated in front of it. The worshippers then approach him to make homage “with the object of protecting themselves from witchcraft, juju poisoning and other misadventures.” There is a fee of two shillings and sixpence per worshipper, and after a year they return to give thanks to the fetish, bringing a gift of a sheep or cow as prearranged. If they are caught by the fetish as a witch or wizard, they must confess the names of those they have harmed, and then they are instructed to thank the fetish for their preservation and to produce a sheep as a thank offering. Revealing skepticism about the whole practice, and echoing nineteenth-century British accounts of shrines as institutions of wealth accumulation, the writer of the investigative report surmised that

“the sheep, of course, becomes the property of the fetish priest, and the whole system becomes a money-making affair. The owner of the fetish is alleged to collect as much as 40 pounds in one day.”¹⁶⁴

As the Asantehene’s chief linguist, Boateng would have been aware of the social and spiritual importance of fulfilling tasks bound by Akan grievance imprecations (*nsedie*), which, like other *ntam*, were meant to regulate civic behavior among Akan speakers.¹⁶⁵ As John Mensah Sarbah, the Gold Coast-born legal scholar, noted, the chief linguist would have been required to administer *nsedie* to litigants in court cases.¹⁶⁶ By highlighting the necessity of native treatment via a “domestic fetish” for this former soldier, Okyeame underscored the social nature of caring for mental distress by referencing his status as an Asante royal with adequate resources to care for an ill family member. He also signaled Amuah’s status as a British army veteran with a retirement pension that could be used to support his care.¹⁶⁷ But Boateng’s petition did not receive its desired result. The medical officer wrote that he had “considered discharging him to a responsible relative, who is the writer of the letter” but he thought it inadvisable to “discharge the patient to this man” given Boateng’s “intention to interfere with the patient’s condition by using primitive and harmful methods of treatment.”¹⁶⁸

Given that the British relied on testimony grounded in African spirit belief in processes of confining the mentally distressed in asylums, it is striking that they rejected many petitions for the release of patients based on the invocation of fetishes. Medical officers did not seem concerned in a belief in spirits or fetishes as such, nor did they think that such beliefs were a sign of lunacy per se among their patients. Belief in spirits was only of concern to asylum medical authorities when it led to self-harm, as in the case of suicide attempts, or harm of other individuals. Rather, colonial officers viewed African belief in spirits as evidence of the potential gullibility of petition writers. Colonial medical officers were concerned that petitioners would take relatives released from the asylum to shrine priests, particularly those of new witch-finding shrines, who British officials perceived as scammers who swindled the uneducated masses and who lacked a proper understanding of the etiology of illness. Yet again, there were conflicts within the colonial administration about the role shrines and “fetishes” should play in African life. In 1946, in response to the proliferation of Tigari witch-finding shrines in southern Ghana, the colonial police in the Ashanti territories recommended that the state take steps to “bar certain fetishes. They could do this by the native process of licensing certain fetishes and forbidding all of those unlicensed.”¹⁶⁹ The governor supported the proposed ban, which would deprive shrine priests of a source of revenue, but he concluded that it would contra-

vene the freedom of religious expression. Moreover, he conceded that while fetish worship may not benefit the evolved European, it may be good for the primitive African. He concluded by noting the strategic motivations underlying some African subjects' appeals to fetishes. Africans adopted Christianity, he argued, for access to education and because they think Jesus is a stronger spirit than other spirits "and to many there would be no pains of conscience in having a shot at both."¹⁷⁰

Thus, the rejection of petitions that invoked fetishes by the asylum's chief medical officer reflected broader epistemological competition for authority over understandings of the causes and treatments for mental distress posed by the popular witch-finding shrines to colonial psychiatry. Since these shrines often utilized West African therapeutic techniques, such as logging, which were prohibited in the asylum, the medical officer emphasized both the inappropriate methods and the lack of qualifications of shrine priests and herbalists to treat mental distress in his response to the petition for John Amuah's release: "Would you kindly inform [Okyeame] therefore that it is our duty to do the best we can to safeguard our patients from *interference by unqualified people* when discharged. We have many patients here who have been driven to homicide *by inappropriate methods of treatment*."¹⁷¹

Once again, this petition for the release of a patient appropriated the authority and rhetoric of sworn oath informants. This strategy is also evident in the petition of Bolga Frafra, a migrant from the Northern Territories of colonial Ghana who wrote to the district commissioner of Kumasi on November 10, 1936, asking for the release of his brother from the asylum.

Your Worship,

I have the honour most respectfully to submit this my humble petition before your worship for your clement assistance. My brother named Abosso Frafra is in the hands of the Police Kumasi as a mad man to do harm but he is not a mad man to do any harm. He has only offended the gods in our country and he is now walking like a man who is mentally deranged but he is not actually a mad man to do harm to anybody. As such, I humbly and respectfully beg your worship to assist me by getting back my aforesaid brother from the Police Kumasi to enable me to take him home to satisfy the gods to enable him to be like his former man again. This is not a serious matter your worship, he shall at once be alright when I take him home (Frafra) to satisfy the gods. I am ready to take him home now.

I have the honour to be,
Your obedient servant,
Bolga Frafra¹⁷²

As Bolga Frafra explained, his brother Abosso Frafra, was not the type of “mad man” that causes harm. Rather, Abosso had transgressed one of the lineage gods of Frafra, whose reactionary wrath caused Abosso Frafra to “walk” like a lunatic. Bolga Frafra asked the district commissioner to release his brother so that he could transport him to their home to appease the gods, which would return Abosso Frafra to his “former man.”

The petitions written by Okyeame Boateng and Bolga Frafra both attempt to frame their gender, ethnic, and class affiliations in a favorable light to convince colonial authorities of their fitness to assess the mental well-being of their kin. Indeed, British asylum medical officers were trained to attend to heredity, prospects of employment, and postconfinement residence and environment. For example, in a letter dated June 2, 1932, the secretary of state for the colonies explained to the governor of the Gold Coast some of the qualities that British medical officers should take into account when “considering the question of the possibility of discharge.”

regard is paid not only to the heredity, mental history and present mental condition of the patient, but also to the nature and circumstances of the act with which he was charged, the prospects of employment and of residence and environment that will be open to him upon relapse and the possibilities of keeping him under observation or under some mild form of control. Unconditional discharge is only granted after the most careful consideration and in exceptional circumstances.¹⁷³

Successful petitions for release illuminated solidarities and made claims on kinship. They had to center the capability of the family to resolve the patient’s problem. Hence, Bolga Frafra wrote in his petition that his brother Abosso “has only offended the gods in our country and he is now walking *like* a man who is mentally deranged but *he is not actually a mad man to do harm to anybody*” and Okyeame Boateng wrote about John Amuah that “I have known that the said John Amuah my Nephew has *offended our domestic Fetish, and this is cause of his suffering.*” But Abosso Frafra was far less privileged than Amuah, as he hailed from a region generally viewed as peripheral and as a source of cheap labor for both colonial and Asante authorities. Unlike Okyeame Boateng, there is no record of Bolga Frafra hearing back from the district commissioner of Kumasi. His petition did, however, generate internal memos. From these notes, we learn that Abosso was reported as a suspected lunatic by a migrant from the Northern Territories, likely his kin or coworker, because he allegedly attacked two children in the immigrant quarter of Kumasi.¹⁷⁴

This information contradicts Bolga Frafra’s claim that his brother was not a criminal lunatic. By the time of Bolga Frafra’s petition, it was policy in colo-

nial Ghana to house recovered criminal lunatics at the prison in Jamestown, Accra, for reasons of urban public safety and for fear of a relapse. As per the secretary of state's dispatch to the governor of the Gold Coast, these two key factors were to guide medical officers' conceptions of suitable postasylum care.¹⁷⁵ But since Abosso Frafra had not yet completed the process of inquiry and examination leading to a certification as a criminal lunatic, a petition for his release would have to explain why that process was unnecessary for maintaining urban public safety. Because Frafra's home, the location of his deity, was in the Northern Territories, his appeal to the curative powers of his fetish entailed an intention to take his brother far away from both the asylum in Accra and from their current residence in Kumasi. Bolga Frafra was appealing to distance and the peripheral nature of the Frafra region in Gold Coast matters. If he received his wish to take his brother away, the colonial administration would not likely have to deal with Abosso Frafra ever again.

In the hopes of moving colonial authorities to confine or release their loved ones, petitioners such as Bolga Frafra and Okyeame Kwame Boateng combined their strategic affirmations of fetish beliefs with appeals to their class status, ethnic and regional belonging, and proposed therapeutic itineraries for postasylum care. Their strategies were not always successful, particularly for the release of loved ones from asylum care, which was more fraught and uncertain than initial institutionalization. What is clear, however, is that fetish petitions were rhetorically sophisticated forms of creative writing in which petition writers navigated the shifting sands of colonial ideologies and law to shore up what they imagined would be their most propitious credentials for achieving desired outcomes for psychiatric care.

Codifying the Asylum as Shrine

In their roles as oath-swearing police informants, Africans—family members, friends, colleagues, and strangers of suspected lunatics—shaped pathways to confinement in the asylum. By writing fetish petitions, the families of patients enshrined the process of asylum petitioning according to both the oath-making practices regulating the movement of people in and out of healing shrines and to the constraints of British modes of seeking political redress. They also innovated processes of appealing asylum confinement that became codified in colonial law.

For much of colonial rule British officials were less often moved by petitions seeking the release of loved ones from asylum care. This began to change in the postwar period. Mounting British concerns about overcrowding in the asylum—coupled with the embrace of “family care” by medical

officers across British West Africa—inspired a major amendment, passed in 1947, to the Lunatic Asylum Ordinance. The 1947 law permitted the medical officer in charge of the asylum to release patients to their relatives—if they “were willing to undertake care, maintenance, and where necessary, the treatment (native usually) of the lunatic”—and even when their families professed a belief in local spirits.¹⁷⁶ Specifically, it created a bond system, such that family had to pay a £20 fee (close to half of the average yearly salary in the Gold Coast at the time) if their discharged kin harmed themselves or other people.¹⁷⁷ The amendment legally reflected the metropolitan push toward the model of psychiatry on a shoestring. It also reflected, for the discharge of noncriminal lunatics, colonial subjects’ arguments about lay observational power and proposals to remove kin from the city to the hometown that African actors developed in vernacularizing psychiatric confinement. This vernacular incorporated petition styles from the British Isles alongside Akan verbal taboos from the Asante Empire and religious and moral geographies rooted in shrine practices of the Ga and residents of the Northern Territories.

African petitioners modeled the practices that became colonial law by incorporating the asylum into the West African *pharmakon*, including a set of dynamic ritual repertoires that regulated the movement of people in and out of spaces dedicated to healing and spiritual pawning. But criminal lunatics, people found to be mentally distressed after penal confinement, faced higher burdens for achieving discharge as political authorities were not inclined to release them back into the public. Criminal lunatics with ethnic origins outside of British West Africa, such as the subjects of French colonies, faced the highest burdens.

Kaɲaado, the Hunter

Outpatient Department—Case 35, Feb 21, 2017

A tall man in his mid-forties, Kaɲaado immigrated to the Western Region of Ghana from Burkina Faso. He became fluent in Nzema and started a farm where he cultivated corn, cassava, and peppers. The firstborn child of nine siblings, he also had four children of his own from one woman, though they never married. Kaɲaado was an unruly patient and psychiatrists struggled to categorize his symptoms into a diagnosis. He wore brightly colored clothing, stitched together with strips of discarded wax print cloth. I would later learn that Kaɲaado denotes a “foolish” person in some dialects of Fulfulde. But the patient embraced the moniker, explaining it was conferred on him by the ancestor spirits. He talked incessantly.

“Tell him I said he is talking too much,” Dr. B said to Moussa, the patient’s brother.

I looked up from my notepad, where I was met with the unblinking gaze of Kaɲaado as he ate a meat pie. Moussa began his testimony. His brother was seen roaming around town collecting leaves, cups, and stones. When asked why he was amassing these items, Kaɲaado retorted that they were diamonds. As Moussa spoke to the doctors, his brother mumbled in a mix of Fulfulde and Nzema, a cross talk that made it difficult to follow either man’s speech.

Kaɲaado suddenly rose from a rigid plastic chair to his feet. “I dey come right now.” Kaɲaado gestured as if he wanted to exit the consultation room.

“Where are you going? You want to go and sit outside?” Dr. B inquired, arms in the air.

“No, no, not outside,” replied Kaɲaado, smiling nervously as he returned to his seat.

Dr. B began his interview, posing questions in English, which Moussa translated into Fulfulde.

“Have you had any previous trouble with the police?” queried Dr. B.

“No, but I am Fulani,” Kaajaado said plainly.

Moussa seemed disturbed by Kaajaado’s mention of his Fulani ethnicity, switching from Fulfulde to Nzema as he began arguing with his brother. The hospital had no staff on call who spoke Fulfulde, but they called on Dr. R, who was fluent in Nzema. After Dr. B briefed him on the case, Dr. R chatted for several minutes with Kaajaado before he addressed the room of clinical observers.

“The patient says he feels very weak all the time. He believes that there is a struggle going on between long dead ancestors, who want to come back to life. He claims to have a light that he is using to guide them back. He has been roaming about in the night with a torch light because he is directing these ancestors. He is picking up the stones because there is gold in them. He only uses the leaves and cups to cover the golden stones.”

Sitting at his table, Dr. B explained to Dr. R that “The patient said that this experience is his second encounter with ancestral communication.” Dr. R addressed Kaajaado again.

“About five years ago he came to the hospital as an outpatient accompanied by a different brother. They came twice and felt that he was better after those trips to the hospital. The patient claims that he was well until yesterday.”

Moussa nodded, as if corroborating this account.

“Were you sleeping well before this incident?” Dr. R asked.

“It only started yesterday!” Kaajaado replied.

“How did you know that the ancestors wanted to come the first time around? What was the sign?”

“I had a moto accident and entered a coma for a day. It was during that period that I was able to perceive supernatural things.”

“When did this accident happen?”

“Ten years ago.”

“So, do the ancestors talk to you? Do you see them?”

“No, my mother was saying that I was doing these things and behaving this way because of some women.”

Moussa interrupted, “This is not possible because I have not seen him with women other than the mother of his children.”

“I have a spiritual name, ‘Kaajaado,’ and I know the ancestors are communicating with me when they are using that name, and communicating things that are about me. The ancestors told me today that I cannot marry the mother of my children because I do not speak Hausa nor English. I am

a hunter and when I go into the woods at night, I use my torch to command cattle.”

“So, how did you know to help the ancestors?” Dr. R inquired.

“I started hearing the drumming of the ancestors at home, and I followed the sound into the forest.”

“Why did they choose you?”

“It is because of the abilities I gained after going into a coma. For two months now I have had a pain in my head on one side and I can feel it when I shake my head.”

Dr. B turned to the clinical observers. “The patient does not suffer from thought broadcasting nor thought insertion. He neither sees nor hears the ancestors speaking. So, how does he know that *they* are there?” remarked Dr. B.

Dr. B. took over the questioning, contracting his brow in exaggerated curiosity. “If I left you here and the room caught on fire, what would you do?”

“I’d leave . . .”

“Do you think you have a sickness?”

“I have been overworking myself and have become short of blood and have lost weight. These are the causes of my situation.”

“Dr. B, what were the main complaints brought by his family when they arrived at the hospital?”

“Talking incessantly, irrelevantly wandering, singing, shouting, picking up things that were thrown away and then putting them into piles.”

“I only sing!” Kaajaado cried out in frustration. “I haven’t hurt anyone. So, what is the problem? I see what is going on in this room. Are you all are trying to kill me?”

Kaajaado gripped the arms of his chair. He contorted in a mixture of fear and confusion. Moussa explained that on the way to the hospital Kaajaado felt that other bus passengers were talking about him and so he began warning them that they would face spiritual retribution if they harmed him.

Dr. B returned his gaze to Kaajaado. “I’m going to give you medicine for the talking and the sleeping.”

“But I’m not going to sleep here, right?” Kaajaado replied fearfully, his hands clasped together.

“No, you’re not. You will do blood tests and bring them back in 2 weeks,” Dr. B responded, chuckling. Relief descended on the room at the end of the questioning. Dr. B turned to Dr. R. “This is the first thing he said when he came in: he does not want to be admitted.”

Political Lunacy and Migration to Asante

“Troubling times,” when social anxiety is widespread but fails to find an organized public or political expression, give rise to the displacement of social anxiety on to convenient scapegoat groups. This is the origin of the “moral panic”—a spiral in which the social groups who perceive their world and position as threatened identify a “responsible enemy,” and emerge as the vociferous guardians of traditional values: moral entrepreneurs.

JOHN CLARKE, STUART HALL, TONY JEFFERSON,
AND BRIAN ROBERTS,
Resistance through Rituals, 1975

Psychiatric manhunting produced political lunacy. On February 18, 1936, the Asantehene and his paramount chiefs wrote a letter to the chief commissioner of Ashanti concerning suspected lunatics roaming the streets of the Kumasi *zongo*.¹ As he wrote,

Our Good Friend,

In the interest of the inhabitants of Kumasi, we feel it is our bounded duty to invite the attention of Government to the number of Lunatic persons who are at large in the town of Kumasi, and who are dangerous to the community. A concrete case and point is the two innocent children (one boy and a girl) who were cutlashed to death on Thursday the 18th instant, at the Kumasi Zongo, by a person whose mind, it is alleged, has lost its balance. To avoid a repetition of such a tragic death in the future we would submissively suggest to the Government the advisability of having these dangerous persons removed from the town of Kumasi to the Accra Lunatic Asylum for detention, and thus set the minds of the populace of Kumasi at ease.

We are,
Your Friends,
Asantehene, Asantehemma, Krontihene, Akwamuhene,
Kyiodemhene, Okoyohene, Adontinhene, Gyasihene,
AG. Ankobiahene, Tafohene, Head Linguist.²

The signatories were Asante royals, writing in the genre of a British petition to the chief commissioner of Ashanti to lodge a grievance against the state. Dangerous lunatics were on the loose in the Kumasi *zongo*, the immigrant quarters of their capital city, and one of them had killed two children. The letter

writers urged the chief commissioner to remove the “Lunatic persons” from Kumasi’s streets to the Accra Asylum. For the Asante royals, criminal lunacy was a question of psychological deviance, territorial belonging, and social difference. These men, who fashioned themselves as moral entrepreneurs, defenders of tradition, maneuvered to use the British-run colonial asylum to clear Kumasi’s streets of vagrant migrants. Their actions were one reason why migrants to the southern provinces of the Gold Coast suffered overconfinement as “criminal lunatics” in the Accra Asylum. By the mid-1930s, over 65 percent of migrants to Accra and Kumasi were laborers from French West Africa and the Northern Territories of the Gold Coast.³ This group constituted less than 10 percent of the total population of the southern Gold Coast but made up over 50 percent of the confined population at the Accra Asylum.⁴

This chapter uncovers the social and political process by which the colonial legal and medical category of the “criminal lunatic,” individuals certified as insane by a medical officer before being sentenced for crimes, emerged as a figure of migration in colonial Ghana.⁵ The psychiatric manhunt, the act of street clearing, was characterized by its pharmakonical duality. Like other elements of the West African pharmakon, the psychiatric manhunt could be used to heal or to harm. Manhunts tended to target migrants and treated those who were hunted as scapegoats whose capture and isolation could abate moral panics within the urban Asante mind politic. New forms of governance associated with British indirect rule, and colonial capitalism, contributed to these moral panics. The ideological and legal convergence of the criminal lunatic with migrants, mostly from northern territories, is revealed in debates that unfolded in three political bodies, organized by the colonial state and based in the Kumasi region from the 1920s, whose African members included Asante royals and merchant elites (appointed by the colonial state, and later elected by Africans). The political foundations for manhunting suspected lunatics from Kumasi was also historical: emerging from the contested incorporation—and occasional mass expulsion—of regional migrants by the Asante state dating to the eighteenth and nineteenth centuries. Long-standing Asante concerns over migration, and ethnic and religious difference, came to shape the demographic outcomes of psychiatric confinement in colonial Ghana and after independence, with regional migrants making up a plurality of most patients in the asylum.

Between the two world wars, British authorities grew increasingly ambivalent about the utility of the asylum. Meanwhile, Asante’s governing elites pushed the colonial government to territorially expel suspected lunatics by hunting them from Kumasi’s streets and confining them in the Accra Asylum. Asante authorities targeted the Kumasi zongo, or “strangers’ quarter,”

as troubled zones associated with vagrancy and lunacy. Residents of Kumasi called regional labor migrants by the Twi term *Nkramu*, a flexible historical category with shifting characteristics. It most often referred to a person, Muslim or otherwise, with ancestry from Islam-influenced regions to the north of Kumasi.⁶ At times, *Nkramu* was used as the primary Twi term for a Muslim, regardless of their origins. With the arrival of different waves of regional migrants to southern Ghana, *Nkramu* has referred to variously to people from northern Niger and long-standing residents of Ghana's northern regions.⁷ It could be used as a mere descriptor—as with Asante people who converted to Islam and became known as Asante *Nkramu*. In times of heightened anti-immigrant sentiment, *Nkramu* could be marialed as a derogatory racialized slur. The emergence of the Gold Coast Muslim Association in 1932, and its successor Muslim Association Party in 1954, undoubtedly crystallized the usage of *Nkramu* as a description of political nonbelonging.⁸ As formal colonialism waned, African politicians debated the future of French subjects—a subject-position that largely overlapped with the *Nkramu*—in the urban centers of colonial Ghana. These debates incubated competing ideas about citizenship and the place of regional migrants in a future independent Ghana. Prominent participants highlighted the supposed foreign origins and “political lunacy” of resistance movements against Kwame Nkrumah, Ghana's first postindependence head of state, and his Convention People's Party (CPP). These debates signaled a mind politic: claims to authority over citizenship and belonging that competed on a crowded stage of political programs and rivalries in the early decades of African independence.⁹

Migration in the Asante Mind Politic

Asante politicians in the first half of the twentieth century deployed colonial therapeutic institutions ambivalently: to police sociopolitical differences through the execution of practices that healed their coethnic kith and kin by harming enemy strangers. The targeting of regional migrants as “criminal lunatics” by Asante chiefs, politicians, and merchant elites emerged from a historical tension in Asante political life between a dependence on migrants, particularly Muslims from the north, and the violent exclusion of these migrants from Asante territory at key historical junctures. The most dramatic of these events was the expulsion of migrant traders from Asante in 1844 and the forced removal of Islam from the bounds of Asante royal political subjectivity. Cultural memory of this expulsion shaped how the Asante viewed future generations of Muslim migrants and incorporated them into Asante-dominated regions of Ghana. It also impacted, during the colonial period, the

conflation of migrants to Asante-dominated regions with madness, criminality, and political lunacy.

Since the founding of their empire in the seventeenth century, Asante authorities cultivated engagements with Muslim and migrant stranger communities in their capital city of Kumasi.¹⁰ Beginning in the thirteenth century, a range of small-scale Akan states situated in the broader vicinity of Kumasi interacted with the Muslim empires to the north with ties to the trans-Saharan gold trade.¹¹ In the cosmology of the medieval empire of Mali, Asante was the southernmost region of the Mande world.¹² Soninke traders, also known as Wangara, connected disparate gold-producing sites in the forests and the savanna to the empires of Wagadu and Mali. The Wangara influenced the southward spread of Islam into Akan-speaking regions, particularly among traders and in the “semimilitary” government styles adopted by southern empires, such as Dahomey and Asante, and in the presence of Soninke loan words.¹³ For example, *Nkramu* is a loan word from the Manding word *kramo*, a teacher, learned person, or Islamic scholar.¹⁴ By at least the thirteenth century, Manding-speaking *Nkramu* traders founded the towns of Gyaman, Gonja, Gambaga, and Dagomba in what is today northern Ghana as they traded gold mined by Akan speakers to the south into trans-Saharan and, by the fifteenth century, transatlantic networks.¹⁵ The rise of the Asante Empire itself was partially animated by military incursions to the north, into the southern realms of the Manding trading towns, to gain access to Saharan trade routes dominated by Soninke-Wangara traders.¹⁶ It was common for Muslim traders to maintain autonomous quarters in cities that were dominated by non-Muslim African populations, and it is likely that Soninke-Wangara traders were responsible for the first Muslim quarters in Akan-speaking realms that would later be known as *zongos*.¹⁷

While Asante royalty never adopted Islam as their official religion, Islam and Muslims were critical to Asante political, economic, and ritual formation. According to oral traditions, the Asante Empire arose in the seventeenth century through the merger of diffuse Akan-speaking polities via the intensification of agriculture and gold mining. Labor for these enterprises, lodged in the thick deciduous forests that then surrounded Kumasi, was largely achieved by enslaving migrant strangers to clear forests for gold mining and farming.¹⁸ The Asante *ɔbirempong*—men of high standing that controlled the production and sale of gold—retained the capital to procure regional migrant laborers as *gyaase*, dependents who cleared dense forests to create cultivable land. Akan-speaking groups also shifted from patrilineal to matrilineal descent (*abusua*). Matrilineal descent was strategic because it cemented the loyalty of migrant laborers, whose children by Asante women became Asante because

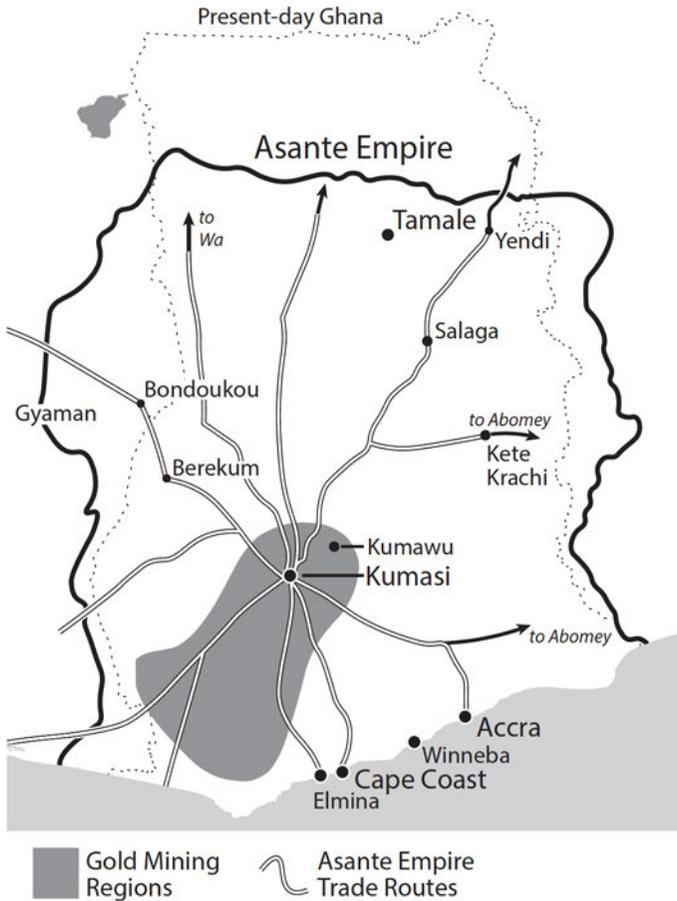


FIGURE 3.1. The Asante Empire and its road system ca. eighteenth and nineteenth centuries.

they belonged to their mother's *abusua*. The Asante cemented these social and productive innovations with a new state-formation—the *oman*—which entailed a concept of Asante territory as well as a spiritual and metaphysical concept (mind politic) of an Akan political community that was epitomized by the Asante state. People paid tribute to the *ohene*—figuratively translated as “chief” or “king”—of their *oman* via their *abusua* even when resident in other communities. To police the social boundaries of this mind politic, Asante political authorities developed protocols for incorporating and excluding individuals from their *oman*. They also differentiated between physically or psychologically harmful community members who belonged, and thus should be cared for, and those who did not belong and should be excluded.

Between the fifteenth and seventeenth centuries, migrants, including many Muslims and residents of regions to the north of the Asante, remained cru-

cial to the expansion of the Asante state into an increasingly hierarchical and powerful commercial empire. Asante royals depended on Muslim scholars to communicate with their northern neighbors for trade and diplomacy.¹⁹ Nkramu also shaped the social organization of the gold trade, a key source of capital for the Asante state first in sales to Muslim Wangara traders who trafficked gold across the Sahara and, later, to Ga and Fante traders who worked with European traders on the Atlantic shoreline. The cultural significance of Muslims in Asante is hinted to in oral narratives on the origin of the term *abusua* for the Akan matrilineal system, which emerges through the story of Abu, a name that suggests he was Muslim.²⁰ Abu was the linguist of the chief of Adansi, a province of the Asante. The chief fined Abu for an egregious offense. Abu turned to his children for assistance with the fine, but they abandoned him for their mother's relatives. The children of Abu's sisters came to his aid and so, when he died, Abu left his property to his sister's children. In time, others began to copy Abu and thus was born the term *abusua*, which translates literally from the Twi as "imitating Abu." If the development of Asante matrilineal clans was tied to the need to incorporate migrant laborers into the social polity to clear forests, the likely apocryphal story of Abu points to the high-ranking status of newly incorporated peoples as Muslims or, in the least, as migrants from predominately Muslim regions or the former subjects of Muslim overlords.²¹

Nkramu also occupied prominent roles in the medical and spiritual landscape of the Asante Empire. Reportedly, Safo Kantanka, the ruler of Mampong, a constituent dominion of Asante that was considered its gate to the Islamic world because of its location in the north of the empire, recruited Nkramu to help protect his son, Asantehene Osei Kwame Panyin (1777–1803), from political enemies. It was perhaps during Panyin's reign that the first "Asante Nkramu" or "Asante Muslim" community was established in Kumasi.²² These learned Muslim Nkramu constituted the first Islamic physicians corps, *Nsumankwaa*, within the Asante *ɔman* and were likely responsible for the popularization of Islamic amulets among Akan speakers.²³ Panyin's affinity for Islam, however, is credited as the reason for his short reign. Reportedly, a conspiracy was forged to depose Panyin when rumors circulated that the Asantehene wanted to make Islam the state religion of the Asante Empire, thereby turning to a model of patrilineal descent and weakening the position of other Asante chiefs.²⁴ Panyin's successor, Asantehene Osei Tutu Kwame Asiba, was famously xenophobic toward Muslim political authorities in the region. Despite this, he maintained the *Nsumankwaa* and was known to keep Islamic protective amulets in his bedroom.²⁵ Comprised of small leather pouches containing Qur'anic verses written on parchment, amulets were



FIGURE 3.2. “An Asante Noble Equipped for War.” Schomburg Center for Research in Black Culture, Manuscripts, Archives and Rare Books Division, New York Public Library Digital Collections. Courtesy of Bridgeman Images.

worn around the neck, sewn into clothing, or buried in the walls or floor of homes.²⁶ Produced by Nkramu skilled in the Islamic esoteric sciences, members of the Asante Empire used Islamic amulets while, as historian David Osuwu-Ansah writes, “finding spiritual protection for diseases, seeking magical protection against the effects of bullet in battle and the effects of the evil eye.”²⁷ These factors were also coupled with Akan disease etiologies and their syncretic acceptance of the God of Islam as equivalent to *Nyame*, their sky god.²⁸

Despite the long-standing importance of Nkramu to Asante political and ritual life, in 1844 Asante elites expelled Muslim traders from the north—along with ethnic Fante and Ga traders from southern coastal regions—from Kumasi and the broader *oman*.²⁹ This migrant expulsion was likely triggered by earlier resistance to Islam as the religion of the empire combined with rebellions by the Muslim-led Asante tributary states of Gonja and Dagomba, as well as by a weakened economy due to British encroachment on inland trade routes.³⁰ Over the next several decades, the Asante engaged in a series of conflicts with the British, later called the Anglo-Asante wars, to control commerce and trading routes. The prohibition against Nkramu traders was not lifted until 1874, when Asantehene Nana Kofi Karikari lost the third

Anglo-Asante War and abandoned Kumasi, which British troops burned to the ground.³¹ To shatter Asante monopoly over trade, the British forced the Asantehene to open the roads leading to Kumasi, for all traders. The British deepened Asante animosity toward Nkramu populations by relying heavily on African soldiers of the so-called Hausa Constabulary in their final and bloody campaigns against the Asante Empire.³² The Hausa Constabulary consisted of ethnic and linguistic groups based to the north of Asante that the British configured as martial races. The British acquired Nkramu soldiers by either purchasing and “manumitting” them from the slave market in Salaga or by recruiting them from a recently conquered northern Nigeria and among Hausa-speaking Nkramu that had lived in Ghana for generations.³³ After the Asante defeat of 1874, many soldiers of the Gold Coast Hausa Constabulary settled permanently in their barracks on Asante stool land, which became the “first” zongo recognized by the ascendent colonial state in Kumasi. Some scholars speculate that the term *zongo* derives from the Hausa word *zango*, which means “a camping-place, especially a caravan” or “the distance between two camping-places.”³⁴ Alternatively, *zongo* might derive from the historic interaction of Manding-speaking Muslim traders and Akan-speaking groups prior to the seventeenth century. Regardless of the term’s origins, by the late nineteenth century, earlier histories of Muslim settlement in Kumasi were marginalized in public memory as Hausa traders became the majority of the zongos’ residents and established Hausa as the lingua franca of the zongos.³⁵

The British generally governed the Gold Coast through a system of “native administration,” operating through preexisting political authorities. By contrast, they sought direct control over the heartland of the Asante state and used several strategies to dismantle what had been one of the largest and most sophisticated bureaucracies in Atlantic West Africa. In 1902, the British finalized their struggle for sovereignty over Asante lands by exiling Asantehene Prempeh I to the Seychelles for almost three decades. To further curtail the power of Asante chiefs, who formerly reported to the Asantehene, the British encouraged Nkramu migrants to settle in Kumasi with their families in zongo neighborhoods. The link between the Hausa and the British monopoly on violence in colonial Ghana was deepened by the establishment of the Gold Coast Police Service, which built upon the legacy of the Hausa Constabulary by largely recruiting residents of Ghana’s northern territories. By midcentury, the officer class of the police was largely drawn from ethnic groups in the southern regions, while Asante elites viewed its rank and file members—drawn mostly from migrants from the north and from French West Africa—as colonial intermediaries.³⁶ The growth of the zongos also encouraged trade and gave the British ready access to labor for rebuilding



FIGURE 3.3. Map of French West Africa.

Kumasi's roads and sanitation infrastructure after the scorched earth campaigns of the British army.³⁷ In the years to follow, tens of thousands of Nkramu emigrated to colonial Ghana. Many came from the "Northern Territories" of the Gold Coast and northern Nigeria, but a larger number yet were residents of the vast territories of present-day Niger, Burkina Faso, and Mali that were folded by the French into the federation of French West Africa (*Afrique occidentale française*, AOF).

Migrants to colonial Ghana fled harsh manual labor and military requirements in the AOF, where the French recruited men from Côte d'Ivoire into forced labor on French-owned cocoa and coffee plantations. In some cases, entire villages circumvented this penal labor regime by leaving in the rainy season, entering a state of territorial self-exile in Ghana and Nigeria. The AOF's administration estimated that between 1926 and 1929 over 600,000 of their subjects traveled to Ghana.³⁸

Prior to the 1920s, most migrants worked in Ghana's gold mines or as traders in cities. By the decade's end, however, migrants were drawn to Ghana's booming cocoa sector, and the governor of the Gold Coast designated the territories north of Asante as a labor reserve for southern Ghana's lucrative farms and colonial infrastructure projects based in Kumasi, Accra, and Cape Coast.³⁹ Most cocoa was grown by Ghanaian families who self-exploited their extended kin and recruited migrants to cultivate this cash crop.⁴⁰ Initially, many migrants from the Northern Territories worked seasonally in Ghana,

returning to their native villages after the cocoa harvest. But by the 1930s, a growing number of young men settled permanently in Ghana, migrating with their wives or marrying in Ghana, where they grew their families and started their own cocoa farms.⁴¹ Many migrant farmers became capitalist investors, drawing on returns from cocoa to pursue other income-generating activities, including transportation and long-distance trade, as they built houses and grew their families in Ghana.⁴²

For the French, the loss of labor to colonial Ghana was an ongoing problem: "According to the census of 1931, there were then living in Ashanti and the colony about 120,000 people from French West Africa, 42,400 from the Northern Territories, about 57,400 from Nigeria."⁴³ An AOF report based on data gathered between 1935 and 1940 described Kumasi as having an "extraordinary power of attraction" over French subjects, particularly those from Côte d'Ivoire and Haute Volta (renamed Burkina Faso at independence).⁴⁴ According to French government reports, regional migrants were drawn to Kumasi by higher salaries; its "chic" commercial life, where one could acquire high-value goods; and the historical ethnic, linguistic, and social links within the zongo that facilitated settling in Kumasi.⁴⁵ By the interwar period, Hausa, Moré, Djarma, and Gurunsi were as commonly heard as Twi in Kumasi's markets and streets. Migration to Kumasi became part of initiation rites for migrants from Dogon country, who came to be known as Kumasi Boys at home in Mali.⁴⁶ Kumasi's reputation as a "land of refuge" was memorialized in a song commonly recited by migrants with the refrain "One who has not been to Kumasi will not go to Heaven" ("Qui n'a pas été à Koumassi, n'ira pas au Paradis").⁴⁷

As Kumasi's fame grew in the subregion, Akan elders greeted transformations to Kumasi's ethnic and linguistic makeup with growing alarm.⁴⁸ The cash-based economy, tied to the rise of cocoa and colonial head-tax demands, enabled women and young men to earn money independently from—and even economically surpass—their fathers, husbands, and brothers. Divorce was on the rise as were relationships outside of wedlock.⁴⁹ As the historian Jean Allman writes, the new roles women took on in the colonial economy were for Asante elites a "[gender] chaos, often articulated in the language of moral crisis, in terms that spoke of women's uncontrollability, of prostitution and venereal disease."⁵⁰ Interviews gathered by the Asante Social Survey—an ethnographic project carried out in Asante villages from 1945 to 1956—reported that Asante men born prior to colonial conquest complained about shifting "conventions of deference" toward elders, public decorum, modes of bodily comportment, and ideologies expressed by younger men and women.⁵¹ Elders perceived the younger generation as motivated by

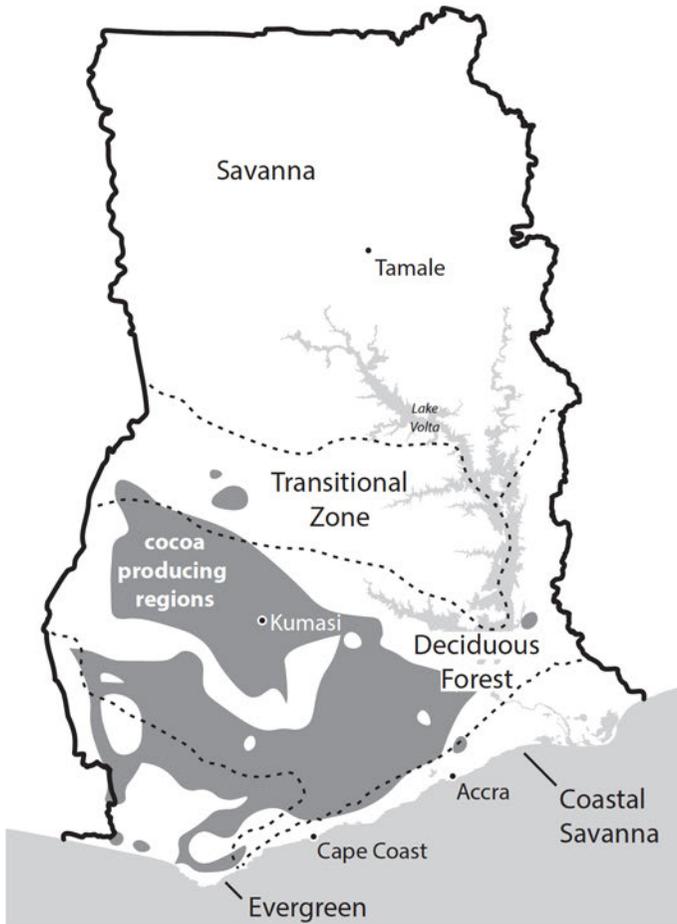


FIGURE 3.4. Ecological zones of Ghana.

individual gain over the needs of the collective political, social, and spiritual body (*ɔman*). Asante elders described the younger generation as *mbasafo*, “those who spoke a language full of new words, usages, and concepts.”⁵² The zongo, the source of these imported new words, came to be viewed as the fuel for youthful rebellion against received customs.⁵³

The religious practices of migrants posed new challenges for Asante religious forms. Migrants to cocoa farms carried new spirits and ritual practices with them, including popular witch-finding spirits and their shrines (see chapter 2). Migrants grafted the practices at shrines to their traveling spirits onto the possession rituals (*akɔm*) of extant territorial spirits (*ɔbosom*) in Akan-speaking polities. But while these groups converged in their repertoires regarding territorial and traveling spirits, they also diverged in their en-

gagement with Abrahamic faiths. While often remaining engaged in practices that European Christians associated with *akɔm* and witch-finding (*abonsamakɔm*), Asante people increasingly converted to Christianity during the early twentieth century. One factor that shaped this push was the rise of African independent and spiritual churches in the mid-nineteenth century, which pitted their Holy Spirit as stronger than territorial spirits. Another was the baptism of Asantehene Prempeh I into the Anglican Church two years into his exile and his advocacy for Asante people to follow suit. If Islam had been barred from becoming the state religion of Asante in the early nineteenth century, by the early twentieth century Christianity was at least nominally the official religion of the Asante state in exile. Meanwhile, Asante authorities looked askance at labor migrants, who latched onto new emancipatory strains of reformist Islam that still challenged their customary hierarchies.⁵⁴

Asante elders drew on a range of techniques to stabilize the Asante mind politic. During the global depression of the late 1920s and early 1930s, chiefs of Asante villages—imbued with unprecedented power by the colonial state—forced unmarried women to either marry a man of their “choosing” (in arranged meetings with the chief and village elders) or face imprisonment. Asante authorities in the office of the *Nsumankwaahene*, the chief of the Royal Physicians Corps, policed the religious and healing practices of migrants, while enriching their coffers, by imposing annual licenses for herbalists, shrine priests, Christian spiritualists, and herbal salespeople. Many of these healers were migrants or marketed their services to migrants.⁵⁵

Faced with an urban population that was increasingly comprised of non-ethnic Akan, Asante authorities also innovated a new taxation scheme that penalized migrants. In 1951, Kofi Abrefa Busia—a former district commissioner in the colonial service and the future prime minister of independent Ghana—examined the place of migration on historical modes of Asante stranger incorporation.⁵⁶ Busia, then a student of the anthropologist Meyer Fortes at Oxford University, noted a disconnect. Asante polities had historically incorporated strangers and determined political belonging through lineage systems based on the matriclan (*abusua*).⁵⁷ But Busia noted in the early 1940s that urbanization in Kumasi created a disconnect between lineage-based belonging and territorially defined colonial administrative boundaries. The new British administrative structure for Asante gave an inordinate amount of power to the chiefs of Kumasi, while rapid migration and urbanization upended seemingly clear-cut historical modes of political and territorial bounding in Kumasi. A crisis arose in the domain of tax collection, as administered by the Kumasi municipal government, which was under the control of Asante royals and merchant elites. The municipal authorities argued over whether

people should pay taxes to the chief to whom their *abusua* historically owed fealty or to the chief of the territories they were currently living in. Moreover, should these strangers receive social welfare benefits, such as educational scholarships, from their historical zones of belonging or in their new homes? In a move that signaled the exploitation of migrants as well as the hardening of Asante in-group boundaries, it was decided that people would pay taxes to their territories of abode but receive benefits from their territories of historical belonging. Immigrants from neighboring West African colonies now paid taxes but had few rights to welfare benefits as strangers without *abusua*.⁵⁸

Asante elites also drew on the novel tool of colonial psychiatry to scapegoat migrants for new gendered and generational tensions within the Asante *oman*. Between the 1920s and the 1950s, Asante chiefs and elites with ties to the historic leadership of the Asante Empire used their positions in two colonial political bodies—the Kumasi Public Health Board (1925–43) and the Kumasi Town Council (1943–53)—to push the colonial police to engage in psychiatric manhunting that targeted migrant Muslim residents of the zongo. Through petitions and letters to a range of colonial officials, and editorials in newspapers, these elites framed unhoused migrants as lunatics and, in many contexts, as criminal lunatics. Even in the face of staunch British resistance to their plans, these Asante men lobbied the colonial state to build asylums that would serve migrant populations. Labor migrants from the Northern Territories of colonial Ghana and the colonies of Haute Volta and Côte d’Ivoire constituted the majority of the patients confined in the Accra Asylum.⁵⁹ The migratory pathways of many Nkramu migrants who fled to the Kumasi “paradise” in search of political asylum from violent French labor and taxation regimes would land them via processes of psychiatric manhunting in a British colonial mental asylum in Accra with little recourse for release.⁶⁰

“For the Safety of Life and Limb”

Public health crises in Kumasi spurred British officials to formally incorporate Asante representatives into colonial governance of the city. From 1910, the British administered Kumasi on an ad hoc basis through their Sanitation Committee. In 1924, following an outbreak of the bubonic plague—which was concentrated in densely populated zongo neighborhoods—the committee was expanded into the Kumasi Public Health Board.⁶¹ The colonial government implemented “rigorous anti-plague measures,” including a “search for the sick and the removal of suspicious cases to the Infectious Diseases Hospital” and “a transfer of some residents into government buildings.” These efforts were compounded by the reality that many migrants arrived in

Kumasi in poor health, struggling from “hunger and fatigue from walking all the way from the north, sometimes to be unemployed.”⁶²

The Kumasi Public Health Board, like the Sanitation Committee before it, consisted of both British colonial administrators and Asante merchants and chiefs.⁶³ The board functioned much like a town council with the power to issue market, rental, entertainment, and other licenses to generate revenue.⁶⁴ It was also in 1924 that the British repatriated the Asantehene, who had been exiled in the Seychelles, to Kumasi. While the British prohibited the Asantehene from holding his royal title, he was allowed to join the Health Board as an ordinary citizen, using the name Agyeman Prempeh. Coupled with his literacy and sway over other Asante chiefs, Prempeh was influential on the board, and in October 1926 the British named him the Kumasihene: the paramount chief of Kumasi.⁶⁵ Although not the title of Asantehene, this was in many ways a moot point as the Kumasihene was *de jure*, and *de facto*, the head of the Asante state. Even after Prempeh's death, the Health Board remained an important political station for established and ascendent Asante ethnic entrepreneurs. Agyeman Prempeh's successor, Asantehene Prempeh II, was said to have insisted that his successor, Opoku Ware II, work for the Kumasi Public Health Board as an apprentice surveyor instead of entering business, so that the young man would have experience in public service.⁶⁶

In 1925, the Kumasi Health board established the Zongo Poor House: one of its earliest and most celebrated projects.⁶⁷ Located in the Kumasi zongo, the Zongo Poor House was designed to address growing poverty among migrants by feeding the sick and the poor until they were self-sufficient.⁶⁸ But within a year of its opening, the Zongo Poor House became a *de facto* care center for mentally distressed migrants, providing an alternative to a practice that was no longer politically tenable: housing “suspected lunatics” in the Kumasi Prison. British officials praised the Zongo Poor House as a “partial solution to the problem of the civil suspected lunatic.” Robert Cunyngham-Brown, former commissioner for the Medical Board of Control for Lunacy and Mental Deficiency for England and Wales and the author of the first survey of British West Africa's asylums, credited the Zongo Poor House as a “unique and interesting institution” that was worth replicating across British West Africa.⁶⁹ Thus, in the eyes of the lead reformer of psychiatric care in the British Empire, an African-led municipal agency was the premier institution for the control of vagrant lunatics in West Africa.⁷⁰

If British visitors to the region applauded the Kumasi Poor House, Asante elites remained vexed by the problem of vagrants on Kumasi's streets. Between 1925 and 1936, shifts in the political organization of the zongo—and the mechanisms used to control newcomers—brought increased visibility to

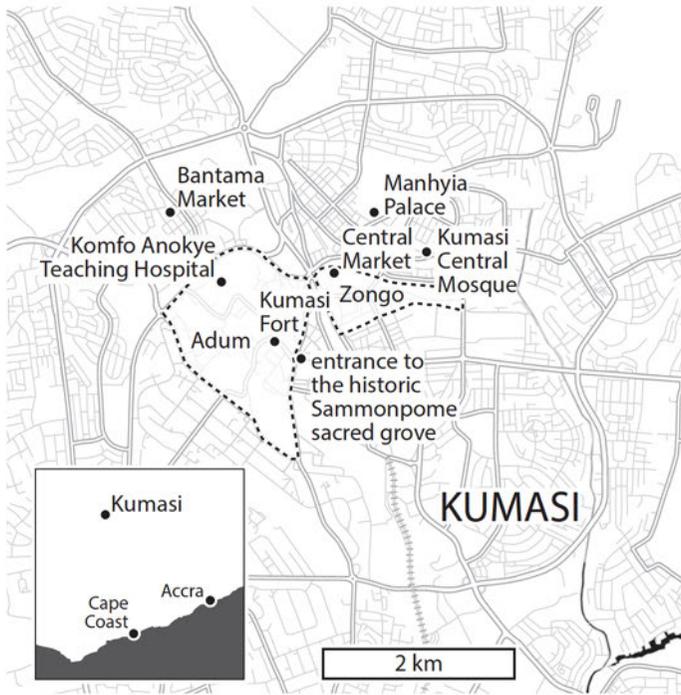


FIGURE 3.5. Kumasi city.

the problem of mentally distressed immigrants for both the colonial state and Asante elites. For decades, African “headmen,” elected by zongo residents to represent each of the stranger ethnic groups in Kumasi, had informally administered the zongo’s diverse residential populations. In 1927, the colonial state integrated immigrants into “Native Administration”—a key institution of British indirect rule in West Africa—when the chief commissioner of Ashanti appointed the headman of the Hausa, known as Sarkin Zongo, to the Kumasi Public Health Board.⁷¹ Sarkin Zongo wielded his authority over Muslim migrants in Kumasi to make unemployed migrant laborers work without pay in the city’s sanitation services, thereby providing financial relief to the municipal authority and earning their political favor. Sarkin Zongo also established a popular tribunal in the city, which many Asante families patronized despite its reliance on Islamic law.

Though Sarkin Zongo cultivated the favor of the British and many Asante elites, he was disliked by other headmen in Kumasi because he prohibited them from establishing independent tribunals, which generated revenues through court fees. In petitions to the Asantehene—forwarded to the governor of the colony—the Grunshie, Mossi, Kotokoli, and Mamprusi headmen

complained about the Hausa headman's monopoly of power in the zongo. The colonial government denied their requests and sided with Sarkin Zongo. In 1932, riots broke out in the Kumasi zongo over these political tensions, which were stopped by the colonial police and the army.⁷² As a punishment, the British deported the headmen who had opposed the Sarkin Zongo to their colonies of origin in French West Africa. The Sarkin Zongo also resigned and returned to his home in northern Nigeria. In a bid to stave off future political unrest, Asante and British authorities decentralized power in the zongo among various ethnic headmen. In the absence of a supreme leader in the zongo, the British also transferred some of the administrative burden of the migrant quarter to Prempeh II, whom they recognized as the Asantehene in 1935.

Visible poverty on Kumasi's streets likely increased as unemployed migrants were no longer conscripted into the city's sanitation services but rather roamed the streets in search of casual day labor. Public begging grew with the expansion of labor migration to the zongo, as asking for alms was a broadly sanctioned activity in Muslim-dominated territories of West Africa. In some Muslim brotherhoods begging was a means of demonstrating devout supplication and humility.⁷³ During the same time period, African elites in Accra also complained about the growing presence of "destitutes" and "Hausa beggars." An African journalist by the name of Therson Cofie wrote in the *Daily Echo*, an Accra-based newspaper, that most of the beggars in question were Muslim regional migrants. Cofie's article created such a controversy among the city's literate elite that the colonial medical department investigated his claims. They concluded that most of the "destitutes" identified by Cofie—cripples, beggars, lepers, and lunatics—were migrants from the Gold Coast's Northern Territories and from French West Africa. But they rejected Cofie's proposition to repatriate these individuals to their homelands, citing begging as a relatively minor problem in Accra and one that was not technically illegal.⁷⁴

Meanwhile in Kumasi, members of Public Health Board also pressured the colonial state to clear the street of suspected lunatics and the unhoused. The Asantehene and other Asante elites used a discourse of benevolent exclusion to argue that—as in the petition that opened this chapter—"we feel it is our bounded duty to invite the attention of Government to the number of Lunatic persons who are at large in the town of Kumasi, and who are dangerous to the community."⁷⁵ Despite the salutary framing of the letter, in using the word "community" Asante royals subtly referenced Asante people to the exclusion of labor migrants of diverse ethnic origins resident in Kumasi. But for the colonial government, moving suspected lunatics from Kumasi to Accra, as proposed by the Asantehene, was untenable due to chronic overcrowding at the Accra Asylum: a fact that Parliament in the United Kingdom and

African elites had lamented for decades.⁷⁶ The colonial government entertained a number of proposals to build a new asylum in Kumasi to facilitate the repatriation of patients from French West Africa and northern Ghana, but these propositions were ultimately dropped due to a lack of funding.⁷⁷

While British officials emphasized the financial and legal limitations to psychiatric care and street clearing, Asante elites tirelessly pushed for police raids of suspected lunatics in the Kumasi zongo. Asante board members made their plea by referring to cases that accused Nkramu of lunacy and the zongo of cultivating criminals and lunatics. On September 25, 1942, in one of its final acts as the municipal authority for the Ashanti region, the Asante members of the Kumasi Public Health Board tabled a “Motion for the restrictions to movements of Lunatics in Kumasi.”⁷⁸ In this first iteration of the debate, which resurfaced numerous times over the next five years, the board praised the work of the Kumasi Zongo Poor House but raised the problem of “restricting the movements of stray imbeciles.” Mr. Dadzie, an Asante board member, “drew attention to serious cases of violence in certain parts of the town where the populace were [*sic*] frequently terrorized by lunatics and suggested that representations be made to the government for the removal of this social menace.”⁷⁹ “Certain parts of town” was a clear reference to the zongo and the adjoining central market, a hub for migrant traders. In response, Dr. Dobbin, a British medical officer, highlighted the Public Health Board’s lack of authority in the matter of controlling lunatics and “mentioned that very often the effective machinery [. . .] of the central government to enforce the confinement of dangerous lunatics [. . .] failed for lack of medical evidence before the Magistrate.”⁸⁰ Ultimately, it was decided that the central government should again be informed about the “unsatisfactory control of lunatics in Kumasi.”⁸¹

Colonial police in the Ashanti region also shared Dr. Dobbin’s concerns that the Kumasi municipal authority did not have the jurisdiction to intervene in psychiatric care and that magistrates did not have the authority to certify insanity. In a report to the chief commissioner of Ashanti, the superintendent of police for Ashanti reported that “police action has been taken and will continue to be taken to rid the Town of this form of nuisance,” referring to roaming lunatics.⁸² But he noted that progress was slow. For one, the Kumasi Prison only had space for four suspected lunatics at any given time, but in theory it was required to deal with all suspected lunatics in Ashanti, the Northern Territories, and those coming by train from the Western and Central Provinces.⁸³ Second, the superintendent reiterated Dr. Dobbin’s concern that magistrates could neither certify nor confine suspected lunatics without sufficient medical evidence. The lack of certification for suspected lunatics in this case was likely the result of a legal loophole generated by British colonial

authorities in 1933 to facilitate patient repatriation. It was concluded that a person could be a lunatic but not necessarily “a proper subject of confinement.”⁸⁴ The superintendent lamented that once the suspected lunatic was released by the courts, he would likely return to the streets.⁸⁵ Third, although the medical officer in charge of health could help at this stage with the Casual Ward, most suspected lunatics would not patronize it and there was no authority to force them to do so.⁸⁶ The police superintendent also felt that the practice of repatriation was an unjustifiable form of abandonment—a position that was later reprimanded by the chief commissioner of police, who retorted that the repatriation of uncertified lunatics to their homes was the policy of the police “throughout the colony.”⁸⁷ The chief commissioner was disabusing the police superintendent of the notion that street clearing ended with the failure of the magistrate to certify a suspected lunatic. The psychiatric manhunt did not end until the suspected lunatic was confined in either prison or the colonial asylum, or else repatriated. The city streets had to be cleared of all suspected lunatics.

In 1943, the Kumasi Town Council replaced the Kumasi Public Health Board as the city’s primary municipal authority. As one of its first actions, the council set about reorganizing the Kumasi central market, where many migrant merchants worked. Battles over the allocation of stalls in the market marked the beginning of a contested relationship between the new council and Kumasi’s large migrant population. In its first year of operations, the council enumerated the central market’s sales stands and restructured the distribution of licenses to sell yams, long the domain of Gao migrant traders who were largely from the French colony of Niger. By prioritizing Asante market women to the exclusion of Gao traders, the council set the stage for a decade of ethnic tensions, rioting, and violence in Kumasi. Tensions rose between 1943 and 1947, as Asante women complained that the Gao men did not respect them, while their husbands accused the Gao yam traders of attempting to seduce their wives.⁸⁸ To quell the conflict, the council opened a new market in the Kumasi suburb of Bantama and promised to divide the yam selling licenses between the two markets. But the council went against their word by canceling all Gao licenses to sell yams in the central market and according these to Hausa traders. In 1949, this incited two large riots of Gao traders and porters in the central market, which the Asantehene’s personal police service shut down.⁸⁹ Shortly thereafter, the Asantehene’s police arrested five Gao traders in central Kumasi and 300 Gao traders at Bantama for threatening to start another riot. These arrests precipitated a full-scale battle in the Bantama market with the Asantehene’s police and the Hausa, who had called on the citizens of Kumasi to join them in fighting the Gaos.



FIGURE 3.6. Aerial view of Kumasi central market, ca. 1953. Photo by Alexandre Adandé, Institut Fondamental d'Afrique Noir, Dakar, Senegal.

Gao traders killed numerous Hausa in these clashes, while also injuring eight of the Asantehene's police officers, stealing their weapons and occupying the Bantama market until the colonial police disarmed protestors. A truce was dawn, all the imprisoned rioters were freed, and the Asantehene arbitrated a dispute between the headmen of the Gao and the Hausa. The council accorded twelve stands to Gaos in the central market to sell yams. But the incident had deepened fractures between Kumasi's two dominant ethnic groups. The Hausa were now in alliance with the Asante. And the leaders of the Zambrama, Wangara, and Mossi promised their allegiance to the Gao if they entered another dispute with the Hausa.⁹⁰

As interethnic tensions mounted in the marketplace, Asante council members discursively conflated Nkramu migrants with suspected lunatics. On September 13, 1944, Councillor Kankam, a prominent Asante member of the council, reported that "the municipality was infested with lunatics of varying grades of imbecility, most of whom roam through the streets in complete nudity without restraint and urged that the council should take some steps to rid the township of the many revolting scenes which impinged on the sense of social decency."⁹¹ Like Mr. Dadzie of the Kumasi Public Health Board be-

fore him, Councillor Kankam described an “infestation” of lunatics on the streets of Kumasi that was an affront to “social decency,” suggesting the need for quarantine. He likened suspected lunatics to parasites, a language commonly evoked in newspaper editorials written by Gold Coast elites in reference to regional migrants. Councillor Kankam hoped the council would clear the streets of suspected lunatics, just as the colonial government had acted swiftly to abate the bubonic plague outbreak. In response, the president of the council reminded him that only the colonial police, not the council, had the authority to hunt lunatics. This did not deter the council from pushing the colonial government to action. On April 18, 1945, Councillor Agyeman and Councillor Chief Adjaye-Kese III, Asante members of the Kumasi Town Council, pushed again to control lunatics roaming the streets of Kumasi, citing a recent murder in the zongo and at the Manhiya Palace—the epicenter of Asante royal politics and the home of the Asantehene—by suspected lunatics.⁹²

Councillor Agyeman invited attention to the tragic incident in the Asantehene’s Courtyard at Manhiia on the 14th April, 1945 where a prince was mortally cutlashed by a lunatic in broad day-light and also referred to a case in the Zongo area in which the victim—a young lad—was pounced upon and cudgeled. Councillor Agyeman stressed that for the safety of life and limb the Council should appeal to the Central Government to take the necessary steps to segregate, confine and control the ever-increasing number of lunatics in Kumasi.⁹³

Councillor Agyeman and Councillor Chief Adjaye-Kese III merged concerns for the physical well-being of Asante residents with explicitly blaming Nkramu migrants for the attack. Upon learning of these murders, the British chief commissioner of Ashanti asked the superintendent of police for Ashanti if there was any evidence to suggest that the accused men were “of unsound mind before the incidents occurred.”⁹⁴ The superintendent explained that Salifu Zaria, likely an Nkramu from Niger, had killed Prince Kofi Nti at Manhiya Palace. Zaria was currently under medical observation and so there was no evidence yet as to his sanity.⁹⁵ The case in the Kumasi zongo also concerned an Nkramu, Abudu Basabremi, but it seems that Asante elites exaggerated Basabremi’s story to bolster their case during the council meeting. Apparently, Basabremi had not “cudgeled” anybody, as the councillors claimed. Rather, Basabremi, “appearing to be a lunatic, ran amok in the Central Market.”⁹⁶ British authorities charged him with inciting public terror, and he was sentenced to three months of hard labor.

The response of the chief commissioner of Ashanti to the Kumasi Town Council on this issue was curious. He argued, “the two cases quoted do not



FIGURE 3.7. Scenes from the Kumasi central market, ca. 1953. Photo by Alexandre Adandé, Institut Fondamental d'Afrique Noir, Dakar, Senegal.

justify our making further representation to Government. In the first case there is nothing to show that the man was of unsound mind before the offence was committed and in the second case the offender appears to be sane."⁹⁷ Regarding his conclusion about the first case, the murder of the Asante prince, the chief commissioner was misreading the words of the superintendent of police. If there was no evidence to show that Salifu Zaria was of unsound mind, this was primarily because the superintendent of police had responded to the chief commissioner's request for information on the cases prior to the completion of a medical examination. In the second case, that of Abudu Basabremi in the zongo, although the superintendent claimed there was no evidence to show that Basabremi was of unsound mind, this may have been an effect of magistrates' general unwillingness to certify supposedly nonviolent lunatics as "proper subjects of confinement."

Not only were magistrates often unwilling to certify suspected lunatics as fit for confinement but medical officers at the Accra Mental Hospital at the time, often disagreed with the assessments of their colleagues in other hospitals and prisons. This dissonance is made clear in a report written by the

superintendent of police for Ashanti in 1945, in which he discussed the three most recent cases of criminal lunatics captured by the Kumasi Police:

On the 29th of September, 1945, a report was made that, an armed lunatic—Anthony Ywandey—was threatening people at Suame [in Kumasi]. Police attempted to apprehend this man but he resisted capture. He was armed with a long cutlass. This lunatic could only be arrested after the use of tear gas. He was sentenced to three months I.H.L. On 16th May, 1946, the same man was seen to be climbing a ladder on the reservoir at the Water Works at Suame and he was brought to the Police Station for interrogation. Upon investigation it was found that he had no criminal intent and he appeared to be mentally deficient but not sufficiently so to warrant his being put before a Magistrate with a view to confinement.⁹⁸

Emmanuel Asare Odoi alias Kweku Dehene, despatched [*sic*] to Ussher Fort, Accra, on 12.12.45 for observation by the Alienist. This man created a terror in the zongo market by running amock whilst in a naked condition and at the same time carrying a cutlass. The Prison Medical Officer certified this man as a lunatic and a “proper subject of confinement” but he was not certified as such in Accra.⁹⁹

Salifu Busanga—was despatched to Accra on the 17th April, 1946 for observation by the Alienist. This man ran about naked at Fumesua [in Kumasi] and chased the Odikro and his elders with a cutlass. He was eventually overcome and put in a Native Administration Prison cell. Whilst detained he smashed the door of the cell with a latrine bucket. Salifu Busanga was later found to be sane by the Alienist, Accra.¹⁰⁰

The police reports note that the alienist in Accra did not certify the Kumasi-based migrants, Anthony Ywandey and Salifu Busanga, as criminal lunatics. From the police superintendent’s report, we can also see the practical action entailed in requests to clear the streets by Asante chiefs and merchant elites working within Kumasi municipal authorities. We learn that psychiatric manhunting used extreme force—which, in the aftermath of World War II, included military-grade weaponry like tear gas—to clear suspected lunatics from the city streets. Such methods point to the importance of mental health legislation in colonial Ghana in struggles over the territorial control of urban centers. These cases display that the power of colonial psychiatry over different African subjects did not begin with asylum confinement. It began with psychiatric manhunting, which did not always lead to institutionalization.

In early twentieth-century Asante, where literacy was rare, social deviance was primarily recognized through “social collocation,” the interpersonal

expression and relational transformation of meaning between persons. As the historian Thomas McCaskie explains, the Asante population that formed this social collocation “made extensive use of a panoply of non-verbal technologies in support of speech.”¹⁰¹ In the case of the psychiatric manhunt in Kumasi, such nonverbal signals incited Asante authorities to act against migrants. The politics of these nonverbal signs emerge with lucidity in the short story titled “The Man Who Made Himself into a Lunatic,” published on August 3, 1907, in the *Gold Coast Leader*, a popular newspaper in colonial Ghana.

The story of a sane man who made himself into a lunatic goes as follows: A certain man who was having a bath one day in an open yard was watched by a lunatic. As he began, he deposited his silk cloth in a corner of the place. The lunatic took notice that, using soap in washing his face, the man had accidentally slightly hurt his eyes, which he rubbed over and over as if momentarily half blind. The lunatic, seizing the opportunity offered, walked up to him and made off with the cloth. Forcing his eyes open and observing the trickish act of the lunatic, the man quickly rose up and pursued him, losing all thoughts about himself going nude through the public place. A man called his attention to his condition and pointed out to him that he was no better than the lunatic. The application of the story is as follows: A correspondent asks through the “Gold Coast Leader” whether it is true that in the last siege of Anambu by the Ashantis, the whole town became indebted to the Ghartey brothers through the late King Ghartey having paid the war indemnities. According to Kofi Otoo’s handbook of the “Gold Coast” King Ghartey was born in the year 1822. Now if the siege of Anambu took place in 1807, when Ghartey was yet unborn, does not your correspondent make himself a lunatic as the hero of the above story?¹⁰²

The author of this story, a version of which Nigerian author Chinua Achebe popularized decades later as “The Madman,” proposes that historical anachronism is akin to lunacy. The story also speaks to the significance of bodily capital—socially constructed valuations of physical appearances and gestures of bodily comportment—for determinations of lunacy in Akan-speaking worlds.¹⁰³ It displays the ease with which a relatively quick shift in spatial contexts could reframe a set of accepted practices, behaviors, and appearances as circumstantially lunatic regardless of the intended motive. For the author, and for many Akan speakers of his generation, a judgment of lunacy entailed an appraisal of a set of behaviors deemed publicly undesirable. Lunacy was a moral demarcation of a public-private distinction, and the proper usage of space and territory, that was mapped onto concerns about migrants in cities. For this reason, vagrancy, free roaming, public nudity, the destruction of property, and violence with a cutlass were cited by the Asante chiefs

and merchants serving on the Kumasi municipal authorities as justifications for manhunting and confining lunatics. The cutlass was significant because it was the primary tool used by farmers and regional migrants to cut grass, brush, and many crops in colonial Ghana. It often appears as a trope in stories of suspected lunatics and criminal lunatics of the era because it was a potential weapon accessible to anyone, regardless of class or migratory status. These same behavioral signals and tools—in the case of the cutlass—were associated with itinerant strangers in Kumasi long before the return of the Asantehene in 1924 and the establishment of a municipal authority in Kumasi.¹⁰⁴

Colonialism and colonial psychiatry did not create the division between migrant stranger and Asante. Rather, the Asante expulsion of people characterized as “strangers”—which was built upon centuries of cultural interaction and migration to Asante cultural heartlands—created the conditions of possibility for categorizing and confining labor migrants as criminal lunatics. Colonial psychiatric confinement, in other words, was built upon African mind politics. The Kumasi Public Health Board and the Kumasi Town Council used the psychiatric manhunt to institute a pharmakonical mode of territorial control within urban colonial Ghana. Asante municipal authorities discursively framed the violence of the psychiatric manhunt as socially beneficent, at least for ethnic Akan. Asante elites pushed the police, who were often migrants, to manhunt suspected lunatics, who they framed as migrants. This process hardened the social distinction between ethnic Asante and other residents of Kumasi. In effect, the overconfinement of migrants as criminal lunatics in the Accra Asylum was the consequence of a moral panic to stabilize the Asante mind politic, the *ɔman*. In the process, the Nkramu were racialized as criminal lunatics.

From Criminal to Political Lunatics

By calling for the psychiatric manhunt to target the zongo and labor migrants, Asante male elites—often elders with some memory of the precolonial era—shaped asylum confinement into a psychopolitical technology of territorial control. They used this technology to combat what they perceived as the “infectious” and socially degradative presence of foreigners in their city: a corrupting force for women and an increasingly rebellious generation of youth (*mbasafo*) who were influenced by the cultures and languages of migrants. But these debates did not remain bound to the legislative chambers of the municipality of Kumasi. They reappeared in the halls of late-colonial Ghana’s legislative assembly under the guise of concerns about the citizenship status of “French subjects” with decolonization on the horizon. In fact, these

debates led Ghanaian representatives to codify into law the place of migrants within postcolonial citizenship. Once again, these debates were animated by political conflict among Asante elites and migrant communities in Kumasi.

World War II intensified the permanent settlement of regional migrants in Ghana and crystallized broader economic tensions in Britain's African empire. The early months of 1939 witnessed railway and labor strikes across the British Empire that crippled the transfer of raw goods from colonial Ghana. Earlier in the decade, cocoa farmers in Ghana had organized two strikes to protest unjust pricing, stopping the flow of goods to British wholesalers.¹⁰⁵ Across the British Empire, workers were fed up with poor wages and treatment compared with their counterparts in the metropole. The war effort temporarily masked bubbling tensions as the colonial government used it to galvanize support from local chiefs, who retained considerable power over local and migrant labor. But as soon as the war ended, the colonial state adopted policies to discourage the permanent settlement of migrants in the colony and, like Asante authorities, scapegoated migrants for growing tensions in Ghana's urban centers.

In 1945, the colonial government passed the Repatriation of Convicted Persons Ordinance, which stated that repatriation could be ordered in addition to or in lieu of any punishment for convicted criminals "of African descent who belong to a race, tribe or community resident in the Gold Coast or Togoland under British mandate." The justification for this ordinance was that the "serious crime" taking place in the urban centers of colonial Ghana was "in a great measure the handiwork of strangers . . . It is, therefore, thought desirable to take power to return convicted migrants to the tribe or community . . . whence they came."¹⁰⁶ Kumasi was undoubtedly on their minds. The law framed the stranger in opposition to a native of Ghana's southern cities and major towns, as opposed to the entire colony. "Stranger," in effect, could entail both those persons born in rural northern Ghana and those born in neighboring West African colonies. But the law only targeted those "strangers" from rural and northern colonial Ghana, making no attempt to differentiate these people from migrants from other West African colonies.

The history of psychiatric care in colonial Ghana sheds light on why regional immigrants were exempted from expulsion via the Repatriation of Convicted Persons Ordinance. When discussing the question of repatriating migrant psychiatric patients to French West Africa in the early 1930s, British authorities feared the possibility that French authorities would retaliate through repatriations of their own.¹⁰⁷ Given the high levels of migration from French West Africa, and the ambiguous subject status of people who lived

along colonial borders, British authorities surmised that colonial Ghana would become a net receiver should a tit-for-tat battle of interimperial repatriation occur. Ironically, expelling regional immigrants was deemed antithetical to the goal of reducing the number of “strangers” in urban centers. Notably, the justification for this repatriation act—that migrants were causing disturbances in urban centers—predated the increase in migrants after the start of World War II. It emerged from Asante elites serving on the Kumasi Public Health board as far back as 1925, not from the British colonial government. But the xenophobic policies of Asante elites in Kumasi would be challenged by the 1953 founding of a political party for the Nkramu: the Muslim Association Party (MAP).¹⁰⁸ Drawn from the membership of the Gold Coast Muslim Association dating to 1932, supporters of the MAP consisted of settled migrant residents of the zongos of the urban centers of southern Ghana. MAP membership reflected the diversity of the zongos, which included northerners, French West Africans, and Nigerians. As Islam was the unifying factor within the zongos, the party advocated for the economic rights of all Muslims, historically discriminated against by both the British colonial government and Asante authorities before them and in conjunction with the colonial state.

The MAP were early supporters of Kwame Nkrumah—who would become Ghana’s first independence-era head of state—and his Convention People’s Party (CPP). Nkrumah founded the CPP in 1949, which gained popularity in colonial Ghana by organizing boycotts and strikes against the British colonial government, spurred by worsening economic circumstances, and striving for “self-government now.”¹⁰⁹ Nkrumah was arrested for leading these boycotts but still won the 1951 popular elections in the Gold Coast. He was subsequently freed and allowed to organize the Legislative Assembly as the head of government business and, from 1952 onwards, as the prime minister of the colony and, in 1957, as president of independent Ghana.

Coupled with the CPP’s emphasis on immediate self-government was Nkrumah’s Pan-Africanist ethos that “independence for the Gold Coast will be incomplete unless it is linked up with the liberation of other territories in Africa.”¹¹⁰ The historian Jeffrey Ahlman describes this period as one dedicated to “the construction of the burgeoning Nkrumahist vision for an emergent postcolonial Ghana,” in which Nkrumah’s Convention People’s Party “sought to create an overarching multiethnic and socially diverse umbrella under which to organize the populace.”¹¹¹ The future rights of migrant laborers, many of whom worked on colonial Ghana’s cocoa plantations and family farms, was a source of contention for Ghana’s emergent leaders.

In the run-up to the 1951 election, the MAP vigorously supported Nkrumah and the CPP. The MAP leader, Awoonor-Renner, a Ga Muslim convert from Accra, was a key CPP figure in its early days.¹¹² But in the aftermath of the election, it became clear that Nkrumah was not prepared to follow through on his promises to fund Islamic schools and to tackle the economic disenfranchisement of Muslims. The final breakdown between the CPP and the MAP emerged when the MAP decided to put up its own candidates in the zongo constituencies where it had its core support for the 1954 postconstitution election. Tensions came to a head when, in August 1953, the CPP refused an agreement whereby the two parties would reciprocally endorse and support each other's candidates for the 1954 election.¹¹³ The MAP thus turned to other political movements for support and eventually joined forces with the Ashanti region-based National Liberation Movement (NLM), the biggest threat to the CPP's dominance in colonial Ghana.¹¹⁴

The CPP swiftly retaliated against the MAP's Kumasi-based constituents, including the Gao migrants from Niger, whose leader, along with all of the other twenty-one zongo headmen, backed Amadu Baba, the "Serkin Zongo" or Hausa headman and the *de facto* leader of the MAP in Kumasi.¹¹⁵ In November 1953, Amaso, "the Queen of Yam," the oldest Asante yam saleswoman in Kumasi, and also a peddler of CPP propaganda, reignited the troubles between Asante and Gao yam traders. She complained to the Kumasi Town Council, now under CPP control, that the Gaos were both violent and explicitly anti-CPP. The result was that they were, for a second time, stripped of their twelve stands in the central market, which were given to Asante market women. This triggered another Gao riot in Kumasi's central market, leading the CPP government to call upon the French consul in Ghana to send a message to Kumasi asking the Gao to calm down. To the contrary, the Gao only intensified their agitation as they unified with other zongo ethnic groups under the banner of Islam.¹¹⁶

The CPP politicians who argued for the exclusion of French subjects from the coming independent community described migrants as violent, dangerous criminals disrupting urban peace and the national interest. This echoed the rhetoric of Asante authorities from the 1920s through the 1940s. Krobo Edusei, a notoriously xenophobic Asante member of the Legislative Assembly, who became Nkrumah's first minister of the interior after independence, went as far as to accuse these supposedly violent French subjects of being agents of the CPP's political enemies. Yet both CPP and opposition politicians pointed out the categorical error in this rhetoric. By conflating French subjects with entire ethnic groups or religious affiliations, Edusei failed to account for the fact that many members of these supposedly "stranger" eth-

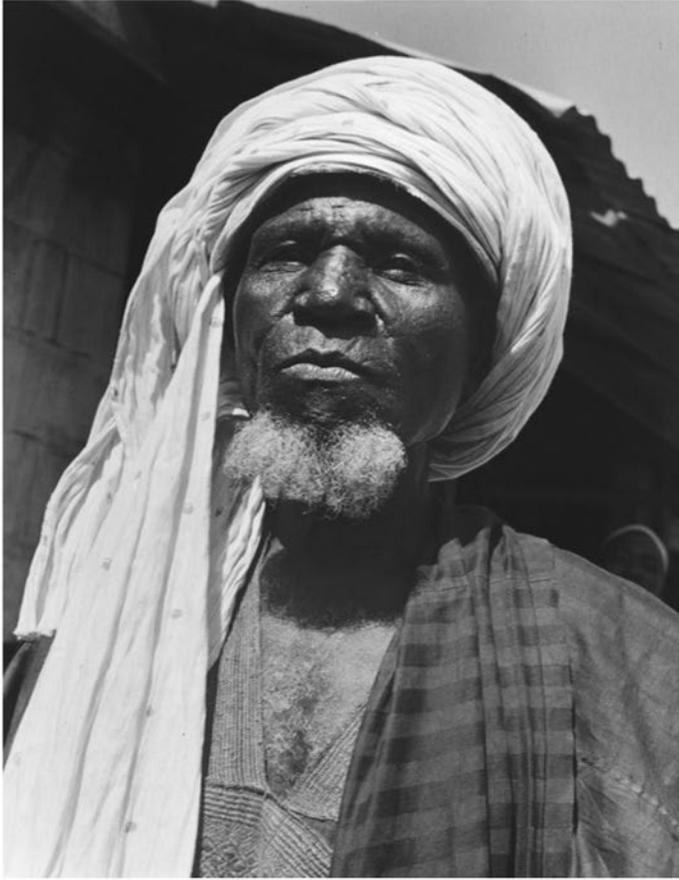


FIGURE 3.8. Photo of Amadu Baba, Serkin Zongo or Hausa headman in Ashanti, Kumasi, Central Gold Coast, 1952–1953. Photo by David Apter, Yale Beineke Library Archives, Yale University Library.

nicities were citizens by birth of colonial Ghana according to British laws. In fact, in legislative debates, the concerns raised about “French subjects” often blurred with discussions about people from the zongos of the urban centers of colonial Ghana and people from the Northern Territories of the Gold Coast. Both of these categories of people, like most French West African subjects, were predominantly from historically Islam-influenced regions.

At key moments, debates about “strangers” in the Legislative Assembly reveal how Ghanaian elites differently valued the future political membership of Muslims and residents of different regions within Ghana. The two positions at stake in these contests were (1) an anticolonial convivial vision of Ghana as a nation that could serve as a land of asylum for all African peoples still living under colonial rule and (2) an anticolonial but ultimately nation-state-centric



FIGURE 3.9. Zerma lodgings in the Kumasi zongo, ca. 1951. Photo by Jean Rouch, Institut Fondamental d'Afrique Noir, Dakar, Senegal.

vision of an independent Ghana that viewed regional denizens—those who could appear Ghanaian but held ancestry beyond the colonial boundaries of the Gold Coast and Asante territories—as potential social and political enemies. The former position valorized both a regional conception of political belonging and the value of conviviality for independent Ghana; the latter stressed the importance of political enmity by emphasizing the need to differentiate between national friends and regional alien enemies.¹¹⁷

In one such debate, Krobo Edusei asked one of his successors as the minister of the interior, Ebenezer Ako-Adjei, “in the view of the unhealthy influx of Gaos from the French Territories into this country and in the view of the great number of disturbances caused by these elements, will the Government consider in the interests of law and order issuing Travelling Certificates to these people before they enter this country?”¹¹⁸ The subsequent exchange between Edusei and Ako-Adjei is so comical that upon reading it one wonders if Ako-Adjei was dismissing Edusei’s complaints with coy humor. To his question about the influx of ethnic Gaos from the French Territories, Ako-Adjei responded that he was “not aware of any unhealthy influx of *girls* from the French Territories into the Gold Coast.”¹¹⁹ Pushing on with his

point, Edusei asked Ako-Adjei if he knew that the “the frequent disturbances which occur in Kumasi are caused by these Gaos, popularly known as ‘Kaya-Kaya’ people.” Again Ako-Adjei responded dismissively, “I thought the Hon. Member asked of the ‘unhealthy influx of girls,’” an English play on the word *Gaos*. When Edusei confirmed that he was speaking of Gaos and not girls, Ako-Adjei responded that “I am not aware that all the disturbances in some parts of Ashanti especially in Kumasi are caused by immigrants to the Gold Coast. But I am aware that a great number of the disturbances are caused by some Ashantis themselves.”¹²⁰ In effect, Ako-Adjei responded to Edusei’s hyperbolic antinortherner discourse with a non sequitur deflection, followed by an insistence that the problems being faced in Ashanti were created from within and not the result of the influx of some external enemy. For Ako-Adjei, anticolonial conviviality and the value of people for the burgeoning nation trumped Edusei’s paranoid enmity.

In late-colonial and early-independence Ghana, mass expulsion of migrants was a key technique that emerged from feelings of political enmity expressed by politicians prejudiced against immigrant inhabitants of the zongos of urban Ghana. In 1969, shortly after Nkrumah was deposed in a coup, the independent Ghanaian state expelled West African migrants en masse (see chapter 5). The institutional apparatuses that shaped the weaponization of immigration laws by the CPP in the early independence era—and that motivated the mass expulsion of immigrants in 1969—had roots in late colonial era arguments about French subjects. But calls for mass expulsion, a core component of the West African *pharmakon*, evolved alongside alternative proposals—such as the establishment of more asylums—articulated by politicians who imagined independent Ghana as a space of revolutionary postcolonial conviviality.¹²¹ Parliamentary debates about the “French subject,” which grew from Kumasi municipal debates about the Nkramu, therefore suggest tensions between state-sanctioned citizenship in the independence era and long-standing modes of incorporating, and expelling, strangers into African polities within the territory of colonial and postcolonial Ghana.

As African politicians in French West Africa argued between reforming their imperial relationship with France or abandoning it, African politicians in Ghana debated the rights of French subjects to live and work in independent Ghana. Borrowing a rhetorical strategy used earlier by Asante elites against Nkramu migrants, the CPP began referring to supporters of the National Liberation Movement (NLM), an Asante ethnopolitical party, as “political lunatics.”

The pre-independence period was a moment of uncertainty in which political expulsion, issuing traveling certificates, and patrolling borders vied for

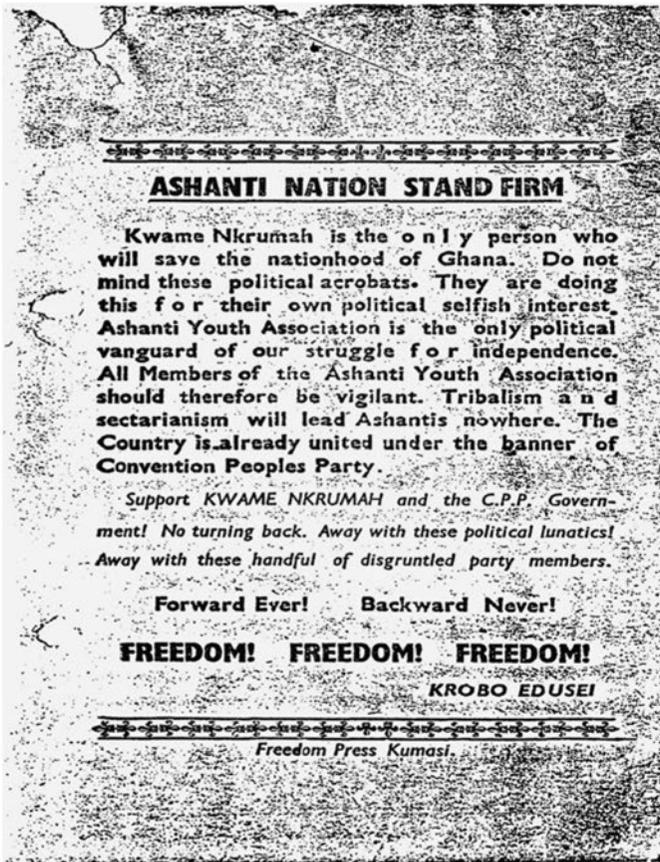


FIGURE 3.10. Convention People's Party political poster, ca. 1953–1956. Scan by Jean Allman.

a place as the key solution to the problem of French subjects and a postimperial West Africa. Soon after independence in 1957, however, a policy path took shape. Combining the indiscriminate nature of expulsion and the temporal indeterminacy of psychiatric confinement, a policy of exclusion was operationalized through the mechanisms of three early-independence laws: the Deportation Act (no. 14, 1957), the Control of Beggars and Destitutes Ordinance (no. 26, 1957), and the Preventative Detention Act (no. 15, 1958). The Preventative Detention Act provided for the “removal and detention of Ghanaian citizens” whose actions were not in the national interest for up to five years, and the detention could be renewed almost indefinitely. The Control of Beggars and Destitutes Ordinance sanctioned the police to bring any person without a residence before a magistrate for an inquiry into their legal status and medical condition. They were institutionalized if they were found

to be without family willing to care for them. Often, this institution was the mental hospital, as a report commissioned by the Legislative Assembly several years prior determined that over half of the people on Accra's streets suffered from physical and mental ailments and that over half of this population was of "foreign" origin, largely from northern Nigeria and French West Africa.¹²² The report also drew a moralized distinction between a minority group of "needy beggars" and the vast majority of supposedly Muslim "professional beggars" with regional migrant origins. In contrast to earlier reports and policies on begging in colonial Ghana, the 1957 ordinance criminalized begging and even the appearance of needing to beg.¹²³ Significantly, the law was passed on heels of the CPP's campaign against the Muslim Association Party.

The Preventative Detention Act and the Control of Beggars and Destitutes Ordinance mirrored the logics of controlling the mentally distressed inscribed in the 1888 Lunatic Asylum Ordinance, which provided for the indefinite confinement of those determined to be mentally ill and a danger to the public. However, in the case of laws passed in the 1950s, the justification for confinement was not the mental distress of the person in question. Rather, it was ostensibly their noncompliance with the national interest and disturbance of the public good, which were increasingly defined according to the CPP's ideals as they consolidated Ghana into a one-party state. Both laws, one passed at the dawn of British colonialism and the other at Ghana's independence, shared the same mechanism of enforcement: the indiscriminate power of police to manhunt. In practice if not in writing, the laws also targeted migrants, many of them Muslims, and their descendants in Ghana.

The Deportation Act provided for the removal of immigrants whose continued presence in Ghana was deemed to be "not conducive to the public good." In practice, the enactment of the Deportation Act entailed only a pretense to case-by-case review such that it was for all intents and purposes a mass expulsion. As historian Richard Rathbone explains, soon after independence cabinet ministers in the CPP began discussing the importance of preventative detention.¹²⁴ They also began deporting the most vulnerable allies of the NLM, the Muslim Association Party, comprised primarily of residents of zongos in the urban centers of southern Ghana. The engine for the enactment of these practices was none other than Krobo Edusei, the man who referred to French subjects as violent criminals. In the debates, he also showed indifference to the possibility that his anti-French subject policy proposals would also affect Ghanaian northerners because he viewed them as anti-CPP and pro-NLM agents. Now, in his positions as minister for the interior and CPP propaganda chief, Edusei was tasked by Nkrumah with organizing immigration policy. At the same time, the CPP was expropriating

political decision-making power away from ethnic polities and regional state authorities as part of a broader effort to convince the public that the only truly national interests were CPP interests. The CPP at times used the rhetorical strategy of flattening the historical complexity inherent in most opposition movements that rose against them by framing them as anachronistic forms of “tribalism” that would hinder Ghana’s progress as a unified and independent nation in a modern, urban, industrial world.¹²⁵ Some CPP politicians used legislative discussions about French subjects to frame anti-CPP opposition movements, and the futures that they imagined, not simply as tribalistic but as foreign, alien, and illegitimate ethnic tribalisms.

It is in this context that the determination of alien (or foreigner) status in deportation proceedings came to signify an assessment of the intersecting characteristics of ethnic origin (any ethnicity not originating within the confines of southern Ghana) and political affiliation (enemies of the CPP). The weaponization of immigration law by the CPP after independence against MAP members therefore signified important shifts in the hegemonic practices of stranger incorporation in the transition from colonialism to independence. Although after independence the CPP professed an open-door policy for African subjects still colonized, the Preventative Detention, Deportation, and Beggars Acts were the inverse of that claim. As anthropologist Niara Sudarkasa has noted, these laws would eventually serve as foundation for further antimigrant expulsions, such as the Aliens Compliance Order, that emerged in the 1960s and 1970s.¹²⁶ These acts thus marked a significant shift, from the era in which the colonial government largely left traditional ethnic polities to define how strangers were to be incorporated into the nation-state, to an era where the independent state, and by proxy the increasingly nervous CPP, defined the rights and privileges of citizenship. To understand this shift, from the colonial category of “migrant stranger” to the postcolonial category of “alien,” we must return to the justificatory logics of the Repatriation of Convicted Persons Ordinance (1945). This internal expulsion law called for the repatriation of strangers living in urban centers who had been convicted of crimes, sometimes in lieu of their prison sentence.¹²⁷

CPP politicians’ complaints about French Gaos between 1954 and 1956, in which they displayed a wanton disregard for the possibility of harming Ghanaian citizens of Gao origin, was echoed in this law’s anticonvivial conception of the migrant stranger.¹²⁸ Importantly, we see in the justification for the Repatriation of Convicted Person’s Ordinance (1945) that the technical definition of migrant strangers in the urban centers of colonial Ghana entailed both residents of neighboring French colonies and residents of the Northern Territories of colonial Ghana. In fact, the law was a form of internal expulsion

designed to target citizens of colonial Ghana, as British authorities ironically surmised that the expulsion of French subjects would increase the number of migrants in its urban centers. Simply put, although the category of “alien” in early-independence Ghana technically excluded Ghanaian-born people, in practice the CPP deported many people who were eligible for Ghanaian citizenship. This is because the postcolonial category of “alien” held vestiges of the colonial articulation of “stranger” in Gold Coast law.¹²⁹ As the CPP weaponized immigration laws to target the MAP, the determination of “alien” status in deportation proceedings, much like the status of stranger in the Repatriation of Convicted Persons Ordinance, was framed primarily in opposition to ethnohistorical belonging to polities in southern urban Ghana and was therefore inconsiderate of the citizenship status of the “migrant” in question.

But African politicians in late-colonial Ghana also viewed migrants from the north as proper subjects for mental hospital confinement because of the alleged disturbances they were accused of causing to the public peace. At the level of national debate, asylum confinement, the restriction of physical and social mobility through imprisonment in a mental facility within Ghana, was considered a legitimate solution to the foreign migrant problem. On April 6, 1955, a member of the Legislative Assembly named Mr. Nkansah brought up the question of providing a lunatic asylum for the Kumasi region, reigniting a long historical debate in colonial Ghana.

Mr. Nkansah asked the Minister (of Health) if the Government will consider providing an asylum for people of unsound mind now coming from the North to the Kumasi municipality as they are a nuisance and cause violence to the public.

Mr. Egala: The Government already provides facilities for the care of persons who are certified, in accordance with proper procedure, as being of unsound mind. It is recognized that these facilities are in need of improvement and extension, and it is hoped that funds will be available in the second Plan Period for the construction of a new mental hospital, probably in the vicinity of Kumasi, in addition to that at Accra. The institution at Accra will also need to be replaced by a modern mental hospital at a later date.¹³⁰

By viewing these migrants as destitutes and lunatics—that is, as proper subjects for asylum confinement—as opposed to violent criminals in need of immigration control, Asante politicians like Mr. Nkansah reflected an alternative, but historically resonant, solution to the problem of north–south migration. They promoted not simply the restriction of immigration but also the practice of internal exclusion by psychiatry, such that the presence of certain classes of migrants was tolerable if it was constrained by the mechanism

of the mental hospital. This position reflected not a rejection of capital-in-people for the purposes of political expediency, as one might see the solutions of mass expulsion, increased border patrols, and issuing travel certificates, which were derived from a view of the criminal culpability of French subjects.¹³¹ This solution suggested by Mr. Nkansah was instead an attempt to filter that capital through an institutional sieve that could both contain the unruly and harness the labor of the rest.

Repatriating Lunacy

At independence in 1957, the government of Ghana contacted the colonial government of French West Africa to request their help with repatriating 110 migrant patients awaiting discharge from the Accra Mental Hospital.¹³² These patients hailed from Upper Volta (Burkina Faso), Togo, and Niger, the homeland of the Gao. Colonial psychiatry did not trigger the social and territorial expulsion of labor migrants as criminal lunatics. In Ghana, the interpellation of migrants as criminal lunatics orchestrated by municipal boards comprised largely of African elites preceded psychiatric expansion and defined the parameters around which psychiatric care was organized. Colonial psychiatry did not make the initial divisions between “the sane” and “lunatics”; rather, it mobilized the West African pharmakon alongside divisions that were generated in earlier historical periods by African political agents working within the institutions of colonial municipal governance. African moral entrepreneurs, in turn, drew upon historical precedent and grievances surrounding the relative value or threat posed by migrants to Asante households and, at a broader level, to the Asante *oman*.

Far more than a European penal or diagnostic imposition, the conflation of the “criminal lunatic” with migrancy in colonial Ghana, was a product of attempts by Asante elites to control strangers and urban space through psychiatric manhunts carried out by the colonial police. This innovation emerged through the dual processes of social and territorial expulsion as typified by the status of nonbelonging within the Asante urban space of Kumasi and a psychiatric expansion as typified by Asante elites’ numerous requests for the colonial government to hunt down migrants and suspected criminal lunatics roaming the city’s streets. The consequences of this practice in the postcolonial era are most evident in the ways that discourses about “aliens” overlapped with those about violent criminals and lunatics in parliamentary debates. Yet most Ghanaians did not view migrants as lunatics. Migrants had long held roles as powerful healers in Ghana and the soon-to-be-president, Nkrumah, professed Pan-Africanism, which eschewed the xenophobic rhet-

oric of some members of the CPP. Among various foreign intellectuals Nkrumah invited from across the globe to work in Ghana, he appointed Dr. Edward Forster, a West African alien from the Gambia, to run psychiatric services in Ghana. Forster and Nkrumah would pursue competing visions for achieving the mental well-being of Ghanaians.

Akla-Osu, Ghana's SUPERLANDLORD

Outpatient Department—Unit 340, February 1, 1978

A few fluorescent lights illuminate the large storage room that houses the archives of the Accra Psychiatric Hospital. Tucked behind the din of the geriatric patients' ward, more than two dozen bookshelves line the walls and demarcate aisles in the space. Archival boxes fill the shelves and are stacked atop them, reaching for the ceiling and caked with a quarter inch of dust. Most boxes are categorized by decades, others contain uncatalogued files. Donning a surgical mask and gloves, I pulled down Box 7A from the first row of shelves. I plant my feet, bracing for a heavy load. But the box is light, containing less than fifteen files in a carton that could hold forty. I lift the fragile yellowing papers and place them on my makeshift workstation: a three-plank bench. I sit on a small wooden stool. The file belongs to Akla-Osu, who has been captured by an avaricious money-doubling spirit. He is a power-hungry and paranoid pretender to the stools of political sovereignty of independent Ghana.¹

1/2/1978 - Says people are using mental transistors to damage him. These people persistently annoy him and make him lose any job he gets. He also hears these people's [sic] voices talking to him. He is dressed in a very bizarre fashion.²

I close the file and contemplate the chasm between “the world in medical notes” and “the world of the medical encounter.” At least two-thirds of the files I read in the storage room over the course of months reveal little of the internal thoughts of patients except through highly mediated and brief notes scribbled in the margins by medical staff. Doctors' notes are thin descriptions of discussions with patients, long conversations summarized into a few sentences, often in shorthand. Medical historian Gianna Pomata defines notes as

“not a text to be published but an informal jotting down of information for private purposes.”³ Brevity helps translate the seemingly incommensurable modes of reasoning that mark doctor-patient encounters into medically actionable directives.

The final note in Akla-Osu's file was accordingly sparse. The nurse who wrote it emphasized the patient's concerns about job prospects and the persistence of his auditory hallucinations. But it discussed neither Akla-Osu's proposed solutions to his employment woes nor the content of his hallucinations. This information was relayed on February 1, 1978, the day that Akla-Osu delivered a handwritten petition for a “certificate of fitness” to authorities at the Accra Psychiatric Hospital. Stapled together at the top right corner, this five-page letter was neatly folded, tucked into an envelope and then into a booklet in the file. The care the medical staff took to preserve the letter piqued my interest. Akla-Osu's words were those of a man with insight into his struggles with mental distress, an unusually rich view on the political worldview of a psychiatric patient in postcolonial Africa.

The “FREEDOM AND JUSTICE” inscribed on our coins is meaningless with such gross injustices being inflicted upon me under the very vigilant eyes of conniving and condoning Police Officers. God gave me money FOR MY SELF-RELIANCE, to fend for myself and for my lovers but only fools hate me for it. They are envious greedy brutes.

Primitive farming cannot be a cure for my enemy-caused psychological maladies because even primitive famers go mad. And if you are still the good Medical Officer I have always thought you were, you would surely not co-operate with my enemies to force me with drugs and MENTAL TRANSISTOR INTIMIDATION to deteriorate from my present sane and sound stage into the XENOPHOBIA typical of weak-willed intimidated bush men. I mean no offence to anyone in particular but since I am a Ga by tribe and a true Ghanaian by citizenship, I have a strong desire to return home, Accra-Osu, right now, to really develop, become more civilized and better orientated in the city into the right swing of life for the Presidency, so important to my country Ghana.

My Ewe foster relatives often call me AKLAOSU, named after my hometown ACCRA-OSU, that area in the ACCRA CITY where the seat of the Government of Ghana is. Due to the strong undercurrent of tribalism in our Ghana, my Ewe foster relatives also hate good me, envy me and LOVE BEING CRUEL TO ME because of my being a Ga youngster with money and future greatness as the one and only God destined life-President of Ghana just as the Akans who wrongly believed I was a Togolese-Ewe also envied me and hated me for my God-given money and God-destined future Presidency. Vile enemies from

both tribes, using some others as tools, have actually being [*sic*] destroying me in united sadism over the years, seizing all items of money meant for me for the welfare of their own children. Why am I not supposed to live above the standards of others in the Ghanaian society with my own hard won money from Lucky Chance Games? Why can't these others stake at Lucky Chance Games for money for themselves? Is it because they can steal my letters and slips and forge my signature to steal my money from the banks under the very nose of the Police who rather seem to favour the thieves against me THE ONE AND ONLY INNOCENT GOLDMANGOD they want to put in jail unjustly for crimes committed by others? These others cause all my headaches & psychological maladies. They have been trying drugs to make me a drug-addict apart from acid attacks on me and the present MENTAL TRANSISTOR TORMENT.

Others like B.H. have been educated abroad with my money while I remained suppressed here in Ghana. Others like O.A. are now managing directors of their own firms in Tema started off with my money. I know I have been brutally and ruthlessly suppressed for these others who so trample upon me in such fiendish glee that I can never be pacified by the consolation of religion. . . .

I AM THE GOLDMANGOD; and MONEY is God in manifestation to me as freedom from want (poverty) and limitation for me and my true lovers.

To regain my good health permanently, all foes depriving me of Girls, Money, Spiritual and Political GODLY Powers whilst they attack me with germs, drugs, and privacy invading MENTAL TRANSISTORS must be executed or jailed for life by the Ghana Government for me, right now, as demanded and directed by DIVINE VENGEANCE.

With my best wishes to you, I have the honour to be, Sir,
Yours faithfully,
Akla-Osu, GHANA'S SUPERLANDLORD,
THE GOOD GOLDMANGOD.⁴

Consciencism as Crisis in Independent Ghana

The three segments of African society . . . , the traditional, the Western, and the Islamic, co-exist uneasily; the principles animating them are often in conflict with one another. I have in illustration tried to show how the principles which inform capitalism are in conflict with the socialist egalitarianism of the traditional African society. What is to be done then? I have stressed that the two other segments, in order to be rightly seen, must be accommodated only as experiences of the traditional African society. If we fail to do this our society will be racked by the most malignant schizophrenia.

KWAME NKRUMAH, *Consciencism*, 1964¹

Consciencism was a mind politic. It was a theory of the struggle to maintain the sanity of the African personality—diagnosed by Ghana’s first president, Dr. Kwame Nkrumah, as suffering from a malignant schizophrenia. In 1957, Ghana became the first state in sub-Saharan Africa to gain independence from colonial occupation. Over the next three years, dozens of former African colonies became sovereign nation-states. At independence, leaders sought not only to “Africanize” bureaucracies and economic industries; they also sought to vernacularize and nationalize sciences, including psychiatry.² African independence leaders used the term “Africanization”—or country-specific terms such as “Ghanaianization”—to describe the process of replacing Europeans with African personnel. In the Gold Coast, a policy of Africanization of the colonial service had been in place since 1926, but it was ineffectual and often excluded educated Africans from political office. This meant that at independence Africans only accounted for 40 percent of the senior civil servants.³ Since “constitutional progress . . . far outstripped” bureaucratic Africanization, one former acting governor opined that the Gold Coast was vulnerable to “the machinery of government” breaking down at independence.⁴ In the years leading up to Ghana’s independence, Kwame Nkrumah’s Convention People’s Party (CPP) established a Commission on Africanization charged with mitigating this impeding crisis by accelerating the promotion of African people into the senior ranks of the civil service.⁵

Bolstered by projections on cocoa futures, the CPP also embarked on a grand sociopolitical experiment to develop, urbanize, and industrialize the country through major public works. But like his quest to Africanize the bureaucracy, Nkrumah’s economic project was not only material. Like many

leaders of decolonizing African states, Ghana's first head of state was supremely concerned with the cultural and ideological foundation of Ghana's scientific and industrial development. He sought a pathway to development that was built on "Pan-African" foundations. But what precisely African governance, industry, or science would look like was a subject of intense debate among political leaders, intellectuals, and merchant interests.⁶

According to Dr. Edward Francis Bani (E. B.) Forster, a Gambian medical officer and the second African-born psychiatrist, who was stationed in Ghana in 1951, the Nkrumah regime's development program led to increased migration from the villages of the West African Sahel and savanna to the cities of the forest and coastal regions of Ghana. Migrant struggles to adjust to their new sociocultural environment and their encounters with discrimination resulted in "atypical and catastrophic schizophrenic reactions . . . primary delusional patterns with persecutory tendencies leading to acts of violence in which the attacker was allegedly protecting himself."⁷ It was in this context of increased migration and psychosis spurred by economic development that the Ghanaian philosopher William Abraham—who served as Kwame Nkrumah's state philosopher from 1960 to 1966—wondered in his pathbreaking book *The Mind of Africa* "whether the general procedures of psychology are applicable in Africa" and "whether Africans have theories of the resolution of their own psyche."⁸ These questions shaped the very practical needs involved in administrating decolonizing states. In Abraham's view, colonial psych sciences were impositions that needed to be grafted onto the new historical context of independent Africa.

But to find an African basis of for psychotherapy one could not simply revoke the transformations wrought by decades of colonial rule, and centuries of the transatlantic slave trade prior, to return to a precolonial African baseline of practice or cultural values. Even if one could, which "African" culture should be valorized? That of the Ga? The Fanti? The Asante? How would these divergent ethnic affiliations, each with their own political, linguistic, and religious histories, be incorporated into Nkrumah's political project with the result not only of an "African" nation, but a distinctively Ghanaian one?⁹ These questions haunted efforts to Africanize science, medicine, the arts, and education across the continent in the years leading up to independence.¹⁰ But the challenge of building an African psychiatry in Ghana was uniquely fraught because it brushed up against Kwame Nkrumah's internationally celebrated project of Consciencism, which promoted a Pan-African political philosophy that advocated a new mind politic for independent Africa.

Nkrumah's Consciencism rested on his belief in the need to restore the disrupted sanity of an African personality: the collective racial psychology of

African-descended peoples emerging from “the humanist principles of traditional Africa,” as typified by communalism and ideological unanimity. African personality was at risk, Nkrumah argued, due to the “malignant schizophrenia” of cultural fragmentation brought about by colonial encounters with Europe and the Middle East. As a Pan-African concept of racial psychology, the concept of an African personality itself was first developed by the intellectual Edward W. Blyden in an 1893 lecture on “Race and Study” in Freetown, Sierra Leone.¹¹ At the core of Blyden’s racial psychology was an idea of cultural homogeneity or unanimity: one that acknowledged collectively shared positive values of African culture vis-à-vis Europe, while still seeking to reform Africa’s alleged barbarism, a concern shared by many Pan-African leaders of his generation. Writing just over a half century later, William Abraham defined this unanimity as “the complex of ideas and attitudes which is both identical and significant in otherwise different African cultures.”¹²

For Blyden, like other Black returnees to Africa writing in the late nineteenth century, professing love for Africa while rejecting its Indigenous cultures was a common position given that most of what these men read suggested that African culture was inferior, and that religious and political formation in Africa should give way to systems organized around Christianity and, to a lesser and unevenly embraced extent, Islam.¹³ A generation later, African-born political leaders embraced Pan-Africanism but ushered in a metaphysical shift in understandings and mobilizations of African personality. As the philosopher Kwame Appiah notes, in contrast to Blyden, “the heirs to Africa’s civilizations could not so easily dispose of their ancestors . . . they sought to celebrate and build upon [Africa’s] virtues, not to decry and replace its vices.”¹⁴ For Nkrumah, by embracing the positive attributes of traditional African values, Consciencism was a psychopolitical program and metaphysics that would enable Africans to transcend the disruptive impacts of European-Christendom and Arab-Islam to build independent African states.¹⁵ Nkrumah’s contemporaries—including Léopold Sédar Senghor (theorist of Négritude and Senegal’s first president) and Julius Nyerere (theorist of Ujamaa and Tanzania’s first president)—also published Pan-Africanist theories of self-determination with currents of psychopolitical philosophy.

Most people did not live their daily lives contemplating these philosophical questions. But Consciencism still became “the epistemological backdrop for many of the contestations surrounding Ghanaian political and social life in the Nkrumah era.”¹⁶ Complications quickly emerged. Kwame Nkrumah’s Consciencism, and his authority to govern independent Ghana through the CPP more broadly, faced resistance as competing political constituencies articulated alternative conceptions for the nation’s future that would lead, in

1966, to a coup that toppled Nkrumah's political regime. The CPP era under Nkrumah was thus also characterized, in the words of the historian Jeffrey Ahlman, by "competing loyalties of class, ethnicity, generation and occupation [that] simmered underneath the popular responses to the anticolonial imaginings articulated by Nkrumah and his party."¹⁷

If Nkrumah's policies faced insurgent critiques from Ghanaian citizens within and beyond his own party, they also came into ideological tension with state-led psychiatric practice in independent Ghana led by Dr. E. B. Forster. Nkrumah entrusted Dr. Forster to refashion psychiatric care at the Accra Mental Hospital, later known as the Accra Psychiatric Hospital.¹⁸ Historians typically point to the ascendancy of Africans to positions of medical and scientific authority as the advent of the "Africanization" of science and medicine on the continent.¹⁹ And yet, as earlier chapters of this book have shown, psychiatry in Ghana was grafted onto a West African *pharmakon* since the transatlantic slave trade, by British and African psychiatric staff incorporating Ga treatments for the mentally distressed at rural shrines into the repertoires of care in the colonial asylum (chapters 1 and 2), by the families and neighbors of patients who infused the asylum petition process with the oath-making practices of the shrine (chapter 2), and by Asante moral entrepreneurs who pushed the police to hunt and expel migrants to the Accra Asylum (chapter 3). But Forster's arrival does raise the question of how Africanization policies meant to promote nation building drew upon earlier colonial and Atlantic-era genealogies of the Africanization of psychiatry. Moreover, divergences between Forster and Nkrumah's approach to "African psychiatry" as a practice and a philosophy reveals how independence-era Africanization, as in earlier periods, was not built on a dichotomy between "African" and "European." Rather, the African side of this equation was complex, shot through with competing ideas among African intellectuals, scientists, and healers about what constituted a sound mind and a sound mind politic.

Nkrumah both valorized African healers as partners in postcolonial medicine and forged relationships, through international cooperation, with social psychologists, doctors, and engineers from across Western Europe, the Soviet Union, Cuba, the United States, and South Africa to attract expertise and funding for the expansion of national laboratories and scientific training in Ghana.²⁰ Most African-born psychiatrists working elsewhere on the continent in the 1960s, such as Thomas Lambo in Nigeria and Tigani El Mahi in Sudan, recognized a role for shrine priests and herbalists in national medicine, a move that fit neatly into Nkrumah's larger schema. By contrast, Dr. Forster—a descendant of West Indian African returnees like Blyden—

saw little role for African healers in the Accra Psychiatric Hospital.²¹ Rather, Dr. Forster embraced an antipsychotic-first treatment standard combined with outpatient care. This orientation was signaled by Dr. Forster's early adoption of the world's first antipsychotic, Largactil—known generically as chlorpromazine and commercially in Euro-America as Thorazine—and his work as a clinical drug trial conductor for the World Health Organization.²²

In his early practice, Forster embraced some of the arguments that bolstered the American shift away from psychoanalytically-centered psychiatry.²³ He criticized “the indiscriminate application of psychoanalytic theory to cultural psychology,” explaining that mental distresses among African people could not be “interpreted according to the concepts, beliefs and traditions of other cultures.”²⁴ It was to resolve this very tension that psychiatrists in Forster's cohort incorporated African healers into their psychotherapeutic repertoires.²⁵ In 1972, Forster became the first professor of psychiatry at the University of Ghana, relinquishing his post at the asylum. His 1972 inaugural lecture, given six months after Nkrumah's death, critically examined the concept of African personality. He suggested that political transformations directly impacted the state of mental health in Ghana from 1951 to 1971. The CPP's accelerated Africanization of the civil service and their increasing enactment of state terror against citizens, Forster argued, contributed directly to rising diagnoses of schizophrenia in Ghana.²⁶ Ironically, Nkrumah's CPP itself created more psychosis among Ghanaian citizens. Consciencism had become a “self-devouring” ideology.²⁷

West Africa's First Psychiatrist

E. B. Forster was born in Bathurst (contemporary Banjul), the Gambia, on December 16, 1917. He was well read in the classics and abreast of the latest trends in anthropology and psychology.²⁸ Forster spent his elementary school years in the Gambia but completed his secondary education at the C. M. S. Grammar School in Freetown, Sierra Leone, in 1937. He followed with a medical degree from Trinity College, Dublin, in 1943, serving as a house surgeon at the Birmingham Accident Hospital in his graduation year. From 1944 to 1946, Dr. Forster worked as an assistant medical officer at the Central Mental Hospital in Hutton. He then returned to the Gambia to serve in the Colonial Medical Service, while simultaneously earning his diploma in psychological medicine from the Royal College of Physicians in 1950. He was posted to the Gold Coast in January 1951, a few days after completing his specialization.²⁹ According to Estelle Appiah, his daughter and current chair of the board of

the Ghana Mental Health Authority, Forster accepted the job in the Gold Coast, home to one of West Africa's largest psychiatric hospitals, because of his compelling desire to learn and to put his skills to use.³⁰

Two years into his residency in the Gold Coast, Forster was the subject of a newspaper spread by Emmanuel Bankole Timothy, the Sierra Leonean editor of the *Daily Graphic*, the most popular newspaper in colonial Gold Coast and early-independence Ghana. "Has the Gold Coast made any progress in caring for the mentally sick?" Bankole Timothy asked rhetorically. His response: "Go to the Mental Hospital and see for yourself; the evidences of progress there are strikingly impressive."³¹ The editorial was effusive. Forster and the medical department were transforming the Accra Mental Hospital from the management of the confined to a practice centered on "curative measures and re-habilitation."³² The hospital had developed new recreational facilities allowing patients to play ping pong, soccer, and basketball. Due to his belief that the primary duty of the mental hospital should be the reorientation of public understandings of psychiatric illness, Forster began giving lectures on the history and nature of mental distress to nurses. He also recommended eight nurses from the hospital for training in the United Kingdom and hired a new head female nurse. An occupational therapist from the United Kingdom joined the staff.³³ Through Forster's encouragement, patients made crafts—ranging from coconut-husk mats to cane baskets, shoes, lamp stands, and woven carpets—that were sold in open market stalls that lined the outer walls of the Accra Mental Hospital. By 1961, the occupational therapy unit had ballooned in size to include Mr. Mark L. Duah, the first Ghanaian in charge of staff, and twenty-two craftsmen titled "Occupational Therapy Assistants."³⁴

Bankole Timothy concluded the article with a brief discussion of "welfare," which read like an advertisement for outpatient care: a new feature to the hospital. "Because of the fine treatment which is now being given at the hospital," Timothy noted, "voluntary patients call at the hospital in order to be put under observation."³⁵ Reflecting on the growing number of voluntary patients in his early years in Accra from 1952, when Bankole Timothy's article was published, to 1956, Forster counted 117 psychoneurotic cases, 19 conversion hysterics, and 2 people suffering from obsessional states seeking care at the outpatient clinic.³⁶ Between 1961 and 1966, ten years after Forster began treating patients with Thorazine, the outpatient population increased by twentyfold to 2,874.³⁷

Dr. Forster's evident success in establishing outpatient care in the Accra Mental Hospital in the early 1950s can be partly attributed to the rise of self-labeled African "scientific herbalists" in urban Ghana. By the 1950s, scientific herbalists prepared tinctures and pills derived from regionally cultivated herbs, the historic modality of European patent medicines (*blɔfo tsofa*) made

in “herbal laboratories.” It was in the offices of scientific herbalists that many African residents of Accra first encountered a figure like Dr. Forster: an African “medicine man,” wearing a white lab coat and speaking the language of bioscience, who treated mental distress through outpatient care and prepackaged medicine. Scientific herbalism was oriented toward experimental methodologies, outpatient care, and the systematization of African plant knowledge. It emerged as a distinct modality of healing in interwar urban Ghana with roots in the rise of an English-literate African class in the nineteenth century who experimented with merging of African and European healing modalities as an engagement with modern “science” and civilizational attainment. Dr. Easmon, the Sierra Leonian medical officer in charge of the Accra Asylum in the late nineteenth century, who used the asylum grounds to grow medical herbs that he observed local healers using, was a forerunner of scientific herbalism (see chapter 2). Scientific herbalists, who were mostly men, distinguished themselves through the sartorial style of biomedicine from other classes of healers in Ghana, including men and women who drew on Islamic, Christian, and African religious influences. Ghanaian “scientific herbalists” placed themselves on a hierarchy above “traditional” Ghanaian healers, whom they, much like British colonial officials, viewed as illiterate and backward.³⁸

Many African healers worked to evade the gaze of colonial officials, who disparaged many African therapeutics as irrational and dangerous. But scientific herbalists sought recognition by the colonial state. In 1924, a leading figure in the scientific herbalism movement, J. A. Kwasi Aaba, founded the Society for African Herbalists (SAH) in the southern city of Sekondi. To make herbalism visible as both medical and scientific, and thus digestible for a rising African literate class in Ghana, the SAH developed audacious plans for a hospital based on African plant medicine, with an associated training school and a licensing program. The most senior members of the society referred to themselves as the “faculty,” and many of them were also members of various health societies in the United Kingdom.³⁹ In petitions sent to the colonial government, some “faculty” members appended to their signatures the acronyms of British health societies and began including “Fellow of the Society for African Medical Herbalists” in their sign-off. Colonial officials greeted the lobbying of scientific herbalists for official recognition with ambivalence. The Gold Coast Legislative Council eventually thwarted the SAH’s plans for a regulatory body for the field of scientific herbalism, but the example they set from 1924 to 1942 left a lasting impact on the material approaches of mental healing in Accra.⁴⁰ It was not until 1946 that the colonial state agreed to issue licenses to both ritual healers—glossed by colonial officials by the Twi term *suman*—and scientific herbalists.⁴¹

Scientific herbalists were polarizing figures who drew the attention of Ghanaian and expatriate social scientists who studied mental healing in post-war Ghana. While working in Accra in the early 1950s, the Austrian-British social psychologist Gustav Jahoda described scientific herbalists as the “modern healers” of late-colonial Ghana.⁴² Operating primarily on an outpatient basis, they dressed in the manner of the Euro-American doctor and pharmacist, called their clients by telephone, explained their work through scientific language borrowed from European textbooks, and eschewed what they saw as the superstitions of their forebearers. Jahoda identified scientific herbalists—along with “traditional healers, the Asylum, and Christian spiritualist churches”—as the city’s four main institutions for mental healing.⁴³ From 1954 to 1955, Jahoda examined the patient demographics at these institutions alongside their respective healers’ “descriptions of their clients’ illness and problems.” In the resulting article, Jahoda critiqued scientific herbalists as cynical profit seekers and “mere dispensers of herbal remedies” who lacked the deep knowledge and “superstition” bolstering the relationship between traditional healers and their patients.⁴⁴ Jahoda was not wrong to see the relationship between modern healer and patient as increasingly transactional, akin to that between a pharmacist and a client of patent medicines. But he ignored how these specialists anticipated a modality of healing that was attractive to many urban residents and would come to increasingly characterize care at the Accra Mental Hospital.

Dr. E. B. Forster’s introduction of Thorazine to Accra in 1956 was thus primed by an urban therapeutic landscape of “scientific herbalists” who offered outpatients treatments in the form of capsules and tinctures. In the decades to follow, Thorazine was a significant factor in the mass deinstitutionalization of patients from psychiatric hospitals globally and the expansion of outpatient clinics. This drug also spurred the emerging discipline of neuropsychopharmacology, in which Forster was an early central figure in Africa.⁴⁵ From 1961 to 1966, the dramatic rise in outpatient clinic attendance in the Accra Psychiatric Hospital would also transform Forster’s perspectives on Nkrumah’s Consciencism and the CPP’s governing strategies. We now turn to the history of the mutual transformation of psychiatric medicine and political therapeutics.

Consciencism: A Psychopolitical Treatment Protocol

Forster’s arrival in colonial Ghana in 1951 coincided with the waning years of Britain’s empire in West Africa and great uncertainty for Nkrumah’s CPP. Within a decade, the CPP-led government consolidated their rule, largely

excluding other political parties and engineering control over the means of production in Ghana. The CPP promoted a platform of African socialism that would harness the energy of the Ghanaian citizenry to nationalize education, industry, and medicine. Meanwhile, the world of clinical psychiatry was in upheaval.⁴⁶ Within the confines of the Accra Mental Hospital, Forster believed that he was transforming psychiatric care from a model based on confinement—with the use of strong rooms, straitjackets, and handcuffs—to one centered on voluntary outpatient therapy.⁴⁷ Thorazine, which became available by prescription in Europe by 1952, was central to this transformation.

Forster most likely encountered the drug in 1954, when he spent the year touring psychiatric hospitals in the United States on an International Educational Exchange fellowship.⁴⁸ Two years later, the drug was the center of the Accra Mental Hospital's treatment model. Forster also enrolled Ghanaian patients into the production of global psychopharmaceutical knowledge by running clinical trials for the antidepressant Istonil (dimetacrine) in his role as a member of both the World Health Organization Advisory Board on Mental Health and the US National Institute of Mental Health's directory of investigators in psychopharmacology.⁴⁹ In this regard, Forster followed a model common for African doctors in the independence era who saw their work with international collaborators as a necessary vehicle for transforming medicine at home, not least by gaining access to equipment and drugs.⁵⁰

In both his clinical practice and in his published work in medical journals, Forster analyzed the cause for the rapid uptick in psychoneurotic cases at the Accra Mental Hospital. Against his statistical data on patient diagnoses, Forster also developed theories about how the changing economic and political circumstances of a newly independent Ghana was impacting individual African minds. In a 1962 article in the *American Journal of Psychotherapy* titled "The Theory and Practice of Psychiatry in Ghana," Forster accepted the existence of an African personality, while rejecting Consciencist ideas and "native doctors" as therapeutically unsuitable.⁵¹ Forster attributed the voluntary increase of patients to his transformation of the treatment model of the hospital from one of confinement to a rehabilitation model based on outpatient therapy. But Forster also saw the rise in outpatient traffic as a response to the psychological stress introduced by Nkrumah's push for the "Africanization" of the state's bureaucracy after his election in 1951. In Forster's words, "as more and more responsibilities devolved on the people themselves [through Africanization], the stresses and strains produced a number of psychoneurotic reactions which were seen at outpatient clinics. The main difficulty was of adjustment to new situations of office, and anxiety over being considered inefficient and losing one's job in consequence."⁵² Stated otherwise, Forster saw

rapidly changing circumstances of work and belonging as a driving factor in psychological welfare.

While Forster was interrogating the relationship between psychological distress and political change, Nkrumah was honing his theory of independent African nations as a mind politic, not simply as a body politic. This took the form of his Consciencism, a complete system of thought that hinged on concerns that were metaphysical, political, and ethical and formed the basis of “African personality,” which consisted of the humanistic mores and values of precolonial Africa—idealized by Nkrumah as communalist, egalitarian, and free of ideological disagreement.⁵³ In other words, precolonial Africa lacked class struggle and ideological conflicts; it was the immanence of theoretical unanimity.⁵⁴ Nkrumah published *Consciencism: Philosophy and Ideology for Decolonization and Development with Particular Reference to the African Revolution* in 1964, two years before he was ousted from power. But he began developing aspects of this theory while imagining what African socialism—the guiding principle for most African states at independence—could look like following the Bandung conference of 1955.⁵⁵ Nkrumah appears to have landed on Consciencism in 1960, in dialogue with William Abraham, his state philosopher, editor, and suspected ghostwriter.⁵⁶ Consciencism was a kind of psychopolitical treatment protocol concerned with managing the theoretical unanimity of the African personality and, by extension, the stability of the constitutive individual minds that formed the human basis of this Pan-Africanist racial psychology.

Beyond Nkrumah’s philosophy, the CPP enacted a series of policies designed to establish ideological unanimity in Ghana based on a set of folk theories about Ghana’s ethnic past. Through discussions about how to control French subjects and Gaos in Ghana’s territory, CPP parliamentarians probed the boundaries of membership in the coming political order and who would qualify as a citizen of independent Ghana (see chapter 3). After independence, the CPP promised an open-door policy for all African people still colonized in their home nations. But the Preventative Detention, Deportation, and Beggars Acts of 1957 and 1958 negated this claim. These acts made the determination of alien status in deportation proceedings signify an assessment of overlapping characteristics of ethnic origin (any ethnicity not originating within the confines of southern Ghana) and political affiliation (enemies of the CPP). Numerous people who were eligible for Ghanaian citizenship were detained and expelled alongside non-Ghanaians.⁵⁷ The power of so-called traditional ethnic polities—the proxies of indirect rule—to incorporate strangers was curtailed as the independence state, and by proxy the CPP, set the terms of citizenship.⁵⁸ In December 1957, the CPP-led govern-

ment passed the Avoidance of Discrimination Act, which banned all political parties based on ethnic, regional, or religious affiliations.⁵⁹ Now banned, regionally and ethnically constituted parties—including the National Liberation Movement of the Ashanti region, the Ga Shifimokpee of Accra, the Togoland Congress, the Anlo Youth Organization, the Muslim Association Party, and the Northern Peoples Party—joined forces to form the umbrella United Party (UP), which became the main opposition to the CPP. Soon after forming, however, the UP's leader, Kofi Abrefa Busia, fled to the United Kingdom to avoid preventative detention as the CPP became violent toward its political enemies.

In addition to legislating political engagement, between 1954 and 1959, the CPP-led government sought to consolidate its power over stranger incorporation, political thought, and the means of production. This was also time of grand sociopolitical experimentation. Bolstered by the projected income from Ghana's thriving cocoa markets, the CPP organized a five-year development plan to urbanize, modernize, and industrialize the nation. A key part of this plan was the passing of the Industrial Relations Act in 1958, which enforced the unionization of almost all of Ghana's industrial and commercial labor force.⁶⁰ This represented a jump from 38,000 unionized workers in 1949 to at least 320,000 by 1961, coupled with an ideological shift from an emphasis on family-based production to collective production for the benefit of the nation in the framework of African socialism.⁶¹ But the CPP's ambitions were sharply curtailed by a significant downturn in projected cocoa futures by 1959, which coincided with the CPP's embrace of more illiberal policies. In July 1960, after a constitutional referendum and election, CPP-led Ghana transitioned to a republican government, which further centralized the CPP.⁶² Freedom of the press was curtailed, as anti-CPP newspapers were taken over or shut down by the state. This crackdown did not, however, stave off the numerous protests that emerged against the nation's first austerity budget presented in 1961. Among numerous unpopular measures, this budget included a compulsory saving scheme, a new taxation structure, and a reduction in prices paid to cocoa farmers. Austerity measures led to strikes of railway workers in Sekondi-Takoradi, which were supported by market women in those cities.

While the government negotiated a settlement with railway workers, the worsening economic situation under a CPP regime that increasingly sought to consolidate political power in the face of resistance from regional and ethnic political parties triggered violent acts of terror and assassination attempts against Nkrumah. The president had been the target of assassination attempts since 1955, when the Ashanti-based National Liberation Movement bombed

Flagstaff House, his official home as head of state. In Accra, where the Ga Shifimokpee was formed, grievances between the party and Nkrumah's CPP would bubble into a cycle of state terror from above and counterterror from below that would shock the capital city and the nation—setting the stage for many of the repressive laws passed after 1958. The Ga Shifimokpee were self-appointed representatives of people of Ga descent, the landlords and political authorities of Accra prior to colonialism. The Ga Shifimokpee was especially aggrieved about land alienation, and there was concern that the CPP was contributing to the theft of their lands. Ga, the longstanding majority in Accra, were now overwhelmed by foreigners. At rallies, they chanted, "Ga lands are for Ga people," "People of Ga descent, arise," and "We are being despoiled by strangers." After another assassination attempt on Nkrumah in 1958, the police arrested forty-three members of the Ga Shifimokpee under the Preventative Detention Act.⁶³ The most infamous attack on Nkrumah was, however, the failed bomb attack in August 1962 in the town of Kulungugu in northern Ghana, which killed several children. A now highly paranoid Nkrumah took steps to further consolidate the CPP's authority.⁶⁴

Despite Consciencism's concern with theoretical unanimity of the people under the watch of the CPP, it was never monolithic in application, as it had to adapt to the rapidly shifting socioeconomic landscape of the postindependence era.⁶⁵ In fact, it was often contradictory in its implementation in public policy.⁶⁶ Still, for many Ghanaians, the era of Consciencism was experienced as one of CPP state terror. It was difficult to see where the treatment plan for cultural schizophrenia ended and state violence began. Security concerns were a factor in the CPP's policing of both personal and community party allegiance. But a central motivating concern was also socialization—the CPP's and Nkrumah's stated desire to decolonize the minds of Ghana's citizens.⁶⁷ As suggested by the historian Frank Gerits, an ideological fear of the regressive and antidevelopmental effects of a mentally colonized Ghanaian populace was a key factor in shaping the public policy decisions of Nkrumah and other CPP authorities.⁶⁸

E. B. Forster's psychiatric understanding of African personality was honed while seeing patients during the administration of Consciencism under Nkrumah's increasingly paranoid presidency. Forster's shifting ideas about African personality were also in conversation with theories of psychologically deleterious effects of colonial state terror and repression developed by other African psychiatrists writing at the transition to independence. While we cannot be certain that they met and exchanged ideas, we know that Frantz Fanon lived in Accra in the early 1960s as the Algerian Liberation Front's ambassador to Ghana under the auspices of Nkrumah's Bureau of African

Affairs. As the only two psychiatrists in the city, both thinking about the relationship between mind and state terror, it is tempting to imagine that they met, discussed difficult cases, or even shared ideas about the relative salience of mounting critiques of Consciencism in Ghana.

CONSCIENCISM AS SELF-DEVOURING
PSYCHIATRIC CONSTRUCT

In the early 1960s, Nkrumah and Forster shared a belief in the existence of an African personality. But Forster rejected Consciencism: the idea that the best way to deal with the fragmentation of African personality was to subsume the distorting colonial influences under African traditional value systems. Forster's position rested on his socioecological understanding of the Ghanaian population. He divided the nation into three regions: coast in the south, forest in the center, and savanna in the north. Due to migration and the "considerable intermixture of ethnic groups," Forster posited that it made no sense to frame the psychology of the Ghanaian populace in ethnonationalist terms. Rather, he divided the population into three socioecological groups roughly approximating his geographic division of the country but also emerging from his clinical experiences with immigrants and "the characteristics of psychiatric problems." The "very primitive people," who inhabited unhygienic environments and were "ill clad," were prone to hysterical tendencies, criminality, and prison neurosis. The "illiterate Africans," who inhabited an environment with its "cultural practices" in transition, were prone to belief in fetishes and to "cyclothymic reactions." The "Westernized Africans," who inhabited an environment marked by a cultural loss of its "primitive elements," were prone to the same mental distresses common in the West—paraphrenia, anxiety neurosis, conversion hysteria.⁶⁹ Forster realized that migrants from the north to the south of Ghana were more likely to be confined in the hospital, but he attributed this to their inherently "primitive" nature coming face to face with "modernity." He rejected ethnolinguistic groupings but did not reject the colonial theories that the stresses of westernization transformed or increased incidences of criminality and mental distress among African people.⁷⁰ His was a theory of detribalization without tribes.

In his 1962 article, Forster presented statistics and case studies concerning increased neuroses among Ghana's educated classes as evidence of an emergent psychological crisis triggered by the Africanization of the bureaucracy. Outpatients who had been rapidly promoted to senior positions in the civil service suffered "anxiety over being considered inefficient and losing one's job in consequence."⁷¹ One of Forster's patients even requested a demotion.

He argued from the perspective of his clinical experience that a reliance on African personality and its “archaic” methods was failing for many as a strategy for coping with the increased responsibility for governance under independence. He aimed a particularly harsh critique at local healers, whom he called “native doctors.” According to Forster, native doctors were “ineffective” in treating psychotic patients, whom they “subjected to inhumane treatment such as beatings, starvation, and indiscriminate purgation.”⁷²

As Forster disparaged African healers, Nkrumah was laying the foundation for the Ghana Psychic and Traditional Healers Association (GPTHA).⁷³ In 1961, Mensah Dapaah, a McGill-trained medical anthropologist undertaking a study on the healing practices of the Akonedi Shrine in Larteh, came to Tawiah Adamafo, Nkrumah’s minister of information and, at the time, the CPP’s executive secretary. Dapaah informed Adamafo that two other ministers of state had recently visited a prominent shrine healer, Nana Oparebea, seeking to harm both Adamafo and Nkrumah. Dapaah convinced Nana Oparebea to reject the treasonous ministers’ request and, upon learning of this ritual endangerment, both Adamafo and Nkrumah swore an oath to the shrine spirit for its protection. They were given a white walking stick and herbs for washing themselves and were expected to return annually to give an offering.⁷⁴ In 1962, Nkrumah appointed Dapaah to organize the GPTHA, and by 1963, the organization was up and running with Nana Oparebea as its first president.⁷⁵ Dapaah divided “native doctors” into four categories: herbalists, faith healers, spiritual diviners, and traditional midwives. He emphasized their skills in social and psychological illnesses and hoped to encourage their cross-pollination with the work done by biomedical doctors and psychiatrists.

Nkrumah saw in scientific herbalist practices a unifying healing factor, which could be scientifically distilled to reveal underlying truths of an African personality. Forster, conversely, saw native doctors as useless for most psychotic cases seen at the Accra Mental Hospital. He did, however, suggest that “as far as the psychoneurotic patients are concerned, those suffering from hysterical reactions, obsessions, and phobias, and psychosomatic disorders can be relieved of their symptoms by the native doctors.”⁷⁶ Even then, for Forster, native doctors were only helpful in their socioecological niche, when they were addressing psychoneurotic cases that were “of the clan”—triggered by ritual concerns tied to ethnic or lineage affiliation.⁷⁷ For Forster, the success of native doctors did not cohere in their inherent ideological unanimity, distilled into psychic and herbal remedies. Rather, their success was tied their expertise in culture-bound syndromes. To prove his point, Forster hired a “female traditional healer” who applied to work in the Accra Psychiatric Hospital in the late 1960s. This healer claimed she could cure the mentally

distressed and was given charge of ten schizophrenic patients at the Accra Psychiatric Hospital. At her request, the hospital provided her with lavender water and white shirting material. As Forster notes, “after about two weeks she made an unceremonious exit from the hospital,” never to be seen again.⁷⁸ Forster’s choice to provide this healer with psychotic patients was likely designed to prove his larger point: most healers could not handle the psychoses that presented in the majority of the patients at the hospital. Native healers, he thought, were better off as almoners, providing social and ritual support after psychiatric confinement.⁷⁹

In a wide-ranging study of the theoretical underpinnings of colonial psychiatry in Africa, the historian Jock McCulloch concluded that Forster was representative of “the clash of cultures” thesis in ethnopsychiatric literature.⁸⁰ For one, Forster seemed to suggest an unsuitability between African culture and the “construction of a modern society,” following his concern that office work under the Africanization policies of independence-era Ghana was contributing to neurosis. McCulloch read the clash-of-cultures position of Forster as a recapitulation of the detribalization argument of colonial officials, who viewed European education and norms as a destabilizing factor, stripping Africans of their attachment to “tribes” and forms of rural “customary” authority. But this interpretation is too simplistic: Forster was a clinician and a sociologically inclined theorist; these two informed each other. He was also a Black West African man, living through the same dramatic political transformations—born a colonial subject, now a citizen of a newly independent nation—as most of his patients. Forster was not rejecting the African past. Rather, he proposed that political upheaval and rapid socioeconomic change, not any set of problems or characteristics tied to “traditional Africa,” were animating mental distress. Living under a regime he saw as increasingly autocratic, Forster saw correlations between local politics and the psychological well-being of individual Africans he treated as outpatients in Accra. Far from channeling a rigid typography of biomedical universalism (versus the cultural relativism of Nkrumah), Forster’s psychiatric practice, and his psychological theories, evolved in light of political and economic change.

Over the course of his career, Forster deepened his conviction that mental distress among urban residents was motivated by political upheaval, rather than any set of problems or characteristics tied to “African life.” He elaborated this line of thought in a 1972 article, “Mental Health and Political Change in Ghana, 1951–1971,” published in *Psychopathologie africaine*. The article drew on evidence from Dr. Forster’s practice at the Accra Psychiatric Hospital as a test case for the thesis of Alexander and Dorothea Leighton—pioneers in psychiatric anthropology and epidemiology—that political oppression of

a people triggers social disintegration within a nation.⁸¹ Forster correlated “the effects of political, economic, and social pressures on a people and to see whether these forces in their varying intensities, produced any adverse effects, identifiable from the vantage point of psychiatric observation.”⁸² He divided his analysis into four historical periods centered around Ghana’s decolonization and recent political history.

1. The Period of Preparation, 1951–56
2. The Period of Independence, 1956–61
3. The Period of Crisis, 1961–66
4. The Period of Change, 1966–71

If Leighton’s hypothesis was correct, Forster expected to find that the rate of first admissions rose dramatically during the Period of Crisis (1961–66), the period of the CPP’s increasing application of the tools of state terror. Indeed, it was precisely during this period that Forster reported that the “largest number of outpatients was seen,” making up “30.7 percent of the total number seen over the twenty years.” Forster explained “that over the entire period under study, the increase in the number of first admissions into the Accra Mental Hospital rose steeply during the crisis period,” from an average of 4,000 in the Period of Preparation and the Period of Independence to 8,000 in the Period of Crisis. Moreover, of the thirty-three most recurring symptoms, the Period of Crisis contained both the largest number of reported symptoms and the largest number of symptoms linked to general aggression.⁸³ Forster generated two theories to explain the spike in outpatients and symptom presentation during the Period of Crisis. The first was a general trend noted in his earlier work: The local community was increasingly patronizing the hospital due to its new “scientific orientation”—specifically, the use of antipsychotics and occupational therapy. Second, Forster surmised that the socializing measures put in place by the CPP instilled fear in Ghanaian citizens, who were being forced into the party organization.⁸⁴ As Forster noted, by 1965, “all sections of the community, including ministers of state lived in a state of anxiety and fear, and many people were apprehensive by what was called the ‘one o’clock fever,’ as it was usually around that time of day that dismissals from the services and other positions of government were announced on the radio.”⁸⁵ From Forster’s clinical and personal experience, the cost of Consciencism securing the unanimity of the collective African personality was the well-being of individual African minds.⁸⁶ Although Consciencism promised to develop the African personality by enforcing a theoretical unanimity that would resolve Ghana’s “cultural schizophrenia,” in Nkrumah’s formulation, the climax of CPP rule, the Period of Crisis, coin-

cided with the highest rates of diagnoses of schizophrenic symptoms at the nation's primary psychiatric hospital. If Consciencism affirmed the mutual constitution of the African state and the African mind, Forster's analysis proposed that its administration through Africanization and terror to enforce unanimity was creating more psychic distress than it resolved. But Forster was not alone in seeing Consciencism as a self-devouring construct. A host of other Ghanaian citizens harbored their own critiques of Ghana's new mind politic.

SIKADICIOUSNESS IN A TIME
OF MONEY-DOUBLING

After the Kulungugu assassination attempt in 1962, Nkrumah wielded the Preventative Detention Act to arrest a host of top government officials: Tawiah Adamafo (minister of information), Hugh Horatio Cofie-Crabbe (CPP executive chairman), and Ebenezer Ako-Adjei (minister of foreign affairs). The men spent a year in prison and were finally brought up on charges of treason. Ako-Adjei was the witty defender in parliament of Pan-Africanist conviviality and a vociferous critic of Krobo Edusei's enmity-driven vision for citizenship in independent Ghana (chapter 3). Nkrumah and Ako-Adjei were friends who studied together at Lincoln University in Pennsylvania. Ako-Adjei also introduced Nkrumah to J. B. Danquah, who convinced the future head of state to return to the Gold Coast in 1947 to join the freedom struggle. But by 1962, Nkrumah's regime had accused Ako-Adjei of financing a plot to assassinate the president by lying to obtain 25,000 pounds from the Ghana Commercial Bank. In his statement to the police and in court, Ako-Adjei's defense was that he did not finance the terror plot. Rather, he gave the money to Zebus, the money-doubling spirit, "from the Kingdom of Uranus" and was still waiting for it to be returned.

During the CPP's ill-fated quest for ideological unanimity, concerns and rumors over money doubling became a popular idiom in which Ghanaian politicians and citizens critiqued Consciencism and Nkrumah's administration more generally. Money doubling (*atsrele* in Ga) was a historical form of ritual intercession, in which a supplicant gave a shrine priest or healer an offering of money on the promise that it would be increased by an interceding spirit and returned to the client.⁸⁷ The term itself was a bit of a misnomer as supplicants were often promised far more than double the profits.⁸⁸ Providing a ritual solution to a cash flow crisis created by new colonial tax regimes, money doublers were the priests of traveling shrine spirits.⁸⁹ They emerged alongside their witch-finding counterparts, another class of traveling spirits offering ritual relief for dreadful ailments. Just as witch finding was

grafted onto extant Akan ritual aesthetics, some money doublers embraced the discursive and sartorial practices of scientific herbalism.⁹⁰ As early as 1937, the anthropologist Margaret Field described the emergence of a related class of healer that she characterized as “the American type of superstitious or villainous quack.”⁹¹ In Field’s estimation, literate Africans made up most of the gullible victims of these upcoming conmen because “they believe every word of the patent medicine advertisements that they read and freely spend their money on such things as ‘Brain and Memory Pills’ and subscriptions to correspondence ‘colleges’ selling courses of instruction in Ancient Egyptian mysteries of the Soul.”⁹² Field’s critique of these new “medicine men” was born in her derision of the emergent scientific herbalist elements in the healing repertoires she studied. But there was some truth to her observations.⁹³ By the late 1950s, the Criminal Investigation Division of the Accra Police were investigating numerous cases of the notorious practice of “money doubling,” which the government now officially considered a confidence game, a scam.⁹⁴

Though many contemporary observers saw money doubling as a scam, it appears to have emerged as a complex ritual response to the need to pay colonial head taxes in British pounds.⁹⁵ Money doubling became widespread in the Asante region following the Fourth Anglo-Asante War (1900–1901), which led to the British annexation of Asante. As part of their imposition of colonial rule, the British introduced the British pound as a singular form of currency, but there was a chronic shortage of pounds in Asante. Traveling shrine priests began going from village to village offering to intercede with spirits that could ritually increase one’s supplies of cash. For lay Akan speakers, it was conjecturally understood that the sharpness of a spirit’s (*ɔbosom*) powers was linked to its accumulation of acolytes and offerings, which articulated with the incorporative logic of healing shrines. Simultaneously, the power of the spirits was inherently ambiguous, as they could heal themselves by absconding with the money given to them for doubling, causing financial harm to supplicants.⁹⁶ Only an extremely generous supplicant could ensure being rewarded rather than harmed. Despite the inherent risks, many people willingly handed over their few coins in the hopes of shrine priests “doubling” money.

In the 1950s, Gustav Jahoda noted that most money doublers were young men who were educated enough to have ambitious desires but did not have lucrative employment.⁹⁷ Most doublers were literate, but of “illiterate parentage,” and were newcomers to the city. If the literate Africans of Field’s studies of the 1930s were fooled by fake correspondence degrees in the quest to better their lot, Jahoda’s intermediate literates eschewed correspondence courses for “short cuts and hit upon an easy way of exploiting the greed and gullibility of

their luckier fellows.”⁹⁸ Doublers had invariably worked as herbalists. Jahoda differentiated between “magical” and “technological” doublers, modes that also overlapped. The primarily magical variety operated through the power of spirits, much like their counterparts in early colonial Asante. A client would go to a field of invocation, often a sacred grove, where the shrine priest would give instructions. He would return to the meeting place with the expected offering (a set quantity of cash) and be instructed to return a day later for his blessings. If the offering was pleasing to the spirit, the client’s money would be doubled. The client would then inform other people he knew about the doubler, who might be convinced to patronize the doubler’s services. When these new clients returned for their increase, however, the doubler was often gone and their money was eaten by the spirit.⁹⁹ One category of money doublers worked with enchanted machines rather than spirits, such as toasters with bells and buzzers that allegedly produced banknotes. According to Jahoda, these technological doublers relied on “the high prestige of Western technology, together with the widespread ignorance of its most elementary principles” to fool their clients.¹⁰⁰ Just as scientific herbalists operated on an outpatient basis through the provision of patent medicines, technological doublers outsourced financial healing. The doubler would demonstrate that the machine worked in his shop and proceed to offer it for free. Clients were then charged for the medicine, an herb or a liquid, which they would take home and feed into the machine to make it function.

Ako-Adjei’s appeal to the power of Zebus, the money-doubling spirit from Uranus, was scrutinized for five days by the Supreme Court Justices presiding over the treason trial. A key issue was Ako-Adjei’s mental state. As Justice Van Lare noted, “if 25,000 pounds is going to be doubled to 50,000 pounds, how is the money going to be obtained? Where is it going to be produced together with the serial numbers and the bank numbers? . . . with your background of high education and knowledge of economics, what money is and how it is (word indistinct), how were you going to get the money from the spiritual world?”¹⁰¹ Attorney General Kwaw Swanzy asked the court “to take judicial notice of the fact that money-doubling spirits do not exist in the Republic of Ghana” and suggested two explanations for Ako-Adjei’s magical defense.¹⁰² He was either credulous to a level surprising for a minister and lawyer and was tricked by a conman or else he invented the entire story. This binary ignored the possibility of true belief, or delusion, an explanation Ako-Adjei himself referred to in court. When asked whether Ghanaian currency was of value in the Kingdom of Uranus, Ako-Adjei responded that he did not know, but “what happens in the spiritual world is not the same as what happens in the material world.” In response to Justice Van Lare’s questions, Ako-Adjei

said, "In the spiritual world, what in the physical world is called wonderous can happen. I do not know specifically how [the money] will come back, but I sincerely believe . . ." Ako-Adjei denied defending any cases of money doubling while at the bar. However, his description of Zebus was eerily similar to that of a money-doubling spirit described by Jahoda based on cases he collected from the Accra Criminal Investigation Division. According to Ako-Adjei, "Zebus always appears and materializes in human form in a (blaze?) of fire. He wears completely white clothes and his feet do not touch the ground. His face, he added, was sparkling in flames of fire."¹⁰³ In an article, published five years before the trial, Jahoda described one money-doubling spirit as "a figure in a long white flowing gown . . . approaching in the midst of a small star-like blazing fire."¹⁰⁴ Ako-Adjei's denial of being involved in money-doubling cases as a lawyer reflected either a clever mockery of the question or an investment in the magic-surrealism of this alternate universe.

Another confounding factor for Kwaw Swanzy's binary was that Ako-Adjei's codefendant, Tawiah Adamafo, was a co-acolyte with Nkrumah of the shrine of Nana Oparebea, the president of the Ghana Psychic and Traditional Healers Association. Court spectators, journalists, and the public laughed at the incredulity of the entire case. Just as Ako-Adjei had dismissed Krobo Edusei's complaints about "French Gaos" in parliament in the mid-1950s by purposefully mishearing "French girls," it seemed to some observers that "Uranus," Zebus's home kingdom, sounded a lot like "your anus." Ako-Adjei was telling Nkrumah that he could find the money up his ass, so to speak, and he was doing so in a way that uncovered flaws in the ideology of Consciencism. As the justices noted when acquitting Ako-Adjei, there was no "onus" on him to prove the whereabouts of the money.¹⁰⁵ Absence of a rational reason was not proof of treason. If it was, the president himself might have some questions to answer. Money-doubling spirits were born of the same historical healing practices that Nkrumah desired to study through the GPTHA. Just like scientific herbalism, doublers had their technological variants. By appealing to money doubling, Ako-Adjei turned Consciencism on its head, revealing a flaw in its justificatory framework—that it was built on an essentialist vision. Precolonial Africa was not characterized by ideological unanimity, and neither was colonial Europe nor the Middle East.

Ako-Adjei's appeal to money doublers signaled a popular critique of Nkrumah's allegedly socialist class politics. Although Consciencism was a psychopolitical treatment protocol for restoring the unanimity of the African personality, one of its unintended side effects was that it caused "sikadiciousness" (a money-eating disorder; from the Twi word for gold/money, *sika*, and

the verb “to eat,” *di*) in the self-appointed “modern healers” of the political nation. As noted in a letter written to the Marxist humanist scholar Raya Dunyaveskaya by a young Ghanaian named Kofi, which was later published in the August 1963 edition of *The Worker's Journal*, “SIKADICIOUS is a word which has been coined by Ghanaians to describe Nkrumaists, because they love money, women, wine and luxurious things more than the people.”¹⁰⁶ Kofi explained that Ghanaian citizens were commenting on the context of the second seven-year development plan, which began in 1962. Politicians were seemingly enriching themselves, as lay citizens and members of the military were subjected to the vagaries of an austerity budget. Although Nkrumah and the CPP fashioned themselves as scientific herbalists restoring the unanimity of the African personality, many citizens viewed them more like money doublers, who historically fed shrine spirits the cash of their clients, thereby harming acolytes to heal themselves. Sikadiciousness was a popular socio-psychological diagnosis of a form of political and economic pica, marking the avarice of the Nkrumah regime—its insatiable will to develop, even at the expense of the people.

Yet the inverse of sikadiciousness was certifiable lunacy. For Ghanaian novelist Ayi Kwi Armah, a Harvard graduate and author of *The Beautyful Ones Are Not Yet Born* (1968), this suspected aversion to *sika* manifested first in his choice to seek out work within the resistance movements in South Africa and Angola instead of obtaining a more lucrative position upon graduation. The second incident that led to his “railroading,” which severed as the inspiration for his second novel *Fragments* (1972), occurred a year after returning to Ghana in 1964. Realizing that his prestigious position as deputy department head of the scripts division for the Ghana Broadcasting Corporation made no space for creativity beyond collecting a paycheck, Armah resigned his post. His revolutionary deferral and subsequent rejection of financial stability left his mother with no doubt that her historically brilliant and shrewd son was mentally distressed. Family members manhandled, bound, and drove Armah to the Accra Psychiatric Hospital, where he arrived fearing he might never exit. The novelist was fortunate that Ghana-based Puerto Rican physician Ana Livia Cordero, personal doctor to W. E. B. Du Bois in his final years of life, had read his early writing and heard of his plight. She fought for Armah's release into her care, which was granted on the condition that she was liable for any harm he caused to society.¹⁰⁷ Armah's autobiographical testimony reminds us that critics and critiques of Consciencism as a psychiatric protocol for healing the ills of Africans filled the corridors of the Accra Psychiatric Hospital both in the experiences of patients and in the practices of doctors.

Side Effects May Vary

On November 30, 1972, Dr. Forster gave an inaugural lecture at the University of Ghana for his promotion from associate professor to full professor of psychiatry. The talk marked a watershed in his public thinking about the place of psychiatry in nationalization. In 1962, Forster accepted African personality but saw limited value in “native doctors.” A decade later, Forster now firmly rejected the existence of African personality. In his words, “it is futile to look for homogenous basic African characteristics that will be exclusively African. The abstraction called for by this exercise has to be statistical and when pursued to its local conclusion leaves it without any practical significance. This is the perspective in which the African personality is seen.”¹⁰⁸ By eliminating the premise of a collective African personality, Forster also mooted the need to speak of a special version of psychiatric practice for individual African minds. He noted, “to say then that the African must have his own kind of psychology, different from other people, or to say continental groups have each, their own psychology and psychopathology, is unfounded, fallacious, frivolous and futile.”¹⁰⁹ For Forster, the evidence of this failure of psychiatric relativism was clear in his 1972 article, “Mental Health and Political Change,” where he suggested that the CPP’s administration of Consciencism via terror created a political context that created schizophrenia and its associated symptoms in a growing number of urban citizens.

The turn away from psychiatric relativism signaled in these statements was not unique to Forster nor to Ghana in the 1970s.¹¹⁰ In the same decade in Dakar, at the Fann Psychiatric Clinic, the Senegalese doctors preparing to replace Henri Collomb, the former French colonial psychiatrist, turned away from his “Africanized” psychodynamic approach, one that relied heavily on the use of local healing practices, including spirit possession, within the hospital. This new generation of Senegalese psychiatrists, following prescient thinkers like Forster and increasingly influenced by American research into the side effects of psychotropic drugs, emphasized the universality of the human mind and the value of pharmaceutical drugs.¹¹¹ Given American psychiatrists’ understanding of their discipline as undergoing a “biological revolution,” beginning in the 1980s, it might be tempting for historians to read Forster’s confident dismissal of African personality as foreshadowing the eventual epistemic triumph of his earlier universalist tendencies.¹¹² This reading would be misled. Forster’s disavowal of an “African” psychology masked the uncomfortable truth of growing concerns, among Ghanaian doctors and patients in the late 1960s, about the effectiveness of psychiatric outpatient care

and the side effects of the antipsychotic drugs administered to patients at the Accra Psychiatric Hospital.

By January 1966, Ghana was in a state of crisis. The balance of payments deficit was in shambles and citizens were responding to CPP-sponsored state terror with their own acts of terror from below. On February 24, 1966, while Nkrumah was in Vietnam for a meeting with Ho Chi Minh, the Ghanaian military and police, with the assistance of the civil service, staged a coup d'état. The National Liberation Council (NLC), a group made up of eight armed services personnel (four from the army and four from the police) and a cabinet composed of civil servants, took control of the executive functions of the government. Immediately following the coup, the NLC repealed the Preventative Detention Act, freed political prisoners, and allowed political exiles and deportees back into the country. Meanwhile, the military arrested several people close to the Nkrumah regime. William Abraham, Nkrumah's state philosopher, was released after a holding period, while others were tried and punished.¹¹³

Nkrumah's allies and associates were not the only ones who suffered consequences for their participation in Ghana's first twenty years of popular government. On March 9, 1966, exactly two weeks after the coup, the NLC appointed a committee of experts to investigate, and to issue suggestions about, Ghana's health needs.¹¹⁴ The committee chair was Prof. Charles Odamtten Easmon, Ghana's chief medical officer under Nkrumah and the first dean of the recently established Ghana Medical School. Easmon was also the grandson of Dr. John Farrell Easmon, the first West African doctor in charge of the Accra Asylum in the nineteenth century (chapter 1). Dr. E. F. B. Forster also served on the committee along with roughly a dozen other medical officers. The Ghana Health Needs Committee's 108-page report, published on March 22, 1968, covered almost all conceivable aspects of healthcare provision in the nation.¹¹⁵

Regarding the state of mental health services, the report was rather somber on several fronts. Indeed, Forster's choice to expand outpatient care brought psychiatric services to far more people than the mental hospital could have served as a primarily inpatient institution. A side effect of this expansion, however, was that as more people came to the Outpatient Department Clinic, the inpatient observation ward also steadily amassed far more patients than it could treat. The average numbers of patients at the hospital rose from about 800 patients confined per year in the 1950s to 2,000 patients per year in the late 1960s.¹¹⁶ With a capacity of just over 400 beds, the mental hospital could not cope with the state of overcrowding. In the discussion on

the need for robust mental health rehabilitation centers, the committee noted “the impressive number from neighboring countries who together outnumber the collective total of patients from any region of Ghana.”¹¹⁷ That “foreign migrants” were a plurality of the patients at the Accra Psychiatric Hospital in 1968 continued the trend that peaked in the mid-1930s, when cross-border regional labor migrants made up a plurality of the confined patients at the asylum even while they remained a superminority of the total population of colonial Ghana (chapter 3). Appealing to growing popular concerns by 1968 about West African regional migrants taking advantage of the generosity of the Ghanaian welfare state, the report stated that, “unless these [migrants] are to spend the rest of their days in a government institution at the expense of the rest of society, then some project should be launched through which improved patients may be settled, helped to farm (e.g., to produce food which can obtain a ready market) to earn money for their living. These patients are predominantly farming people and the idea is within the limits of practicability.”¹¹⁸ In 1962, Forster viewed the dynamics of mental healing and harming in the region through the prism of westernization. By 1972, after spending more time in clinical settings with Ghanaian patients, and more time contemplating the nation’s postcolonial political history, his perspective shifted. Forster turned from a discourse of primitivity and modernity to one that centered on mobility. Given the nature of linguistic creolization in frontier zones, he explained, the language groups often used by anthropologists to determine ethnic groupings did not in fact “produce any clear-cut ethnic distinctions.” Again, Forster elaborated his socioecological understanding of how differences among populations in Africa impacted moral character and mental dispositions. But this time, instead of three groups reflecting differences in psychiatric symptoms emerging from degrees of westernization, he proposed dividing African people south of the Sahara into “three large geographical groups,” best adapted to their own socioecological niches. The first were coastal dwellers, who were linked to the global economy, had high levels of formal education, and had given up “primitive” beliefs other than those linked to tribal affiliation. The second were forest region dwellers, who corresponded to accepted norms of “traditional African society” by living off the land with their population “scattered in small groups of villages.” The third were those nomadic and pastoral people in the semidesert areas, who relied on a diet of animal protein, hunted, and lived “independently of the soil.”¹¹⁹

Acknowledging these groupings as “rough,” Forster nonetheless believed that “the environment plays a great part in the development and maturation of our mental dispositions” and wanted to show that even when observing within these broad essentialized environmental categories, “it is an immense

task to find the characteristics and mental dispositions that will be common to all.”¹²⁰ For Forster, human beings all shared “the same basic [psychological] endowments” that shaped their reactions to their environments. Those reactions were influenced by cultural practice, which were in turn forged from environmental pressures. Added to that complexity of geography was the compounding factor of migration. In Forster’s estimation, “the greater the difference between the original and the new environment the greater the increase of mental abnormality.”¹²¹ In other words, the further one migrated, the more likely one was to suffer from mental distress. Here, the detribalization argument, used by colonial governments to explain the overconfinement of West African regional migrants in prisons and asylums, was reconstituted as one about the effects of geographic dissonance—an experience less specific to people supposedly from the “primitive north” but an experience common to many West Africans. In this regard, Forster’s research dovetailed with the work of his contemporaries Margaret Field and Meyer Fortes, who were anthropologists and doctors of psychological sciences and were preoccupied by the relationship between migration and what they saw as new forms of psychosis and novel sites of mental healing in the Gold Coast.

Migrants may have been the subjects of psychiatric overconfinement in Accra, but Forster knew they did not create the troubles that plagued the hospital after independence. The hospital compounds were clean, but the wards were extremely unhygienic. For example, as the 1966 committee on health report stated, “the walls are spotted all over in one ward with the bed-bugs that had been squashed by patients.”¹²² Water was in short supply, lavatories were clogged with feces, intestinal diseases were endemic, most patients went naked due to lack of available uniforms, and the infirmary was nothing more than a glorified hospice.¹²³ This was a far cry from Bankole Timothy’s four-page spread in the *Daily Graphic* singing the praises of Forster and the hospital in August 1952.

In 1971, Dr. Manson, a member of Parliament in Ghana who had visited the Accra Psychiatric Hospital numerous times over many years, vividly described the hospital’s precarity. In his words, “there are only few beds and indeed some of these beds have no mattresses. More than 50 per cent of the patients lie on the bare floor. What do you get? At night they rush the wards just to find a place to pass the night. The concept of bed disappears completely.”¹²⁴ For Manson, the nudity of patients, which the report dismissed as a result of a lack of uniforms, was a result of “institutional neurosis.” Moving from similar descriptions of bedbug infestations and dungeon-like unhygienic wards to the sociology of competition among patients for scarce basic resources and the lack of proper preventative biomedical care, Dr. Manson crafted an image

of the Accra Psychiatric Hospital meant to support his motion that immediate action be taken to reform mental healthcare in Ghana.

The British psychiatrist Russell Barton coined the term “institutional neurosis” in 1959 to describe the dangers that inadequate environmental conditions in custodial medical institutions posed to the mental health of patients. The concept was part of an emerging critique of custodial psychiatric care among Anglo-American scholars, who captured similar ideas with terms like “prison stupor,” “institutionalization,” and “dehumanization.”¹²⁵ Focusing on British mental hospitals, Barton uncovered symptoms among patients that were, in his view, environmentally produced: neither side effects of antipsychotic medications nor attributable to the specific psychiatric illnesses for which the patients were confined. For the sociologist Erving Goffman, who referred to these environmentally triggered symptoms as “signs of disaffiliation,” the etiology of institutional neurosis was determined by the tendency of total institutions, especially custodial psychiatric hospitals, to transform anti-organizational acts of resistance into justifications for enforced membership.¹²⁶

Despite this critique, the argument for institutional neurosis was deemed credible by parliamentarians in Ghana because of the atrocious state of the facilities at the Accra Psychiatric Hospital. A year after Manson’s report, the Ghanaian sociologist Patrick Twumasi set out trying to explain the continuing popularity of local African healing practices, particularly for mental distress, in the face of allopathic medicine. *Pace* Manson’s account of institutional neurosis, he argued that it was psychiatry’s inability to successfully treat psychosomatic illnesses that created “a relatively permanent area of chronic ills” for specialists in African healing techniques.¹²⁷ By valorizing the skills of African medicine men and plant specialists over those of Euro-American-trained allopathic doctors, Twumasi implied an important epistemological inversion from that of disparaging colonial views of African medicine. But his temporal ordering—one that attributed the rise of African healing traditions as a response to psychiatry’s failings—overlooked the ways in which African healing traditions created the historic conditions of possibility for the dramatic increase in patients to the Accra Psychiatric Hospital in post-colonial Ghana. African healing did not survive in Ghana because psychiatry failed; rather, psychiatric care flourished only when it began reflecting transformations that were already taking place in African herbal care.

The institutional neurosis argument was also attractive because it gave scientific credence to lay concerns about the ritual communicability of mental distress. In Akan-speaking worlds, mental distress was thought to be communicable using invectives and sworn oaths that denigrated peoples’ psycho-

logical states and abilities. These accusations of madness/insanity (*ɛdam*) and foolishness (*kwasea/gyimi*) were historically deemed taboo because of the fear that the speaker of the malediction and his family could become afflicted given the spiritual potency of the spoken word (chapter 2).¹²⁸ Dr. Manson expressed a familiar unease while defending his motion: "I sometimes wonder when I meet somebody who works at the mental hospital, whether I should continue conversation with that person because I fear that I might be infected, somehow."¹²⁹ Dr. Manson articulated a historical concern among Akan speakers that some forms of mental distress, caused by targeted invectives and the violations of sworn oaths, could make mental distress communicable. This statement also configured those who lived and worked in the Accra Psychiatric Hospital as vectors of exposure. It's no surprise then that although the psychiatric hospital's patient population grew rapidly in the 1960s and 1970s, many more people frequented shrine priests and herbalists for their mental healing needs.

To help with the congestion at the Accra Mental Hospital, the Adomi Annex was built in 1960, about 100 kilometers north of Accra, to house about 300 patients. Staffed primarily by two senior mental nurses, the annex consisted of five houses that contained a kitchen, laundry, and housing for patients and nurses. Imagined as "the nucleus of a village settlement" on the model of Aro in Nigeria, patients at Adomi "farmed and planted food crops which earned them some money."¹³⁰ The committee noted that one patient had done so well at Adomi that he was permanently rehabilitated, with a profitable farm and a new wife to boot. On the heels of the Organization of African Unity Conference in October 1965, Nkrumah ordered that the annex be evacuated. Patients were sent to the recently established Ankaful Psychiatric Hospital in Cape Coast, run by three newly minted Ghanaian psychiatrists, Dr. Atsyor, Dr. Sangmuah, and Dr. Sika-Nartey.¹³¹ At the Accra Mental Hospital, Dr. Forster was also joined by three Ghanaians, Dr. Van Lare, Dr. Lamptey, and Dr. Adomako. These Ghanaian men were trailblazers, taking on an undesirable professional role that some of their family and friends thought might trigger their own mental distress. But as one of them noted anonymously to the committee concerning the government's plans to establish three more mental hospitals: "At the present time the scarcity of Psychiatrists and Medical Officers interested enough to want to work in the psychiatric hospitals makes any plans for building new hospitals a hazardous venture. In many ways a poorly staffed psychiatric hospital is worse than no hospital at all."¹³² Forster's dismissal of African personality not only masked the side effects of the expansion of outpatient care, it also occluded doctors' and pharmacists' anxieties about the state of the pharmaceutical drug market

and the potency of drugs available in Ghana. According to the committee's report, "A large quantity of worthless patent preparations . . . found their way unto [*sic*] the Ghanaian drug market with the concomitant wastage of foreign exchange" under the Nkrumah regime. Lamenting this "preventable" situation, the report called for the enforcement of the Pharmacy and Drugs Act (1961) such that the Drug Committee of the Pharmacy Board could acquire suitable drugs, those requiring a doctor's prescription, while weeding out "the multiplicity of worthless preparations coming into the country."¹³³ Building on his long-standing academic interest in the effectiveness of psychiatric medications, Forster enrolled the Accra Psychiatric Hospital as a Collaborative Center for the WHO's International Reference Center for Information on Psychotropic Drugs in 1972.¹³⁴ The network was designed to exchange information on the side effects of psychotropic drugs, which Forster recognized, through feedback from his patients, was equally as pressing as the Committee's concerns about the provenance and potency of medications. These side effects were described in a note given by SNK, a former patient suffering from chronic schizophrenia, to doctors in the Accra Psychiatric Hospital in the early 1970s. He wrote: "Please, I took my tablets since 1956. This tablet let me grow lean again because of this tablet, I cannot see things well. Please, today, I beg your pardon to change my tablet for me. My dear doctor, please go with me to know what is wrong with me." The tablet in question was Thorazine. Consider another note written later by patient SKN:

My Sickness is full of restlessness. When the sickness comes then I cannot explain the sickness. My sickness is full of thinking. When my sickness comes, *I am not free at all*. I become worried. When my sickness comes I am unable to think something at all. I cannot see very well. Please check my eyes and see whether the Tablet will be one which makes my eyes like that. Anyway, I am not suffering by my eyes at first. I can see that the more I continue my Tablet, the sickness is become more and more. I can't see very well at all. Please try to change my Tablets for me which will help me to sleep at night, as previous. Please remember that I took this tablet since 1965.¹³⁵ I wonder, if I fail to take my tablet one day I cannot sleep that day. Please Doctor, why? That is, I can't feel sleepy.

Entries from doctors and nurses in SKN's patient file suggest that he received much relief from schizophrenic symptoms by taking Thorazine between the 1950s and 1960s, during the "Period of Crisis." By the 1970s, however, SKN was wary of this medication. Not only was he losing weight and suffering from jaundice, SKN also experienced sleep disturbance and tardive dyskinesia: restlessness and the inability to stay still.

While writing "Theory and Practice," published in 1962, Forster cited studies from Kenya and Nigeria claiming that Africans were less susceptible to liver damage and jaundice associated with Thorazine use than in European patients. He was also aware of scholarship suggesting that phenothiazine-derivative neuroleptic drugs, like Thorazine, were strongly associated with disturbances in the extrapyramidal system, those nerves from the cortex to the spine associated with involuntary motor activity. Forster even noted that, for some of his own patients, phenothiazine usage at high dosages led to "akinetic-abulic syndrome,"¹³⁶ the "group of symptoms frequently occurring in the course of neuroleptic therapy, such as pseudoparkinsonism, bradykinesia, rigidity, decreased mental drive, and disinterest."¹³⁷ Forster had a two-pronged plan to manage these difficult symptoms in 1962. The hospital's growing occupational therapy unit would deal with decreased mental drive and disinterest—at least for the inpatients, now a minority of the hospital's patients. To counteract the motor symptoms, however, he administered a drug cocktail of phenothiazine derived neuroleptics with the anti-Parkinson's drugs Cogentin and Artane.

Forster's program for managing symptoms was dynamic, but it was not sustainable. Continued overcrowding at the Accra Psychiatric Hospital meant that the occupational therapy unit was overburdened with more patients than it could support.¹³⁸ Highlighting the limited value of occupational therapy, Dr. Manson, the member of Parliament who spoke about the atrocious state of the hospitals environment in 1971, noted that

The facilities offered by the occupational therapy units are so limited, and these cater mostly for the female patients who form about 40% of the total number of patients. The introduction of an industrial therapy unit in a mental hospital will help a great deal. Able-bodied male patients are found loitering around the hospital, sitting down under trees, smoking, masturbating or arguing with strange voices they claim to be hearing. Most of the patients, out of sheer boredom, run away from the hospital to roam aimlessly in the city, some begging for money or sitting round market places or hoarding litter.¹³⁹

The occupational therapy program was ineffective because it did not cover the needs of the largest demographic contingent of inpatients, whom statistics had long suggested were male migrants. Some of these men had escaped the hospital and were roaming about the streets of major urban centers.¹⁴⁰ Manson knew that the responsibility to manhunt these escapees for reconfinement in the hospital would fall on the police and potentially on insurgent community mobs. Likewise, in an article published in the *Ghana Medical Journal* in June of 1972, Dr. Adomako, one of Forster's Ghanaian

protégés, discussed the limited availability and marginal efficacy of the anti-Parkinson's drugs in abating motor symptoms. Of the 411 psychotic patients Dr. Adomako examined, only 215 were on anti-Parkinson's medication, and "the patients in this group were not free from abnormal movements."¹⁴¹ The shortages of pharmaceutical drugs discussed earlier in the Ghana Health Needs Committee's report meant that the anti-Parkinson's drugs were not always available to be given with antipsychotics. Forster's engagement with pharmaceutical drugs increasingly became self-devouring. The psychological relief Thorazine provided the Ghanaian populace supposedly distressed by the psychological effects of the administration of Consciencism were inadvertently the preamble for long-term struggles with sometimes unbearable motor activity side effects.

Against Unanimity

Psychiatry is grafted onto the West African pharmakon and adapted to competing mind politics. As the metaphysical base for Nkrumah's political project, Consciencism suggested that uncovering the truth of the African personality lay in revealing the modalities of unanimity among the continent's diverse ethnic groups. When William Abraham asked in *The Mind of Africa* (1962) about the viability of Western psychological methods for Africans, he was responding to the material difficulties of enacting Consciencism and charting a unified path for a fractionalized continent in need of scientific independence.¹⁴² But by 1972, Dr. Forster—West Africa's first psychiatrist—rejected the idea of an African mind or personality. There was no unique African psychiatry that might resolve the continent's various ideological or psychological problems. Forster's statistical research and psychiatric observations suggested that the materialization of Nkrumah's philosophy via the Africanization of the civil service and what he viewed as acts of state terror against political enemies was a self-devouring process, triggering more schizophrenia than it resolved. Forster, who saw Nkrumah's premise of African ethnic unanimity as false, offered a counternarrative highlighting African socioecological differences and migration across geographic niches as key to understanding the dynamics of mental distress in Ghana. The next chapter turns from Forster's psychiatric rejection of Consciencism to an examination of its political death in the wake of a "spiritual revolution."

The Congregant

Outpatient Department—Case 78, August 8, 2017

Samson marched slowly into the psychiatric consultation room under police escort, his movements belabored by the chains that bound his hands and feet. He passed a month in a jail cell before the courts finally ordered a psychiatric evaluation, the final step before holding a hearing to determine Samson's fitness to stand trial. Upon entering the room, Samson began pleading his case to Dr. K. A cunning prophet had forcefully "opened my mind," he stated, causing him great "headaches."

In a subsequent conversation with Dr. R, I learned that Ghanaian psychiatric patients often used "headache" or "high fever" to refer to an acute psychotic episode. These terms reflect two overlapping diagnostic categories that date back to the era of the Atlantic slave trade. In the eighteenth-century Gold Coast, illnesses that European observers called fever and those that African healers termed spiritual capture caused symptoms of mental distress and were treated using ritual intercession combined with applying cephalic herbs to the scalps of the distressed.

"Samson, do you take any medicine?" Dr. K asked the patient from her desk.

"No, I don't take any medicine or herbs."

Dr. K expressed her annoyance that the escorting officer did not have the police report, but the officer relayed the patient's history from memory. In his mid-twenties, Samson was forced to quit his job as a housekeeper last October as a result of a hand injury. Soon after, Sam went to the first complainant's church for two years from 2014 to 2016 and was an active member of the congregation. But on July 11 at 7 a.m., he went to the prophet's house holding a knife, two long needles that shoe peddlers use, and a heavy glass bottle. Sam said that he was there to kill the prophet for joining forces with his mother

to open his mind. He believed the prophet “knew his mind.” The prophet put him in the church’s van and took him to the police station, promising to close Sam’s mind if he complied. As he was getting down from the car at the police station, Sam cut a church member, Simon, in the wrist, knee, and ankle with his knife. He also hit another church member, who refused to report the crime to the police.

Samson had visited the police station twice to report being verbally and physically attacked by his mother and another family member. Several of the police officer’s colleagues recounted the odd behavior of the complainant. Doctors at the hospital relied on the testimony of families in psychiatric consultations, a practice introduced to the asylum by Dr. E. B. Forster in the 1950s. But criminal patients, more often accompanied by police officers than by kin, usually required medication until they were lucid enough to share their family’s contact information. Dr. R warned that the imprecise patient histories, particularly when relayed by a police officer, could lead to more impressionistic diagnoses.

“Why does he smell like this? Has he not bathed recently?” asked Dr. K, scrunching her nose.

“No, he has not bathed for the past month. They are not permitted to go to bathe because in our jail we have the baths outside the buildings instead of in the cell. So, we restrict baths to minimize risk of escape,” reported the police officer.

“Samson, why did you try to hurt the prophet?”

“The prophet said I’m not part of the church anymore. . .”

Mass Expulsion for a Spiritual Revolution

There are two forces, unity and division. The first creates. The second destroys; it's a disease, disintegration. It is the first, unity, that gives healing work its strength. Think of it. Healing an individual person—what is that but restoring a lost unity to that individual's body and spirit? A people can be diseased in the same way. Those who need naturally to be together but are not, are they not a people sicker than the individual body disintegrated from the soul? Sometimes a whole people needs healing work. Not a tribe, not a nation. Tribes and nations are just signs that the whole is diseased. The healing work that cures a whole people is the highest work, far higher than the cure of single individuals. Are health and unity the same, then? To healers, yes.

AYI KWEI ARMAH, *The Healers*, 1979

In the early rainy season of 1967, shortly after the failed Operation Guitar Boy coup against the military regime that deposed President Kwame Nkrumah, Pastor Peter Amoah requested a plot of land from the Chief of Kumawu. An Akan-speaking town one hour's drive to the northeast of Kumasi, Kumawu was nestled in the dense forests of the Ashanti region that had made Ghana, alongside Côte d'Ivoire, the largest exporters of raw cocoa pods for much of the twentieth century. But Pastor Amoah did not seek land for cultivating cocoa trees. Rather, he and an ardent group of followers had broken away from the Apostolic Church at Kumawu, and they sought to assert ecumenical independence through geographic distance from their parent church. The chief granted Amoah a large parcel near the Onwam River, in an uncleared forest proximate to historic sacred groves, twenty-six miles northwest of Kumawu.¹ Amoah and his followers recognized the land as holy. This would become the site of their new Christian religious healing community of Kingdom, pronounced by its Akan-speaking congregants in a Twi-English pidgin as "Kyindom" (approximately, "the wanderer's realm").² Like Moses roaming the desert with the Israelites, Amoah wandered through the forest to lead his flock to the promised land.

On July 11, 1967, twelve early congregation leaders, all men, sold their possessions and left the town of Kumawu to begin the arduous labor of clearing the forest for their religious community by felling towering trees of *wawa*, *kyenken*, *odum*, and *dawadawa*. For generations, Akan speakers achieved religious and political authority through organizing the male labor of forest

clearing. Indeed, the root word for “leader” or “chief” in Twi (*ɔhene*) is derived from the phrase “it itches” (*ye hene*) to describe the work of cutting paths in the forest.³ Yet the men clearing trees for Kyindom saw their work as departing both from historic sources of authority and from the “modern way of life.”⁴ On July 12, after constructing a covered edifice on their first day, the men worshipped and sang songs to God, grateful for their new home. Over the next two and a half months, as rains fell on the forest, Pastor Amoah recruited more congregants from Kumawu while the twelve men planned and built a chapel, a township with thirty-six houses, and a system of streets centered on a main road lined with trees. When the work was completed, Amoah and a total of 129 new followers joined them. Many of Amoah’s followers were from humble backgrounds like himself, from non-elite lineages but with some access to formal education. Kyindom’s early congregation consisted of craftsmen, farmers, merchants, businessmen, traders, teachers, and hunters.⁵

Though the leaders of independent spiritualist churches fashioned their institutions as a break from the past, these churches built upon the legacy and modality of Christian spiritualist “prayer camps” that flourished at African independent churches in Ghana in the early 1900s (see chapter 2). Churches and their prophets provided economically and politically disenfranchised citizens with the hope of financial uplift and new kinship ties within the flock of the church “father.”⁶ For them, the quiet intensity of the forest—free from the distractions of urban life—was crucial to forging a new religious community that could prepare, through prayer and labor, for the second coming of Jesus Christ. But the forest was also seen as an ideal space for individual and communal healing, which was the draw of prayer camps for a growing number of men and women who migrated to these sites for weeks or years. And it was in the cover of sacred forests, like where Kyindom was founded, where an old technique of the West African pharmakon found new life: the shackling of the mentally distressed to wooden logs felled from surrounding forests.⁷ When the Ghanaian anthropologist of religion Christian G. K. Baëta visited the Church of the Twelve Apostles and the Nathalomoa Camp in the mid-1950s, he found that “mental derangement” at these Christian spiritualist healing camps was the primary health concern brought by followers.⁸ Moreover, between 30 and 50 percent of confined patients were chained.⁹ Healing involved dramatic rituals of ecstatic dance, while congregants would pray over men and women suffering from insomnia, barrenness, psychosis, and depression.¹⁰ Some patients who entered themselves into this state of ecstasy needed to be bound and carried away in order to complete the healing process.¹¹ Precisely as the outpatient population at the Accra Psychiatric Hospital mushroomed in the late 1960s, so did the numbers who sought treatment for

psychiatric disorders through logging, plant-based medicines, and talismans blessed by the pastors and followers of Christian spiritualist prayer camps.

This chapter considers two insurgent political and religious developments that transformed the landscape of mental healing and harming in Ghana far beyond the physical space of the psychiatric hospital. These are the rise of prayer camps and a nativist political program of mass expulsion that sought to reverse the historic reliance of the Ghanaian state on immigrants. On November 18, 1969, Kofi Abrefa Busia—the civilian leader of the military coup that overthrew Nkrumah—issued the Aliens Compliance Order requiring all undocumented immigrants to exit Ghana within two weeks. Though the order was tempered through exemptions and resistance from within the government and by lay citizens, it led to an exodus of tens of thousands of putative “migrants” from Ghana, even many who were born in Ghana and had resided in the country their entire lives. The Aliens Compliance Order was a radical attempt to reform the mind politic of modern Ghana—to free the young nation from the fetters of West African regional conviviality supposedly imposed by Nkrumah’s embrace of Pan-Africanism through Conscientism. The order was an attempt to reverse Ghana’s history as a place that was reliant on migrant labor—and worked to attract migrants for decades—to one that was supposedly self-reliant, drawing its labor force exclusively from Ghanaian citizens.¹²

The order converged with the rise of Christian prayer camps from the late 1960s through the early 1980s. This was not a coincidence; both undocumented regional migrants and the clients of prayer camps faced compounding forms of socioeconomic, political, spiritual, and psychological alienation. Rather, these were historically complementary techniques of the West African pharmakon, which was in recrudescence during the post-Nkrumah era, characterized by inflation, currency devaluations, and a cycle of military coups and regimes. *Recrudescence* describes the exacerbation of an existing illness after a period of quiescence. It also implies the invigoration of that which lies dormant like a volcano: not the return of the lost but the emergence of that which resides beneath the surface, capable of erupting unexpectedly. In the case of religion, colonial authorities in the Gold Coast feared the recrudescence of witch-finding cults that they suppressed.¹³ From the late 1960s through the early 1980s the Ghanaian state began to dismantle the project of African socialism by adopting early pro-market policies and divesting from the independence-era goal of subsidizing access to education, healthcare, and agricultural inputs for its citizens.¹⁴ This period thus marked a return to a more enduring form of fiscal and medical austerity that, as in earlier periods of history, created ripe conditions for African, European, and Euro-African

elites to draw on the techniques of the pharmakon to manage mind politics in times of moral and economic crisis.

Mass expulsion was a nodal point of centuries-long historical processes rather than an isolated event. Busia's Aliens Compliance Order was an instantiation of a nativist politics of enmity that harkened back to the expulsions carried out by Ga and Asante elites in the eighteenth and nineteenth centuries to shore up their political authority precisely as it was threatened by competing European and African commercial interests and encroaching British colonialism in the Gold Coast (see chapter 1). In the recent past, it was the unmasking of the antimigrant stranger motives that historically shaped laws and police raids targeting so-called beggars, destitutes, and lunatics in the cities of colonial Ghana.¹⁵ Likewise, the modality of mental healing unfolding in the Christian prayer camps of the 1960s and 1970s was unmistakably a recrudescence of spiritual pawning—ritual servitude meant to pay for spiritual debts while also converting the mentally distressed into productive members of their ecumenical communities and acolytes for charismatic healers. It is tempting to interpret the rise of Christian spiritualist healing camps as a novel articulation of the long-standing merger of political and religious authority in Africa to the service of “public healing.”¹⁶ But an emphasis on “healing” risks eliding the pharmakonical modalities of the prayer camp, which also repackaged older practices of harming associated with witch-finding shrines in treating mental distress.

The Recrudescence of Spiritual Pawning

When Ghana gained independence from Britain in 1957, there were fewer than twenty spiritualist churches in Ghana. By the early 1970s, there were over three hundred different independent spiritualist communities in operation, totaling over 200,000 congregants.¹⁷ Most of these churches were based in southern Ghana, stretching from the outskirts of Takoradi to Cape Coast, Accra, Kumasi, and dozens of smaller towns lining the Volta River. Like Kyindom, most camps were established in clearings in the forest or in other rural areas. The work of preparing the camp was a crucial part of mobilizing a constituency for the church. Men and women left their homes and jobs with their children to labor and worship at these camps. Self-sufficiency was a guiding ethos. Congregants of Kyindom built makeshift structures of mud bricks and palm fronds and cooked communal meals on open fires. They purchased and bartered for local produce and fish until they could establish communal farms, where they cultivated yams, cassava, corn, bitter eggplant, and onions. Two teachers established a school for young children focused on

literacy, numeracy, and biblical knowledge. Daily tasks were given to other individuals according to their skills. The worship schedule animated life and healing at Kyindom. Early-morning prayers were followed by breakfast and the distribution of daily tasks. The day concluded with an evening service that lasted until 8:00 p.m. Congregants were frequently pulled away from work to participate in communal prayer. Sunday was a day of rest, organized around three services spread across the day.¹⁸

Some followers lived year-round at camps; others came for a week to several months in search of healing for afflictions of mind and body. Supplicants sought healing through self-guided and communal prayers that entailed continuous worship for twenty-four hours or more with long stretches of speaking in tongues. Congregants and visitors spoke to the miraculous power of church fathers and gave testimonies of their healing at church meetings and in correspondence. Such is the 1967 testimony of a man from Accra, who was healed of sleep disturbance, a common psychiatric symptom, at The Divine Healer's Church by its "spiritual father" Brother Gilbert Ablorh Lawson:

It was after this miraculous experience that I came to you some three months ago. It was the Spirit of Jehovah who directed me to you, so that I might learn more about Him from you. At that time, I was totally sleepless and I had been in that state for nearly one week. You prayed for me, and suddenly sweet and comfortable sleep followed. Now, I am as ordained by the Omnipotent, a keen member of "The Lord Is There" Temple, Korle Gonno Assembly, always enjoying and growing in the Word of God. Enclosed, please find, my first tithe of NC8.00 [eight new cedis] for the glorious work of Jehovah.¹⁹

For many congregants of spiritualist churches, symptoms of anxiety, such as "feeling heavy" or "weighed down," were expressed in the language of capture by demons or the devil, figures of biblical evil that European and Euro-African Christian missionaries had, since the nineteenth century, translated into local languages by drawing on the vocabulary of older spirits and occult practices.²⁰ In a similar vein, during much of the colonial period, self-accusations of witchcraft at witch-finding shrines often served as idioms for depression.²¹

Kofi Asare Opoku, a young Ghanaian scholar of African religion in the 1960s, collected a corpus of oral histories from The Divine Healer's Church and Kyindom. Opoku trained at Yale Divinity School starting in the late 1950s until the early 1960s, during which time he wrote several research reports, based on fieldwork conducted in southern Ghana, about the explosion of Christian prayer camps in the region.²² The American psychiatric anthropologist Leith Mullings also carried out ethnography in the 1960s and 1970s

at healing camps, which she described as a key setting for managing mental distress in Ghana at the time. This scholarship rightly points to parallels between the modalities of healing at Christian spiritualist churches and those of rural shrines.²³ Placed within a deeper temporal view of psychiatric practice in Southern Ghana, it is clear that institutional borrowings from shrines by prayer camp leaders was an adaptation of the techniques of the West African pharmakon to new economic and religious circumstances. Like shrine priests, church fathers also attracted the vulnerable, marginalized, and the sick into rural spaces that were considered ritually propitious to carry out the work of healing. Shrines continued to be a destination for mental healing even with the rise of Dr. E. B. Forster's outpatient practice of the late 1950s, but the explosive popularity of prayer camps clearly captured many clients from the shrine.²⁴ While some observers noted that "the mere mention" of healing spirits drove Christian spiritualist church fathers "mad," others read them as having transformed the Bible into a "fetish" object.²⁵ Shrine priests were quacks and the holy spirit was greater than all "fetishes."²⁶ Yet the same church leaders drew on core practices from shrine care, including logging those afflicted with severe mental distress.

As early as 1958, Christian Baëta, the Ghanaian ethnographer of propheticism, noted the chaining of mental patients in the prayer camps of the Church of the Twelve Apostles, located in Ghana's Western Region, and at the Nathalomoa Camp of Mazano where he observed several distressed patients in chains.²⁷ The use of cooling herbs and ablutions, another technique of shrine care, was also ubiquitous at prayer camps in the form of herbal tinctures and teas that reported to heal infertility, indigestion, and skin disease when combined with fervent prayer.²⁸ Some church fathers also fashioned amulets and talismans, such as bespoke handkerchiefs inscribed with biblical verses, following the pattern of Islamic talismans long used in the region and at some witch-finding shrines that bundled strips of particularly selected Qur'anic verses bound in sacks of leather.²⁹ Talismans could also be mass produced in a more "ready to wear" fashion—like "a small wooden crucifix on a thin mental chain," in the style of the first Portuguese *fetissos* seen in West Africa.³⁰

Prayer camp fathers mobilized logging and cooling herbs to the service of "deliverance rituals," a recrudescence form of spiritual pawning.³¹ Families would give their mentally distressed kin, or individuals would give themselves, into the care of the church for healing. If healed, a congregant thanked the church by making an offering and laboring for the church community.³² With its origins in Atlantic-era healing shrines, spiritual pawning was revived in the witch-finding shrines of the 1920s through the 1950s, many of which were transported to southern Ghana by migrants from the savanna and the

Sahel to the north (see chapter 2). In the colonial period, the boom in spiritual pawning appeared to be motivated by the social and religious effects of the spread of colonial capitalism and a boom cocoa economy.³³ By contrast, the recrudescence of spiritual pawning in prayer camps of the 1960s was shaped by a bust economy with falling cocoa futures. Prayer camps offered a new locus of social security as the state became increasingly autocratic and unstable in the eyes of many Ghanaians.³⁴

Like shrine priests who began their tenure after encounters with powerful spirits, many church fathers embarked on creating independent churches after a reported encounter with the Holy Spirit purveyed through visions and dreams.³⁵ Some “Africanized” the names of their churches from English to vernacular language false cognates. For example, the very popular Eden’s Revival Church became known as F’Eden, for Fi Eden (Twi for “from Eden”), just as Kingdom was popularly pronounced “Kyindom” by its Twi-speaking congregants.³⁶ Both church spiritualists and shrine priests shared a belief that ailments without clear organic causes were the result of metaphysical debts that required repaying the aggrieved spirit.³⁷ When someone was healed at a prayer camp, they were expected to pay a thanksgiving fee, just as they would to a shrine priest.³⁸ These fees became an essential income stream for Christian spiritualist churches.³⁹ In a series of correspondences gathered by Kofi Asare Opoku, one congregant of a spiritualist church based in Accra wrote in his letter of thanks for the prayers that cured his nephew’s hand disease: “Doctors were consulted, African jujumen were also invited but none of them was able to cure him. Instead, they made matters worse . . . Three weeks after I had received reply to my letter from you, the hands of my nephew were completely healed and he went back to school. Glory be to Jehovah through Jesus Christ. Amen.”⁴⁰ Jesus may have died to pay debts for sins, but spiritualist churches also sacrificed animals as scapegoats for sins as was common practice in shrines.⁴¹ Finally, spiritualist churches and regional shrines shared key taboos: menstruating women were excluded from the sanctuary, and supplicants removed their shoes before entering the most sacred spaces of the shrine or the church.⁴²

But not all aspects of the shrine were duplicated in spiritualist prayer camps. Prayer camp fathers promoted a revolutionary concept of the individual citizen: one in charge of his own deliverance.⁴³ Unique to Christian spiritual pawning was that everyone was born in spiritual debt by virtue of the doctrine of original sin.⁴⁴ Since Jesus had already paid for these debts with his death, healing required an individual to allow the Holy Spirit to work within them by praying and dancing themselves into a state of ecstasy akin to spiritual capture (*wɔnmɔmɔ* in Ga).⁴⁵ In ideological terms, prayer camp

leaders advocated a far more individualistic model of personhood than that of shrine priests, who adjusted their thanksgiving fees and therapies according to the class and ethnic backgrounds of their clients. This stance was antagonistic to historic lineage structures of authority, which is one reason why independent churches developed a strong following of non-elites.⁴⁶ If this was a liberatory stance in some regards, it also naturalized economic inequality as the outcome of individual actions or shortcomings. As Leith Mullings has explained, “In spiritualist healing, then, we have the creation of new understandings about normal behavior, the relationship of the individual to the collectivity, the nature of the person— notions that are more congruent with the emerging structure of capitalist relations.”⁴⁷ Afro-Atlantic healing shrines and colonial-era witch-finding shrines produced human value by converting the spiritually captured and the insecure into potential laboring subjects. But these shrines also disrupted some logics of capital accumulation by giving refuge to runaway slaves and debtors from urban markets in rural shrines (see chapter 1). By contrast, the recrudescence of spiritual pawning practiced in the prayer camps of the 1960s embraced the production of African wage laborers in a capitalist economy.⁴⁸ As the priest-client relationship was replaced by a priest-follower dynamic, a discourse of ritual necessity was substituted for a discourse of voluntarism in the process of seeking psychological security.⁴⁹ These dynamics are illustrated in the words of one father of three, who gave thanks for the psychological relief he felt since finding employment two years after being terminated in 1962. After prayers from his church father, known as Brother Lawson, a fellow congregant offered him free housing until he got on his feet. Then: “In the first week at my new house, I woke up to go to church where I met a man who told me to submit an application to my former office where I was terminated. I hurriedly sent my application to the office on the following morning and as soon as the Manager saw me he did not even read my application but told me to start immediately, Praise God.”⁵⁰

While the anthropologist Asare Opoku described Kyindom in the early 1960s as “communistic,” its economy is likely better understood as capitalism with Ghanaian characteristics. Kyindom came to operate on a model similar to what Polly Hill described as rural capitalism in her examination of regional migrants’ economic lives in Ghana’s cocoa-growing regions. Many migrant farmers to Ghana’s cocoa-producing regions, where Kyindom was established, were capitalist investors who drew upon the labor of extended kin to farm and sell cocoa and pursue other income-generating activities.⁵¹ Cocoa farms varied in their size and organization, giving rise to distinct communities of “stranger farmers” with their own systems of hierarchy, authority, and relationships to resident populations.⁵² They pooled resources to access

larger land purchasing contracts, which were then subdivided among the collective's corporate members.⁵³ While they did not technically "own" land, they were accorded usufruct rights that became durable rights to farm the land across generations through local systems of collective land tenure, the division of spoils, and the provision of housing according to need. At Kyindom, the rural capitalist model of migrant cocoa farmers was infused with the ideologies and practices of Christian spiritualism through a strict labor, praise, and worship regimen. The members of Kyindom followed the lead of the founding settlers and sold their possessions, including entire farms, with the proceeds going to a central fund. In most spiritualist churches, this often meant that funds were placed under the authority of the church father, who putatively acted as the trustee for the community's amassed wealth.⁵⁴ Land was owned and farmed communally, and money from the central fund was distributed when food needed to be purchased from neighboring farms in the early days of settlement.

But the self-sufficiency ethos of prayer camps did not translate into economic isolationism: many church pastors grew wealthy by forging new links "to the universal Christian community dominated by Europe and the United States."⁵⁵ Church founders imagined themselves as starting small businesses and engaging in an international capitalist endeavor. They gained prestige from international connections, which enabled them to attract more moneyed clients who, in turn, assisted pastors in traveling to Europe and the United States to engage in international evangelical meetings.

As Kyindom's congregation cleared trees to create their prayer structures and cultivate crops, major economic transformations were underway in the state-run cocoa plantations and family-owned cocoa farms that dotted the surrounding countryside. At independence, the Gold Coast Colony had a balance of payments surplus due to the nation's relatively low reliance on imports combined with profits from cocoa, the nation's leading export. Cocoa exports were organized by the Cocoa Marketing Board, created by the British in the 1930s to prevent African farmers from shaping cocoa prices through collective bargaining and striking. But Ghana's foreign exchange reserve took a big hit between 1954 and 1961 due to increased imports of goods to meet growing consumer demands. Ghana's independent government, under the first seven-year development plan, also committed to provisioning universal free education and healthcare.⁵⁶ In 1962, the government embarked on its second seven-year development plan, which centered on using the agricultural sector to fund an industrial economy. Given that foreign exchange reserves were depleted, this plan was funded through export earnings drawn largely from cocoa farming.⁵⁷ But by the early 1960s, Ghana's cocoa industry was

in crisis due to a dramatic fall in global prices for cocoa and diminishing available farmland to expand cocoa production. To increase the nation's export earnings, the Ghanaian government lowered the price paid to producers of cocoa and established the State Farms Corporation, which expropriated the best unclaimed farmlands for the state.⁵⁸ At the same time, the government transformed a historically voluntary donation from cocoa farmers to support the state into a mandatory tax.⁵⁹ Increased rural migration to cities, particularly among younger generations, corroded the access of many Ghanaian cocoa farmers to the labor of their children and other subordinate kin. Landlords increasingly relied on immigrant labor, which became more expensive, just as government taxation and artificial devaluations of cocoa made it harder for farmers to pay wages for farm workers.⁶⁰ Eventually, the prices paid to producers in the 1964–65 fiscal year also depleted Ghana's reserves of export earnings. Crisis in Ghana's major export industry brought about proposals for severe austerity measures. Rationing of basic goods became a common feature of life in the urban centers that were historically Nkrumah's electoral strongholds.⁶¹ Protests and workers' strikes ensued in cities and on farms.

In 1966, amid economic crisis under the one-party rule of the Convention People's Party, military leaders organized under the National Liberation Council (NLC) organized a successful coup d'état against Kwame Nkrumah. As conversion to independent African churches accelerated, the failed April 1967 coup against the NLC, popularly known as Operation Guitar Boy, led to heightened political instability in Ghana (see chapter 4).⁶² The NLC offered to bring a swift return to democracy via the establishment of Ghana's Second Republic, which would arrive in 1969. As a show of good faith, the military regime returned the seat of government to Christiansborg Castle, which President Nkrumah had abandoned for security reasons. They confided prayer duties for the rededication ceremony to C. K. N. Wovenu, the controversial leader of the Christian spiritualist Apostle's Revelation Society. In response to this decision, denominations established by missionaries in the nineteenth century sent a protest petition to the government.⁶³ The revolutionary government's formal recognition of the ascendancy of Christian spiritualism coincided with the worst economy for workers in real wages since 1938.⁶⁴

Kofi Abrefa Busia, a long-term political rival of Nkrumah's, returned from a decade-long exile to be the civilian voice of the NLC military regime by serving as the political committee chairperson. Busia appeared to channel the cultural zeitgeist of the era by discursively linking the potential for economic change—which the military regime had promised Ghana's citizens in launching the coup—with the need for a "spiritual revolution" that would usher in a

new “ethical sphere of integrity, in the sphere of helping neighbors, of responsibility and concern for other people.”⁶⁵ Busia would catalyze this spiritual awakening into in cynical reorganization of the boundaries of national and regional political conviviality through an order of mass expulsion in 1969. Mass expulsion was not just a political act. It was also a moral claim justifying the actions of ritual and political authorities in managing the recrudescence of spiritual pawning and psychiatric manhunting as tools for remaking relations of communal belonging.

The Recrudescence of Psychiatric Manhunting

On November 12, 1969, three months after Kofi Busia rose to the position of prime minister of the Progress Party, he issued the Aliens Compliance Order. Busia’s first major act of policy required all undocumented immigrants, those without valid residence permits, to leave the nation within fourteen days. Published in newspapers and announced in several languages on the national radio, the order stated:

It has come to the notice of the Government that several aliens, both African and non-African in Ghana, do not possess the requisite residence permits in conformity with the laws of Ghana. There are others, too, who are engaging in business of all kinds contrary to the terms of their visiting permits. The Government has accordingly directed all aliens in the first category, that is, those without residence permits, to leave Ghana within fourteen days, that is not later than December 2, 1969. Those in the second category should obey strictly the terms of their entry permits, and if these have expired, they should leave Ghana forthwith. The Ministry of the Interior has been directed to comb the country thoroughly for defaulting aliens, and aliens arrested for contravening these orders will be dealt with according to law.⁶⁶

Within a year of the order’s release, an estimated 140,000 “immigrants” fled or were expelled from Ghana. Some fled immediately fearing military and police raids, others waited until they were forced from their homes, yet others found themselves, paradoxically, stuck in place by the order and the bureaucratic disorder and confusion it engendered.⁶⁷

The stated goal of the order was to free up sectors of the economy dominated by foreigners for Ghanaian workers and business orders. It sanctioned an increasingly populist vision of territorial belonging through economic scapegoating and the mass expulsion of immigrants. And Busia was keenly aware of the historic enforced precarity faced by many immigrants when he issued the order. He was a member of Asante nobility. Prior to his exile, he

led two successive Asante-centrist political parties: the National Liberation Movement (NLM) and its successor, the United Party. But the order also appears to have drawn some insight from Busia's doctoral research in anthropology at the University of Oxford in the 1940s. Busia tapped into his personal connections as a member of the royal family of the Asante province of Wenchi to conduct field research, which became the basis of a dissertation on the transformation of Asante royal constitutional principles by British colonial rule. In it, he examined the shifting relationship between territory and belonging brought about by the dual processes of Asante outmigration and the influx of regional migrants into the polity (see chapter 3). He observed Asante royal elites use the disconnection between place of abode and place of belonging to create policies that extracted taxes from migrants for services from which migrants were excluded as resident strangers. Busia's mass expulsion order reterritorialized these extant modes of social expulsion of immigrants.⁶⁸

The expulsion enacted a nativist politics that reflected a political desire for a nostalgic future—a nation that harkened to a politics of enmity last enacted during the 1844 mass expulsion of migrant traders by the Asante Empire. The historian Naomi Chazan has suggested that the Busia regime built the Progress Party platform on a combination of allegedly precolonial “Asante” mores and British colonial traditions that emphasized “moral probity and intellectual superiority.”⁶⁹ Likewise, as the successor to the Asante royal-endorsed NLM, Busia's Progress Party offered, according to the political scientist John Dunn, “a distinctively Ghanaian understanding of the content of Ghanaian politics . . . centering on the political recrudescence of the Ashanti nation.”⁷⁰ Viewed in this lens, mass expulsion in 1969 was a reignition of the fight against the *mbasafo*—the corruption of Asante youth by migrants—which spurred psychiatric manhunting in Kumasi in the 1930s and the policing of Gao migrants from the Kumasi market and *zongo*, the immigrant quarter of the city, in the 1950s (see chapter 3). But Asante elites did not have a monopoly on mass expulsion. As early as 1647, Ga authorities in Accra expelled Akan-speaking traders, including Asante, from their coastal trading zones. In later centuries, they expelled, European and Akan traders from these same territories (see chapter 1). Expulsion was key to processes of enslavement and raiding that proliferated in the Atlantic era. Thus, the mass expulsion of 1969 was one iteration of a long-standing regional practice: one prong of the West African pharmakon.

But as with earlier expulsions, the order did not lead to the desired self-sorting of “citizens” from “migrants.” What it meant to be Ghanaian was

blurry around the edges, shaped by the actions of the Ashanti state in the Atlantic era and by the British colonial regime after it, to encourage immigration to southern Ghana from the Northern Territories, Burkina Faso, Niger, Côte d'Ivoire, Togo, Mali, and further afield. By the 1960s, most colonial-era migrants had settled permanently in Ghana with their children, who saw themselves as Ghanaian and spoke Twi, Fante, Ga, or Ewe—the languages of southern Ghana. Despite the “mass” nature of the expulsion order, the central government formulated policies governing the acquisition and maintenance of “exempt status” for supposedly economically essential migrants. The shifting terrain of petition-induced policy revisions to the order made compliance with the mass expulsion order effectively impossible. Ultimately, Ghana’s mass expulsion was shaped as much from “below” as it was from “above.”⁷¹

THE HUNT FOR SOULEYMAN

The Aliens Compliance Order of 1969 merged in unexpected ways with psychiatric manhunting. On February 26, 1966, Souleyman, a farmer from the borderlands of northern Ghana and Upper Volta (contemporary Burkina Faso), became the target of an ad hoc psychiatric manhunt in Ghana’s Ashanti region.⁷² The hunt for Souleyman took place in Kyeredanso in the Ashanti region two days after President Kwame Nkrumah was ousted in a coup by the NLC (1966–69). While fleeing Kyeredanso, his adopted home, Souleyman picked up and threw a cutlass behind him, injuring one of his assailants. When Souleyman was eventually seized, his pursuers beat the migrant farmer severely and dragged him to the police station, where he languished in a cell for nine months.⁷³ On November 2, 1966, Souleyman appeared before Judge G. R. M. Francois in the criminal session of the High Court of Ghana, held at Kumasi. He was charged with “Use of Offensive Weapon,” a lesser offense in the more serious crime of “Attempted Murder.”⁷⁴ The charge was interpreted to Souleyman in Twi. According to the court report, Souleyman did “not appreciate significance of [the] charge and appear[ed] imbalanced.”⁷⁵ Judge Francois ordered that Souleyman be sent to the Accra Psychiatric Hospital for an examination. This marked the beginning of Souleyman’s seven-year stay as a “criminal lunatic” in Accra from 1966 to 1973.

According to his psychiatric intake form, Souleyman was five feet two inches tall, of a medium build, with black hair and a dark brown complexion. His face bore “several tribal marks,” as did his upper left arm. His hands had several blemishes, common among farmers.⁷⁶ When he was first arrested in 1966, Souleyman’s prison intake forms described him as a thirty-year-old

illiterate Muslim farmer born in Wedana via Bawku, Ghana, and living in Kyeredanso, a farming village in the Ashanti region. He was initially assumed to be a citizen of Ghana.

On November 15, 1966, Souleyman was sent to the Accra Psychiatric Hospital, where he was examined for two and a half months.⁷⁷ The prison intake form noted that he was from the Nyanga tribe, likely a reference to the town of the same name in the northern part of Upper Volta (Burkina Faso), and that he spoke Nyanga. But on his psychiatric forms, Souleyman's ethnicity was listed as "Kusasi," an ethnolinguistic group that straddles both southern Upper Volta and Ghana, and whose language is Kusaal.⁷⁸ At the end of the two-month period of examination, Souleyman was deemed sane to attend trial. He was sent back to prison on January 27, 1967, tried, and found guilty but not responsible for the attempted murder due to insanity. In March 1967, Souleyman was sent back to the Accra Psychiatric Hospital, only to be released by the head of state upon the recommendation of the psychiatric specialist. He was wearing a talisman around his waist when he returned to Accra, suggesting that he had sought out healing for spiritual capture or witchcraft, or feared the risk of ritual harm at the mental hospital.⁷⁹ It is on Souleyman's second psychiatric intake form that we find the first claim that he was not Ghanaian. His nationality was first listed as "Ghanaian" but then struck through and replaced with "(Upper Volta)."⁸⁰ Souleyman's multiple possible origins, as noted on these different intake forms, testify to the difficulty that governments faced in pinpointing the national origins of people from borderlands.⁸¹

Between March and May of 1972, Souleyman's brother Amadu sent four petitions to the director of public prosecution asking for the release of Souleyman, pleading that he would take the patient to Tankoudougou, their alleged hometown in Upper Volta.⁸² But Amadu's requests did not result in discharge. Instead, Souleyman remained in the hospital for another nine months, prompting Amadu to send his fifth and final petition to the attorney general on March 12, 1973, which pushed Dr. Sikanartey, charged with Souleyman's case, to act. On March 27, Dr. Sikanartey wrote to the director of public prosecution in the Office of the Attorney General that "The patient has remained psychiatrically well since his first admission . . . At least his release can be granted on the condition offered by the petitioner, Amadu, that he will send Souleyman to his hometown in Upper Volta."⁸³ Two weeks later, with no response for Amadu, Dr. Sikanartey called Dr. Frank Grant, the director of medical services in the Ministry of Health, to gather further support for Souleyman's release.⁸⁴

Most manhunted migrants, if deemed healthy at the Accra Psychiatric Hospital, were returned to the prison system to do hard labor for breach-

ing the Aliens Compliance Order. Two examples of these cases are patients I.M. (3852)⁸⁵ and B.B.K. (4840).⁸⁶ Like Souleyman, patient I.M. was allegedly a migrant from Upper Volta. On November 18, 1970, I.M. was arrested in Sunyani for failing to comply with the Aliens Compliance Order because he was a known immigrant walking around without a residence permit. Upon examination, the district magistrate overseeing his case found I.M. to be of unsound mind and remanded him into the custody of the Accra Psychiatric Hospital for observation. Upon arrival at the hospital on November 25, 1970, I.M. was described as “dirty and uncooperative.” He refused to answer the psychiatrist’s questions. After a month of confinement, Dr. Adomako sent him back to the prisons. Similarly, patient B.B.K, thought to be from northern Togo, arrived at the Accra Psychiatric Hospital from Ussher Fort Prison in Accra on December 24, 1970. Doctors diagnosed him originally as lacking orientation to person, time, and place as well as exhibiting signs of depression. Other patients who, like Souleyman, were diagnosed mentally ill remained in psychiatric custody until the pleasure of the political executive. These were diverging spatiotemporal bounds of internal exclusion: the criminalized alien was time-bound to the length of the prison sentence followed by expulsion, while the conviction of an alien as a “criminal lunatic” could trigger a boundless internal exclusion in the hospital—an interminable confinement within Ghana but outside of one’s social networks.

ENFORCING THE ALIENS COMPLIANCE ORDER IN RURAL AND URBAN ASHANTI

In Ghana’s agricultural forest zone, the local leadership of the Progress Party (PP) was primarily comprised of chiefs, “big-men” merchants, and cocoa farming elites, as well as the intelligentsia of the defunct Ashanti Region-based National Liberation Movement (NLM). The rank and file of the PP were local traders, farmers, healers, and rural intellectuals, who could galvanize support in Ghana’s densely populated cocoa-producing regions. Courting these constituencies led to success in the polls.⁸⁷ Prime Minister Busia raised the price paid to producers of cocoa upon his election. This move was seen as a bias in favor of Akan-speaking cocoa growers in the forest region and thus incapable of achieving national unanimity.⁸⁸ Various Ghanaians tapped into this lack of unanimity, resisting expulsion orders by requesting exemptions.

In this context, farms and plantations became zones of internal exclusion for immigrants, who lacked the resources to flee Ghana.⁸⁹ In the early 1960s, individual and state-owned cocoa farms had become more reliant on immigrants like Souleyman due to the progressive departure of young people—who

historically worked on family-owned cocoa farms—to Ghana’s urban centers. Thus, the mass expulsion order of 1969 made it harder for private landlords and the state to find farmhands for cocoa plantations and forced them to increase the daily wages of available farmhands.⁹⁰ Petitions for exemptions to the mass expulsion order written by Ghanaian union leaders, farm owners, and migrant farm owners were particularly influential in forcing the state to make exceptions. Ghanaian union leaders in the Ashanti Region, fearing the emergence of a criminal rabble of paupers, petitioned on behalf of aliens working on state farms to stay their expulsions until they received the pension and severance payouts commonly due to government workers forced into retirement.⁹¹ Lay citizens whose farmhands fled Ghana at the start of the expulsion similarly petitioned national authorities, successfully, and regional authorities, unsuccessfully, to grant them exemptions to hire workers from Upper Volta.⁹² Meanwhile, some aliens who returned to Ghana after fleeing to find their farmland stolen or sold off convinced regional authorities to respect their long-standing usufruct rights despite the expulsion. Individual petitioners shaped the Aliens Compliance Order such that government was not always willing, nor able, to back citizens’ attempts to dispossess aliens of their rights to property and to work.⁹³ A range of constituencies shaped exemptions to the order, making the expulsion of immigrants en masse a herculean task.

This was the main concern of a moral panic, whose contours are evident in newspaper editorials and in secret petitions sent to the Ashanti regional chief executive and to the minister of internal affairs.⁹⁴ From the early days of expulsion, municipal authorities in Kumasi launched a series of ad hoc anti-alien raids on the Kumasi market and zongo. Regional authorities could not abstract their concerns and debates about cocoa farmers in rural areas from the policies emanating to manage aliens in Kumasi. In response to this petition, the Ashanti Regional Security Council (REGSEC), along with the minister of the interior, organized more police raids on immigrants residing in the Ashanti Region between July and December of 1971.⁹⁵

Parliamentarians based in the Ashanti Region had long raised concerns about aliens who were being forced to remain in Ghana’s prisons and about those that newspapers referred to as “come-back aliens”: immigrants who fled the nation, or hid within it, but subsequently reemerged in the hopes of resuming their previous lives.⁹⁶ On October 21, in response to public petitions and the mounting concerns of the general public about the “come-back alien” problem, the minister of the interior wrote to the chairman of the Kumasi Municipal Council asking that the “particulars of all cases involving alien traders which have been taken to court in recent times, together with copies of the judgments/Rulings of the Court in each case” be forwarded to the

Ministry of the Interior.⁹⁷ The results of that survey were presented at the Ashanti Regional Secretariat meeting on November 19. The meeting minutes noted that 471 aliens were arrested, but most were released after a check of their documents. People without residential permits were released on bail to apply for them.⁹⁸

One day before the REGSEC meeting at which the above report was presented, there was a marked escalation in police raids in Kumasi. More people were arrested on that day than in all the Kumasi raids over the entire year combined. In a letter to the regional chief executive on December 30, 1971, the assistant police commander, Mr. E. B. Adjei, wrote that he conducted an anti-alien raid in three Kumasi districts at dawn on November 18, 1971. 668 were arrested during the raid, of which 235 possessed valid residence permits, 100 held valid Ghanaian passports, and 59 claimed citizenship. The seven whose residence permits had expired, along with the 187 without residence permits and the 80 claiming they were waiting on the results of residence permit applications, were released on bail and given two weeks to regularize their immigration status.⁹⁹ Not only did these raids *not* lead to the deportation of most of the suspected aliens rounded up, but the people arrested were often released back into the public. Anti-alien police operations during mass expulsion were organized such that criminalized aliens—the very people used to justify the expulsion order—were more likely to be released or serve long prison sentences than to face immediate deportation. Moreover, scheduled deportations could be delayed for months or years due to paperwork backlogs or the refusal of the receiving nation to accept the deportee as their national.

The high number of regularized aliens and Ghanaian citizens rounded up in these street sweeps suggests that citizenship status did not provide protection from the enforcement of mass expulsion. This makes sense given that the enforcement of the order entailed the government creating new categories of alien criminality and the revival of older forms of internal exclusion. Police raids to enforce mass expulsion mirrored colonial-era police raids that targeted beggars, the destitute, and “criminal lunatics” (see chapter 3). Yet postcolonial raids during mass expulsion often amounted to a “catch and release” exercise due to the high numbers of regularized aliens and suspected aliens with Ghanaian citizenship. Parliamentarians began to inquire about how the government was differentiating between Ghanaian and alien beggars and destitutes.¹⁰⁰

The citizenship status of beggars and destitutes was not examined prior to removal. One reason for this was concern about the fraudulent acquisition of identity papers by immigrants.¹⁰¹ Some individuals who were captured in street roundups asked respected members of society to testify to

their Ghanaian parentage and thus citizenship. For example, an alien might bribe an elderly Ghanaian citizen to swear that he or she was their parent,¹⁰² thereby making themselves into “paper families” validated by bureaucracies reliant on the written word. Another approach was to pay immigrants who had served in the armed forces and had obtained exemptions for their entire families to claim additional aliens as kin.¹⁰³ Given the range of methods aliens could use to subvert the order, the public became concerned about so-called “come-back aliens,” even though these populations were a small fraction of the migrants in Ghana after 1969.

These anxieties made their way into official forums. Some parliamentarians sought to make sure that “come-back aliens” and Ghanaians were not confused during anti-alien raids.¹⁰⁴ Their concerns reveal the economic motivations underpinning the Ghanaian anti-alien annihilation anxiety. Yet aliens who lacked work permits and were arrested while committing a crime, such as breaching the Ghana Business Promotion Act, were not immediately deported. Rather, their breach of the Aliens Act and the Aliens Compliance Order seems to have been treated as a “lesser included offence” when they were tried and, if found guilty, sent to prisons. That migrants were often sentenced to hard labor for economic crimes, and had to serve their sentences in Ghana before deportation, made prisons waiting spaces of internal exclusion and the extraction of labor from regional migrants. By insisting that aliens convicted of crimes had to serve their terms before facing deportation, prisons effectively became waiting spaces that facilitated the internal exclusion of West African regional migrants.

Beyond Ghana’s parliament, the governance strategies of the postcolonial state in West Africa’s era of mass expulsion entailed a far more diffuse set of actors than has previously been acknowledged. These influencers—urban municipal authorities, regional security councils, and lay individuals—pitted sometimes divergent commercial, ideological, and social interests against those of varying branches of the state. The effect was that mass expulsion was not a single event, nor a series of anti-alien police raids, but a processual, iterative, messy, and piecemeal renegotiation of the state’s relationship to citizens and aliens. By December 1971, the Ghanaian economy was in crisis, the deepening of a descent that began during Nkrumah’s attempt to fund industrialization through the cocoa industry. For the second time in five years, the Busia government devalued Ghana’s currency by almost 50 percent. The political backlash came less than a month later when, on January 13, 1972, Busia’s Progress Party was overthrown in a coup d’état led by General Ignatius Kutu Acheampong, who established Ghana’s second military regime, the National Redemption Council.¹⁰⁵ The Ghanaian scholar of religion and politics

John Pobee noted that to some observers, “Colonel Acheampong represented the recrudescence of the socialist Convention People’s Party,” the attempted revival of a Consciencist mind politic.¹⁰⁶ Despite warnings from citizens loyal to the Progress Party that failure to remove aliens would “lead to a problem,”¹⁰⁷ mass expulsion would not have saved the Busia regime. At the heart of enforcing expulsion was the negotiation of strategic exemptions for figures of migration essential to the functioning of the Ghanaian state and economy such as farm workers, the military, and the police. This effectively opened up the landscape of complaints and petitions—emanating from regional government officials, private citizens, and aliens—that shaped the state’s enforcement of the expulsion order to target different categories of people that shifted across time.

OPERATION RAID KUMASI’S STREETS OF LUNATICS

As Ghanaian citizens proclaimed the scourge of “come-back aliens” in newspapers and secret letters to government, family petitions sent to psychiatric authorities linked patient discharge to deportation and/or self-exile. These petitioners, like Souleyman’s brother Amadu, worked to abate anxieties about supposedly rounded up and deported immigrant returnees. In the era of mass expulsion, self-exile and self-deportation became viable pathways for West African immigrants to secure release from confinement in the psychiatric hospital and from the economic precarity of employment on government-run cocoa plantations. The era of mass expulsion, however, also marked the recrudescence of municipally enforced psychiatric manhunts in Kumasi—the historical hub for the raiding and mass confinement of “foreign” or “alien” lunatics. Kumasi City Council’s 1973 Operation Raid Kumasi’s Streets of Lunatics Campaign, organized at the height of the Aliens Compliance Order enforcement raids, was the first major municipal psychiatric manhunting campaign initiated since the colonial government promised to provide the Ashanti Region a mental hospital in 1946 (see chapter 3).

In September 1973, an open letter was published in the *Daily Graphic*, the nation’s most popular newspaper, concerning an increase in the number of lunatics roaming the streets of Kumasi.¹⁰⁸ Such concerns about the heightened presence of lunatics in the early 1970s were commonly linked to the devastating social effects of the Aliens Compliance Order. Three years earlier, in a newspaper article discussing the government’s duty to rectify the dramatic increase in the number of visible beggars and lunatics in Tamale, capital of the Northern Region, in the aftermath of mass expulsion, the journalist

Idrissu Seini wrote: “The majority of the beggars and insane people are aliens. The police is [*sic*] therefore expected to take advantage of the Government’s compliance order to rid this country of these people. Another way of removing them from the public eye is by committing them to Mental Hospitals . . .”¹⁰⁹ The Kumasi City Council wanted to know about delays in more recent plans to build a hospital for the Ashanti Region in Nsuta.¹¹⁰ Unsatisfied with the responses they received, the Council convened a “Lunatics Committee” to discuss their frustrations with the increasing presence of beggars and lunatics on their city’s streets. After a series of debates, the Committee, along with the police, the prison authorities, and the regional medical officer of health, designed “Operation Raid Kumasi’s Streets of Lunatics Campaign.”

On November 16, 1973, the police rounded up 150 “suspected lunatics and vagrants,” who were placed in the Central Prisons to await judicial inquiry, medical examination, and finally psychiatric confinement.¹¹¹ But the manhunt was far from successful. Supervisors of the regional medical officer in the Ministry of Health were unaware of the raid, and the central government initially refused to provide a doctor to evaluate the 150 people rounded up. Writing to justify Operation Raid Kumasi’s Streets of Lunatics to the commissioner for health, the regional commissioner for Ashanti began his letter by lamenting the lack of a psychiatric hospital in Ashanti. He noted the state’s unfulfilled promise to build an asylum at Nsuta, near Kumasi “as far back as 1961” and the “existence of numerous mental patients in the region” as necessitating the operation.¹¹²

The leaders of early-independence Ghana, in their quest to Africanize psychiatry, rejected the British imperial model of “psychiatry on a shoestring” (chapter 3) and elaborated plans to build five other regional psychiatric hospitals.¹¹³ Under Nkrumah’s leadership, a second facility was built at Ankafu, near Cape Coast, and a third was in the works at Pantang, just outside of Accra. Nkrumah and Dr. Forster (Ghana’s chief psychiatrist at independence) envisioned a system with five regional hospitals, including one based on the village model, hundreds of observation wards around the country, and various psychiatric departments attached to general hospitals. While the Accra Psychiatric Hospital still served the entire nation, the new facilities would be smaller institutions that primarily catered to their immediate localities. In the face of ongoing financial crises triggered by successive coups and the mass expulsion of immigrants, however, Nkrumah’s successors—Afrifa, Busia, and Acheampong—largely abandoned this grand project. Most of Nkrumah’s planned hospitals at Nsuta in the Ashanti Region, Tamale in the Northern Region, and the fifth in the Volta Region were never constructed. The concentration of available psychiatric beds remained on the Ghanaian coast,

while the country's interior regions were neglected, as they had been under British colonial rule.¹¹⁴

Alongside the lack of psychiatric hospitals in the vicinity of Kumasi, Ashanti regional authorities also justified the revival of psychiatric manhunting by pointing to frustrations bubbling among the citizenry in the context of a Ghanaian economy worsened by the mass expulsion of immigrants, a context that parliamentarians noted brought with it more visible poverty and homelessness.¹¹⁵ According to the executive chairman of the Kumasi City Council, Major A. J. Cobbina, in a letter sent to the regional commissioner for Ashanti, Operation Raid Kumasi's Streets of Lunatics "became necessary as a result of public agitation against the prevalence of lunatics in conspicuous places in the city, most of whom posed a serious danger and threat to innocent citizens."¹¹⁶ Major Cobbina's statement echoed those of his predecessors—Asante merchants and chiefs on the boards of the Kumasi Municipal Authorities under colonialism—who associated migrancy with vagrancy and violent lunacy (see chapter 3).

The Ministry of Health eventually sent a physician to evaluate the patients after a few weeks. But they warned the Kumasi City Council to not repeat this exercise, as there was no space for those rounded up at the Accra Psychiatric Hospital nor at Ankaful Hospital in Cape Coast. 119 of the 150 rounded up were determined to be nonlunatic destitutes and sent into the custody of the Department of Social Welfare and Community Development.¹¹⁷ Others ended up back on the streets. Many were placed in the Destitutes Home at Akwatia Line, formerly the Kumasi Zongo Poor House, an institution established in 1925 by Kumasi's municipal authority that was considered West Africa's best mental care institution under British colonialism (see chapter 3).

The thirty-one certifiable lunatics were transported by truck to the Ankaful Mental Hospital in March of 1974, but the truck was turned away at Ankaful.¹¹⁸ Writing to the regional medical officer of health for Ashanti, Dr. J. Atsyor explained that he had been "most concerned about the admission of destitutes to our mental hospital which is already overcrowded. In fact, some of the admissions wards have as many as ten floor cases."¹¹⁹ Ultimately, Ankaful refused to admit even a single patient that had been rounded up as part of Operation Raid Kumasi's Streets of Lunatics. The 1973 Kumasi raid was marked by conflicts between psychiatrists and municipal authorities over who had the right to initiate a manhunt. Chairman Cobbina of the Kumasi City Council wrote the regional administration of his disappointment "about the uncooperative attitude of the Ministry of Health in the matter."¹²⁰ From his perspective, the only viable solution was "the release of the lunatics again to the detriment of the public." Much like the police raids against

migrants, Operation Raid Kumasi's Streets of Lunatics appeared to be a catch-and-release exercise. "Already," he wrote, "there has been influx of destitutes and vagrants in the city, some of them move about stark naked since the first batch were arrested and confined in the prisons for eventual evacuation."¹²¹

Chairman Cobbina's discussion of lunatics in Kumasi echoed the moral panic in Ghana of the 1970s over "come-back aliens." Often framed as figures of migration, the presence of suspected criminals, beggars, destitutes, and lunatics was used by Ghanaian politicians to justify mass expulsion in 1969. Yet many of the people rounded up were paradoxically forced to remain confined in Ghana, sometimes indefinitely, instead of facing deportation. Like come-back aliens, the chairman's come-back lunatics were individuals removed from the streets, only to return soon after.

SOULEYMAN'S RELEASE

Souleyman's release under the condition of accepting his immediate exile from Ghana in 1973 occurred only a few months before Operation Raid Kumasi's Streets of Lunatics. His discharge on the promise of self-expulsion was made possible by parallel public and political anxieties that galvanized the return of psychiatric manhunting in Kumasi. Popular fears about "come-back aliens," illegal returnees, induced government to institute a policy of internal exclusion. The commissioner of justice, E. N. Moore, signed a warrant of conditional discharge stating that Souleyman could be released "on the condition hereinafter stated namely: That the said Souleyman shall be repatriated by the Embassy of the Republic of Upper Volta in Ghana within 14 days of his discharge."¹²² Nine days later, on May 9, 1973, J. Bamford-Addo, the principal state attorney for the attorney general, forwarded the warrant for conditional discharge to the Accra Psychiatric Hospital officials. On May 30, 1973, Souleyman was discharged, and as noted in the entry in his file, "he was collected by Amadu for repatriation."¹²³

Government officials allowed alien criminal patients, like Souleyman, to be released in part because they would be expelled from Ghana by their own family. This was noted by psychiatrists and the families of patients. Criminal lunatics with Ghanaian citizenship could obtain release from the hospital on the condition that they attend the psychiatric hospital as outpatients. Even when living outside of the hospital, Ghanaian criminal lunatics were subject to psychiatric observation.¹²⁴

In contrast, undocumented migrant figures living in Ghana after the Aliens Compliance Order faced a regime of supposed indiscriminate expulsion from Ghana that was in many ways enacted through processes of physi-

cal and structural confinement within Ghana. Several families discovered that embracing an alien citizenship status allowed them to successfully petition for the full discharge of their kin. Amadu took advantage of his family's ambiguous citizenship status, hailing from Ghana's northern borderlands, to secure Souleyman's release from the Accra Psychiatric Hospital. This was also the case for patient A.F. (2874) from Upper Volta, who was arrested on March 21, 1970, by a friend for attempting to commit suicide—a crime under Ghana's mental health law—and was taken to the Kumasi Police.¹²⁵ Three days later, A.F. was brought before the court, who refused to take his plea and remanded him into the custody of the Accra Psychiatric Hospital for examination. Soon after his arrival in Accra, A.F. escaped from the hospital and returned to Kumasi, where he would roam the streets for a year before being arrested a second time. The courts sent him back to the Accra Psychiatric Hospital for observation. There he remained confined until his brother petitioned "to take him home."

For the psychiatrists, the removal of foreign patients by their own families was a small contribution to their decades-long efforts to ease overcrowding in Ghana's two mental hospitals.¹²⁶ Still, anti-alien police raids under mass expulsion also increased the likelihood that migrants, who had constituted a plurality of the confined patient population since the opening of Ghana's first asylum, would enter the criminal system and eventually the mental hospital. But suspected aliens convicted of crimes were not immediately deported. Rather, they were fined and served long prison sentences involving hard labor. For migrants living in Ghana under mass expulsion, the psychiatric hospital served as a long-term predeportation bounding zone of internal exclusion.¹²⁷

Amadu was not left to his own devices to repatriate Souleyman. Since his brother was undocumented, the Upper Volta Embassy provided a temporary laissez-passer document for the repatriation/deportation process. Mr. Abdulai Bara, a gatekeeper at the Accra Psychiatric Hospital, was to accompany the two men home. Mr. Bara also carried with him a letter from Paulina Aggrey Finn, the psychiatric social worker, to the officer in charge of the police service in the border town of Bawku, where Souleyman would pass en route to Upper Volta. The letter detailed that Souleyman was being discharged on the condition that he cross the border, and it asked the police to make sure "that he actually crosses the border" and to provide a letter of confirmation.¹²⁸

Unleashing Expulsion

The 1969 Aliens Compliance Order codified the full unleashing of a decades-or, to some observers, even centuries-long xenophobia centered on the

supposed behavioral failings of regional West African immigrants. This period saw the return of municipally organized psychiatric manhunting beginning with Operation Raid Kumasi's Streets of Lunatics (1973). These raids drew heavily on the rhetoric of mass expulsion—associating the mentally distressed with expelled migrants illegally returning to Ghana—effectively expanding the logics of colonial-era psychiatric manhunting beyond the figure of the alien lunatic to the alien writ large. Economic and political alienation were the forces that drew people to Christian spiritualist camps for spiritual pawning and led the government to widen the figures deemed huntable to include criminals, lunatics, and migrants.

The lead up to mass expulsion saw the resurgence of spiritual pawning, as an economically precarious and politically disenfranchised Ghanaian population began searching for new “personal security cults,” institutions of ritual and psychological protection, beyond the witch-finding shrines that dominated mental healing under colonialism. This revival of spiritual pawning occurred in the ascendant domain of Christian spiritualism, as a self-expulsion from the “kingdom of man,” earthly possessions and properties, for investments in heavenly treasures in new spiritual communities. Kyindom, founded in 1967, was not the first Christian spiritualist church to establish a healing camp. Nor was it the first to use the practice of logging the mentally distressed. But, like witch-finding shrines, it used geographic separation in the enchanted forest as a founding act, as rural capitalism, and as spiritual conviviality—a cluster of tropes that became common to contemporary understandings of the prayer camp, which remain popular sites for spiritual healing. Kyindom marked a mass turn to the health-seeking modes that dominate our current era, where deliverance rituals through affiliation with spiritualist churches are an essential step in the therapeutic journeys of families seeking mental healing for their afflicted kin in southern Ghana and across much of West Africa.

CONCLUSION

The Recrudescent Pharmakon

In the early morning hours of June 13, 2022, students at the Islamic Senior High School in Abrepo, Kumasi, staged a protest on the street in front of their building, a site of frequent car accidents.¹ Students blocked traffic and chanted to demand crosswalks, speed ramps, and better traffic lights to improve student safety.² Embarrassed and blindsided by the collective action, school administrators asked the students to return to their classes.³ When they refused, the administrators called the police. Donning gas masks, assault rifles, and tactical armor, the police fired tear gas at the protesters. Talking to news reporters, one parent recounted their child's testimony: "I heard there is a scuffle in the school and the police attacked the students, shooting and beating them. I heard the police chased them even into their dormitories and were beating the girls. I feel very bad seeing school children on the floor unconscious. Everybody is messed up here."⁴ A teacher who expressed sympathy for the students was beaten so severely that his eyes swole shut.⁵ Forty-eight students were sent to the hospital with injuries sustained at the hands of the police.⁶

While police repressions of protest in Ghana are common, many Ghanaians were shocked by the scale of violence against the students and their teachers. Within a few days, a viral video offered a theory for the virulence of the police response. Four officers working the CCTV monitoring rooms at the police regional headquarters in Kumasi were caught insulting Muslims and people living in *zongos*—the historic Islam-dominant immigrant quarters of urban Ghana—as they discussed the case. "They are dirty," spouted one officer. "Wherever these Muslims are, there is problem."⁷ The police did not uniformly share such racist views. Indeed, at the time, both the inspector general of police and the director general of police operations were "natives

of the zongo” themselves.⁸ By the end of the month, seven officers were suspended for violence and xenophobia.⁹ But the Islamic Senior High School raid was not an isolated event. Rather, it was one articulation of a centuries-long history of the strategic inclusion and xenophobic exclusion of migrants from regions to the north of Ghana (and from French-dominated territories beyond) living in Accra and Kumasi, the country’s largest urban centers and economic epicenters. Since the Atlantic era, the labor and knowledge of willing migrants and enslaved people from the Islam-influenced West African savanna and Sahel were essential to forest clearing, gold mining, the kola nut trade, cocoa farming, slave markets, and novel modes of ritual healing in southern Ghana. Long-distance migrants and their settled descendants also faced confinement at high rates and iterative expulsions from the various polities that rose and fell in southern Ghana.

At independence under Kwame Nkrumah, Ghana was an anchor for Pan-Africanism—the Black Star Nation—that attracted Black intellectuals from across the globe to participate in reimagining the international political order. Then and now, members of the African diaspora and international observers celebrate this image of Ghana as an inclusive Black refuge. But not all Africans and migrants of African descent have been equally welcome on Ghanaian soil. Nkrumah’s Convention People’s Party (CPP) also used the Preventative Detention Act and Deportation Act to target and expel Ghanaian-born descendants of established Muslim authorities and zongo leaders, under the often-false pretext that they were foreigners. The zongo became a space of political lunatics, people who challenged the CPP’s vision for the nation’s future. In 1969, Prime Minister Busia called for the expulsion of West African regional migrants en masse from Ghana. The oscillating history of migrant incorporation and expulsion in southern Ghana has created a paradox: the region’s elites depend on migrants but also see them as a threat to political control and identity. In recognition of this history, in the immediate aftermath of the Islamic Senior High School raid, the spokesperson for Ghana’s chief imam called for restraint among Muslims and zongo residents across the nation: “We should handle matters of this nature with caution,” he said, “so that we don’t give chance to some other elements to further divide us.”¹⁰ In this statement, the chief imam recognized the longevity of psychological and social division between those framed, rightly or not, as the “original” inhabitants of southern Ghana and those understood as “strangers” with ties to the Northern Territories and, often, to Islam. His caution was well founded. In neighboring Côte d’Ivoire, debates over Ivoirité, or the citizenship status of Muslim northerners and strangers, also in the context of a centuries-long

history of migrant incorporation and expulsion, led to two civil wars between 2002 and 2011.

Historians have recognized the importance of the ambivalent role of the “northern factor”—migrants from Islam-influenced Sahel and savanna West Africa—in Ghanaian society and politics. Building on this scholarship, *African Pharmakon* has shown how questions of migration have shaped struggles over the constitution of ideological communities, which is central to the diagnosis and treatment of mental distress. Colonial authorities wanted to transform African minds, but they also had to reckon with the myriad, and politically charged, conceptions of sound minds and mind politics on the continent. Psychiatry in Ghana was built upon and grafted onto African political concerns and onto a regionally specific suite of techniques for mental healing and harming, what I have called the West African pharmakon. This constellation, which crystalized as a recognizable historical form by the mid-nineteenth century in the archival record of healing shrines, includes spiritual pawning (a kind of therapy that combines dramatic healing rituals with patient labor), chaining the mentally distressed to trees and logs of wood, pharmacotherapy, mass expulsion, and manhunting to clear the streets of unwanted individuals.

Between Mass Expulsion and the Right to Return

The West African pharmakon continues to evolve in the present day. It is an essential component of Ghanaian medicine, science, and religion, with individuals from all walks of life harnessing its mechanisms to manage mental distress and to control vulnerable groups, particularly migrants. Perhaps it is not surprising that old techniques of political incorporation and expulsion have found new life in the era of global mental health—a set of policy protocols that has emerged, largely in the past two decades, within the umbrella discipline of global health, which strives for global health equity.¹¹ To generate revenue, in 2019 the Ghanaian government launched a public relations, tourism, and investment campaign dubbed “The Year of Return.” This Pan-Africanist marketing initiative encouraged members of the African diaspora in the Americas, Europe, and the Caribbean—descendants of individuals who survived the mass expulsions of the Atlantic slave trade—to visit, invest, and even immigrate to Ghana.¹² The Year of Return was the most prominent West African counterpart to the United States’ reckoning with the year 1619, which commemorated the four hundredth anniversary of the arrival of the first enslaved Africans in Jamestown, Virginia.¹³ It also actualized a clause in

Ghana's Immigration Law, updated in 2000, offering the right of abode and right to return for members of the African diaspora.¹⁴

One thousand five hundred African Americans immigrated to Ghana from 2019 to 2023 according to the Diaspora Affairs Office of Ghana.¹⁵ Ghana's immigration law—which adds the right of abode to the list of traditional human rights—could become the cornerstone of a material and legal reimagining of Africa as a “borderless space” that has jettisoned its internal colonial borders.¹⁶ “At a deep historical level,” political theorist Achille Mbembe writes, “African and diasporic struggles for freedom and self-determination have always been intertwined with the aspiration to move unchained.”¹⁷ But we must read the emancipatory potential of the right to abode for the African diaspora against the economic alienation faced by residents of Ghana's urban centers, who were pushed out of desirable neighborhoods and faced rapidly increasing cost of living expenses while their wages remained relatively stagnant after the Year of Return.¹⁸ The ravages of postcolonial melancholia, political narratives declaring the death of multiculturalism as a scapegoat for economic and social problems, are as evident in West Africa as they are in Western Europe. In West Africa, these developments have been tied to political destabilization, xenophobic military regimes and by increased state terror in supposedly democratic states. In the north Atlantic, meanwhile, we are witnessing the rise of fascist, racist, and anti-immigrant political parties into prominent seats of power.

The right of abode must be understood alongside the equally powerful current in Ghana's immigration history: manhunting and iterative expulsions of regional migrants alongside their overconfinement in prisons and psychiatric hospitals. As the Ghanaian government promoted the Year of Return at home and abroad, it also embarked on a grand experiment in immigration and national securitization. There were renewed efforts to biometrically codify citizenship through a national ID card.¹⁹ The government commissioned hundreds of people as oath takers, tasked with collecting sworn statements about familial relationships to determine citizenship claims.²⁰ The president asked citizens to “cherish” their citizenship: to neither lie nor help foreigners, particularly regional West African migrants, to obtain national ID cards.²¹ The state also implemented several acts and policies motivated by anti-immigrant xenophobia reminiscent of the Aliens Compliance Order era (1969–1974). Flouting the regional right to freedom of movement among West African states, the military and police organized raids and manhunts—such as Operation Motherland and Operation Conquered Fist—that have resulted in the expulsion of regional migrants at the northern and eastern borders of the state and from Ghana's southern cities. In 2021 alone, the Ministry of the

Interior reported that the military and “other Security Services intercepted a total of Sixteen Thousand, Nine Hundred and Seventy-Four (16,974) persons at the borders and inland check points while an additional Four Hundred and Seventy-nine (479) were arrested for committing other immigration offences and appropriate penalties were imposed.”²² But operations led by the armed forces are not the only means available to the Ghanaian government for man-hunting regional migrants.

Operation Clear the Streets and Unchain Mental Health Patients

In 2010, the Ghanaian investigative journalist Anas Aremeyaw Anas released a two-part documentary series, *Ghana's Madhouse Story*, which generated significant public outcry that partly motivated a major revision of Ghana's mental health-care policies. Part one of the documentary began with a jarring narration of the deplorable conditions of the Accra Psychiatric Hospital.²³ “Shocking revelations of gross stealing of patients' food by hospital staff, neglect and abuse of patients by nurses, nonstop use and sale of narcotic drugs such as cocaine, cannabis and heroin by patients and some of the staff,” reads the text, accompanied by images of psychiatric patients sleeping on bare floors due to a lack of available beds in the wards. The second part of the documentary centered on the violence of the “Chains and Shackles” used on patients by Christian, Islamic, and shrine healers: a modern-day version of logging the mentally distressed for therapy. The documentaries reanimated a long-running campaign within Ghana to pass new mental health legislation. In 2012, Ghana's Parliament passed the Mental Health Act, the first substantial update to Ghana's mental health legislation since 1972.²⁴ The act marked a legal shift from regulating state-run psychiatric institutions to promoting family and community care of the mentally distressed, known as deinstitutionalization policies, the increasing norm in sub-Saharan Africa.²⁵

By 2012, Ghana had served as a favored destination for global mental-health investments and trials for roughly two decades. As an anglophone African country with stable transfers of power since 1992, it had welcomed a steady stream of humanitarian organizations and Christian missions working in mental health. These included entities as large as the World Health Organization as well as smaller nongovernmental institutions like BasicNeeds and church-to-church partnerships with Pentecostal and Methodist churches, particularly from the United States. Researchers working with the Kintampo Project, then one of the leading global mental health organizations working in Ghana, lauded the Mental Health Act of 2012 for supporting the eventual “abolition of the Accra Psychiatric Hospital and the retraining of the staff

for community-based activities.”²⁶ In anticipation of the deinstitutionalization of psychiatric services expected in the wake of this legal shift in 2012, the Kintampo Trust, Britain’s National Health Service, and the World Health Organization partnered with the Kintampo College of Health in Ghana’s Brong Ahafo Region to train a new cadre of field technicians and nurses as community mental health officers. As community officers would live in proximity to patients, the hope was that more people would patronize them for help with mental distress over recourse to prayer camps. By 2013, about 180 officers had been trained in Ghana’s ten regions.²⁷ This collaboration was the engine driving a massive effort to provide the material human resources necessary to deinstitutionalize psychiatric care in Ghana: to reduce the recourse of the mentally ill to both psychiatric hospitals, which were overcrowded, and to Christian spiritualist healers.

Between 1972 and 1981, Ghana went through four military coups, which culminated in the establishment of the Provisional National Defense Council (PNDC) from 1981 to 1993 under the leadership of Jerry John Rawlings. The PNDC came into power with the promise of ending political corruption and strengthening the economy. Early in their regime, the 1983 Nigerian mass expulsion of regional West African migrants led to the forced return of at least 60,000 Ghanaian expatriates within a month of its declaration.²⁸ The PNDC was overburdened by the economic instability caused by fluctuations in the global cocoa market and the pressures of providing for a sudden influx of returnees. Under the advice of Kwasi Botchwey, the minister of finance and economic planning, Rawlings embraced the Structural Adjustment Programs of the World Bank and International Monetary Fund. This suite of pro-market reforms privatized formerly national industries and handed over a range of state-controlled services to private industries. Previously subsidized state hospitals became fee-collecting entities to cover their costs, while psychiatric authorities sought more autonomy to regulate patient intakes. Like traveling shrine spirits of the interwar period, Pentecostal Christian prayer camps provided psychological security for tens of thousands of Ghanaian citizens amid the compounding economic and political crises that precipitated mass expulsion and structural adjustment. As in the 1950s and 1960s, when the independent church of Kyindom and its successor churches emerged in the forests of central southern Ghana, prayer camps attracted those in search of physical, religious, and psychological healing.

If Ghana was hailed by many international organizations for its progressive mental health care policies, it was also portrayed as the villain in global mental health policy debates due to the outsized importance of its community-based prayer and “witch” camps, where mental health care employs a mix of corpo-

ral punishment, logging, and deliverance rituals.²⁹ Recourse to prayer camps for mental healing in Ghana had increased since the early 2000s, marked by a second revival of Christian spiritualism that “built directly on older ideas about radical rupture” but focused far more on pentecostalist discourses that highlighted the “individual experience of evil” and linking economic “underdevelopment” to belief in shrine healing.³⁰ Prayer camps also became more attractive as the cost of psychiatric services increased for Ghanaian citizens with the dismantling of state-subsidized medical services. In journalistic coverage from within and beyond Ghana, prayer camps became notorious for violently logging and shackling mentally distressed supplicants.³¹ In 2015, the *New York Times* published a widely circulated article on “The Chains of Mental Health in West Africa” that criticized Ghanaian prayer camps as sites of human rights abuse and drew explicit parallels between the chaining of the mentally distressed and the horrors of the transatlantic slave trade.

International media coverage of logging in prayer camps inspired the World Health Organization’s Chain-Free Initiative, which aimed to end the use of restraints on the mentally ill globally, centering Ghana as a crucial case study.³² The response in Ghana took the shape of Operation Clear the Streets and Unchain Mental Health Patients, which Dr. Akwasi Osei, the first CEO of Ghana’s Mental Health Authority, launched as its “flagship program” in 2014.³³ The campaign organized teams of nurses, attendants, guards, doctors, and the police to patrol the streets of Accra, capture and examine unhoused individuals, and move them to the psychiatric hospital if they were deemed in need of further examination. By 2015, psychiatric manhunting was intensifying beyond the campaigns carried out in Accra. Each region of Ghana prepared street-clearing exercises targeting vagrants in an effort jointly coordinated by municipal authorities, the federal government, and the mental health authorities. That year, Operation Clear the Streets and Unchain Mental Health Patients was also rebranded as Operation Restoring Dignity. The switch to Operation Restoring Dignity was taken from the moniker used by municipal authorities in Koforidua in Ghana’s Eastern Region—Operation Restore Hope and Dignity. For the Mental Health Authority, the rebranding of the operation avoided the connotation that vagrants were “trash” to be cleared off the streets.³⁴

If “Unchain Mental Patients” was a clear response to national and global outcry over logging the mentally distressed in prayer camps, “Clear the Streets” drew precedence from decades of manhunting and expulsions carried out by the state and medical authorities. During Jerry Rawling’s tenure as head of state, the government used psychiatric manhunting to clear streets before visits from international dignitaries.³⁵ Two instances reveal the “mass”

character of these roundups, as well as the asylum's role as a zone for confinement of classes of people deemed undesirable in public settings by the state. The first manhunt occurred in the weeks leading up to the US-Ghana prisoner exchange on December 3, 1985, which led to the return of Michael Agbotui Soussoudis—political prisoner, spy, and cousin of flight lieutenant Jerry John Rawlings. In preparation for Soussoudis's return, the PNDC ordered the Accra Psychiatric Hospital to conduct a psychiatric manhunt in Accra.³⁶ The rounded-up patients stand out in the 1985 logbook, as their addresses, occupations, places of birth, marital status, legal status, and in some cases their diagnoses are simply listed as "VAGRANT."³⁷ Their lives, experiences, and histories were sublimated to the collective categorical mass bin of public nuisances deemed proper subjects of psychiatric confinement. In 1993, Rawlings began his first of two four-year terms as President of Ghana, elected by democratic vote. Toward the end of his second term, on November 7, 1999, Queen Elizabeth of the United Kingdom arrived in Ghana for a state visit. In the lead up to her arrival, *Business Watch Magazine* reported that street hawkers, newspaper vendors, and porters (often migrant women) were being cleared from streets, while "roaming lunatics are being checked or chained."³⁸ The street clearing undertaken in the aftermath of the 2014 operation also targeted immigrants, a fact captured in a 2015 cellphone video of one hunt titled "Operation Clear the Streets helps foreign nationals."³⁹

Mirroring narratives promoted by global mental health organizations, the Mental Health Authority argued that both vagrancy and logging inherently diminish human dignity.⁴⁰ But when initiating Operation Clear the Streets and Unchain Mental Health Patients, psychiatric authorities did not center their own historic chaining of patients: an open secret. Rather, they mirrored the division of criticism in Anas's two-part documentary, casting chaining as the symbol of the evils of nonpsychiatric forms of care for mental distress. Like Abraham Lincoln, freeing the enslaved people in Southern states he had no control over, the authority also promised to free people chained to logs and trees at Christian spiritualist prayer camps dedicated to mental healing. "Unchain the patients" was a relatively empty promise, as psychiatric authorities had no decision-making powers within religious institutions of healing. They tried public opprobrium, coercion, and strategic collaboration with church leaders, but these strategies did not significantly abate logging at prayer camps. For the Ghana Mental Health Authority, and for the numerous international partners funding their work, the discourse about logging as mental harming has been most effective as a smokescreen. Confinement by log at prayer camps, the epitome of mental harming, is an outrageous action, overshadowing the violence of the state-sanctioned urban

psychiatric manhunt: allegedly the most efficient way to provide a vulnerable population of unhoused individuals with biomedical treatment.⁴¹

In 2016–2017, when I conducted the bulk of the research for this book in Accra, the new Mental Health Authority was in financial crisis. “The nurses at the Accra Psychiatric Hospital are going on strike,” noted the radio presenter through the crackling of the Toyota Corolla’s speakers. It was October 31, 2016, and my plane had landed just two hours prior to the broadcast. Driving home from the airport at night, the streets were dark, lit only by the brights from police trucks at a few checkpoints. Shop owners selling everything from car alarms to staple groceries were packing away their wares to close for the night. Aromas wafted from street-food vendors’ stalls: fish and fermented corn dumplings (*kenkey*), rice and peas (*waakye*), and Indomie instant noodles. Commuters congregated on the side of the road, waiting for crowded buses (*trotros*) to take them home after a long day’s work. At a stoplight, a shirtless man with matted hair walked from car to car requesting alms. On the radio, the psychiatric nurses spoke frankly, explaining that the hospital lacked key resources, including medication and food, and so it was impossible to sedate and placate the patients. One nurse would tell me months later that the final straw in their call for a strike was when an agitated patient chased a nurse, who climbed over the hospital’s walls to escape. Their jobs had become untenable, as their safety was in jeopardy.

I spent the next week at my aunt and uncle’s home in Mamprobi, one of the few remaining Ga-speaking enclaves on the coast of Accra, monitoring the news on the negotiations taking place between the Ministry of Health, the Ghana Mental Health Authority, and the Ghana Registered Nurses Association. The nurses went on strike during an election year to lobby the incumbent government, who needed some good press and had a reputation for funding public works projects as electoral advertisement.⁴² On November 7, the negotiations ended with the Ministry of Health promising to pay 420,000 GHC (\$100,000) in cash and medical supplies to the Accra Psychiatric Hospital. But the payment was a stopgap effort and psychiatric authorities took steps of their own to increase the hospital’s cash flow over the next year.

First, they halted Operation Clear the Streets and Unchain Mental Health Patients. Second, they instituted a new fee schedule: the historically free regular wards were \$100 a month and the cost for the VIP ward was raised from \$100 to \$200 a month. By 2024, the cost of the regular ward had risen to almost \$300 a month, while average wages in Ghana were stagnant.⁴³ Third, they embarked on a mass expulsion—dubbed a “repatriation”—of over two hundred relatively recovered patients to their hometowns across West Africa. In an interview with JoyFM news, a medical resident at the hospital stated

that these expulsions are “something we already do but now we want to do it on a bigger scale because the nurses are not on the psychiatric wards.”⁴⁴ One rumor suggested that the hospital had a target of repatriating six hundred patients, many of whom did not want to leave the hospital. A nurse I befriended recounted the story of a Burkinabe man, an inpatient for over thirty years, who committed suicide the night before his scheduled repatriation.

Over the course of a year, dozens of repatriated patients returned to the hospital. “If we want them to not use Christian spiritism or fetish shrines, we need to be more accessible,” explained one psychiatrist I was conversing with a few months after the mass repatriation. For this doctor and many of their colleagues, psychiatric care offered refuge to mentally distressed people at risk of being chained at home or in other institutional settings deemed harmful by the Mental Health Authority.⁴⁵ But as this book has argued, chaining patients to logs at prayer camps or shrines and manhunts organized by psychiatrists are interrelated techniques of social control. They are both components of the West African pharmakon used to manage unruly minds and stabilize mind politics. Moreover, the violence of psychiatric manhunting is clear in several publicly available cellphone videos taken in 2015. One sees several nurses, social workers, and even the gatekeeper in white lab coats and medical examination gloves walking around central Accra searching for people to capture and confine. The men and women on the hunt carry tranquilizers. A police officer accompanies them, wielding an assault rifle.⁴⁶ Several other videos show the group surrounding unhoused people, coercing them to leave roadsides or medians and to travel to the Accra Psychiatric Hospital in buses.⁴⁷ The hunters use the language of choice, but it is illusory. In one video, eight people are holding down a man with dreadlocks underneath a highway overpass, where he likely spends his days.⁴⁸ The young man resists by shaking his body. A bystander on a bicycle says in Twi, “this boy is stubborn, ooo.” A police officer uses a baton to restrain the young man’s legs, as nurses hold down the rest of his body by his arms and waist. Another has a foot pressed on the young man’s back as a nurse injects him with haloperidol. The video stops before the man passes out from the drug.

For some patients, the experience of being hunted continues within the psychiatric hospital. “If you take the pill, we don’t have to give you the injection,” reasoned Dr. G. The nurse looked at me in despair as I wrote the phrase in my notebook. “Won’t you help?” she pleaded, with urgency in her voice. “Should I?” I responded. She turned away. Kwabena was screaming louder and louder. More hands filled the rooms: some nurses, but mostly patients. The intensity was palpable. A net of human arms pinned Kwabena to the floor. Upon realizing that his confinement was imminent, Kwabena screamed, “Stop

hunting me!” I questioned my ears. Maybe he said “hurting”? Discarding my notebook in haste, I dropped to my knees and pressed down his forearm and bicep, which gave Dr. G. enough time to find a vein and insert the needle. “Huh, wow . . .” expressed one of the patient-helpers as the injection entered a vein. Dr. G. removed the needle and pressed a piece of cotton over the wound. While a nurse covered it with an adhesive bandage, Kwabena dozed off from the effects of the haloperidol and was carried off in a stretcher.⁴⁹ The next week, while driving from North Legon to Asylum Down for the archives, I blew a gasket on my recently serviced car. I did not return to work in the hospital for a month.

The Measure of the World

African Pharmakon insists that psychiatry belongs to West Africa, and to the world, just as much as shrines and spiritualist churches. Psychiatry has been the fertile ground for the ongoing recrudescence of the West African pharmakon. Ghana’s Mental Health Authority recently completed its second four-year plan (2019–2023), which again emphasized street clearing and ending the use of logging at prayer camps. The first phase of the operation was not as successful as the Mental Health Authority hoped. In an interview with *The Ghanaian Times* on February 14, 2020, the Mental Health Authority’s CEO suggested that there were still 20,000 potentially mentally distressed people roaming the streets in Ghana that need to be cleared and housed in psychiatric institutions. But the first phase of the operation has had two effects. First, as Ghana’s Mental Health Authority struggles to finance itself, it relies on international and community donors—as do so many state-sponsored health programs in Africa today.⁵⁰ As the anthropologist Ursula Read has noted, wealthy neighborhoods in Accra offer “donations” in exchange for the Mental Health Authority clearing their local streets.⁵¹ Financing of psychiatric man-hunts has always been contentious, but now they have become a purchasable service.⁵² Second, the operation reshaped research agendas across the psychological sciences in Ghana. Dr. Angela Ofori-Atta, the country’s leading clinical psychologist and a member of the Board of the Mental Health Authority, has teamed up with researchers at Yale University’s Medical School to study whether the introduction of antipsychotic drugs, sometimes referred to as “chemical restraints,” to the healing repertoires of Christian prayer camps in Ghana and elsewhere in West Africa can induce authorities in those institutions to unchain patients from logs.⁵³ Such efforts resonate with the colonial deinstitutionalization of psychiatric care by combining European biomedical treatment with West African community and family care. As the historian

Matthew Heaton explains for psychiatry in Africa, “Relationships between power, culture, and individual subjectivity remain contested and unresolved, and the legacies of colonial relationships linger, even as political and ideological structures transform.”⁵⁴ The current promotion of deinstitutionalization as a policy innovation in the formerly colonized world, advocated by global mental health organizations based in former imperial powers, speaks to the multiple regional legacies of Atlantic and colonial-era policies.⁵⁵

In the last decade, several activists and scholars have called for the decolonization of the psychological sciences, both in practice and in accounts we produce of that work.⁵⁶ Such calls, which often equate deinstitutionalization with decolonization, are implicitly based on a premise this book rejects: that psychiatry is incommensurable with, and opposed to, Indigenous healing.⁵⁷ The grafting of psychiatric practice onto the West African *pharmakon* complicates any facile vision of the psychological sciences as colonial impositions whose decolonization will lead to the liberation of African minds or to a global utopia of mental well-being. Mental distress existed prior to the arrival of colonial lunatic asylums. The Africanization of psychiatry was a product of therapeutic insurgencies and transactions that long preceded Europe’s manumission of former colonies.⁵⁸ Africans enrolled European scientific institutions into contests over African mind politics. Political historians increasingly recognize the role of precolonial political formations in shaping colonial and postcolonial governance on the continent.⁵⁹ Historians of science and medicine must also follow suit. From the vantage point of urban Ghana, this book shows how African entrepreneurs, politicians, and healers have creatively and destructively combined medicine and politics.

We must craft psychiatry, in the words of Aimé Césaire, “to the measure of the world.”⁶⁰ Any attempt to decolonize our scholarly understandings of psychiatry in Africa means sinking into the local language idioms of healing and harming used not just by healers but also by political and military elites. The Mental Health Authority’s recent publication of a booklet on mental health terminologies in Akan is prime example of this important work. But we will not transform psychiatry into a more humanistic or planetary endeavor simply by making it more “African,” which usually translates into propositions for bringing more ritual into hospitals or taking biomedical methods into spiritual healing institutions. Both techniques were essential to British and French colonial practices of psychiatry on a shoestring—which framed the continued grafting of psychiatry onto the political and ritual concerns of African people and onto the extant West African *pharmakon* of mental healing and harming. Colonial powers were not unified in their motivations across or within a given colony.⁶¹ What colonialism meant, in ideological and practical

terms, varied widely even within the African territories of a single European power. A rigorous concept of decolonization—as a call to political action, or as the study of what African states did on the ground—must be multiple. There is not one colonial mind politic to be undone, but competing and divergent ones.⁶²

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Notes

Introduction

1. British National Archives (hereafter BNA) CO 96/276—Letter from Marseilles Consul Percival to Colonial Secretary (30 May 1896).
2. BNA CO 96/276—Letter from Marseilles Consul Percival to Colonial Secretary (30 May 1896).
3. BNA CO 96/279—Governor Maxwell to Chamberlain (18 November 1896).
4. BNA CO 96/276—From Marseilles Consul Percival to Mr. Bramston (10 September 1896); BNA CO 96 283—Minutes from the Meeting of the Under Secretary of State (29 October 1896).
5. Pietz, *The Problem of the Fetish*; Matory, *The Fetish Revisited*.
6. BNA CO 96/279—Governor Maxwell to Chamberlain (18 November 1896).
7. Balakrishnan. “Archives in Stone.”; DeCorse, “Culture Contact, Continuity, and Change on the Gold Coast, AD 1400–1900”; Appiah, *In My Father’s House*.
8. BNA CO 96 283—Letter from Office of Marquis of Salisbury to Consul Percival (29 October 1896).
9. Heaton, “Aliens in the Asylum.”
10. Maj, foreword to Bhugra and Gupta, eds., *Migration and Mental Health*; Stillman, McKenzie, and Gibson, “Migration and Mental Health.” McCarthy and Coleborne, eds., *Migration, Ethnicity, and Mental Health*; Themeles and Wright, “Migration, Madness, and the Celtic Fringe”; Harper, ed, *Migration and Mental Health*; Bhugra, “Migration and Mental Health.”
11. Chamayou, *Manhunts*; Fassin, *Enforcing Order*; O’Neill, *Hunted*.
12. Grob, *Mental Illness and American Society, 1875–1940*; Fox, *So Far Disordered in Mind*; Garton, *Medicine and Madness*; Andrews, “Letting Madness Range”; Swartz, *Homeless Wanderers*; Ernst and Mueller, eds., *Transnational Psychiatries*; Hacking, *Mad Travelers*.
13. Lipsedge and Littlewood, *Aliens and Alienists*; Heinze, “Schizophrenia Americana”; *Oxford English Dictionary*, s.v. “alienist (n.)” September 2023, <https://doi.org/10.1093/OED/8646527262>.
14. In this book, I use the term “lunatic” as an actor category as it was variously used by historical subjects. Contra “lunatic,” which has gone out of favor due to its association with inhumane treatment practices, I use the phrase “mentally distressed” as an analytical category to describe people afflicted with symptoms associated with contemporary psychological illnesses.
15. Foucault, *Madness and Civilization*; Porter, “Foucault’s Great Confinement”; Weinreich,

“Why Early Modern Mass Incarceration Matters”; Jütte, *Poverty and Deviance in Early Modern Europe*; Nicholls, *Almshouses in Early Modern England*; Arrom, *Containing the Poor*.

16. Kendler, “Philippe Pinel and the Foundations of Modern Psychiatric Nosology.”

17. Heaton, “Aliens in the Asylum”; Heaton, *Black Skin, White Coats*; Garton, *Medicine and Madness*; Andrews, “Letting Madness Range”; Swartz, *Homeless Wanderers*; Anderson, Jenson, and Keller, eds., *Unconscious Dominions*.

18. Cunyngnam-Brown, *Report on Mission to the British Colonies*.

19. On Ghana’s decolonization, see Adu Boahen, *The Ghanaian Sphinx*; Ahlman, *Ghana: A Political and Social History*. On Atlantic-era migrations in Ghana, see Kea, *Settlements Trade and Politics in the Seventeenth-Century Gold Coast*; Ipsen, *Daughters of the Trade*. On colonial era migrations, see Rouch, “Migrations au Ghana”; Fortes, “Some Aspects of Migration and Mobility in Ghana,” 1; Anarfi, Kwankye, Ababio, and Tiemoko, “Migration from and to Ghana”; Manchuelle, *Willing Migrants*. On migrations to Ghana’s cocoa farms, see Mikell, *Cocoa and Chaos in Ghana*; Cordell, Gregory, and Piché, *Hoe and Wage*; Amin and International African Seminar, *Modern Migrations in Western Africa*; Shack and Skinner, *Strangers in African Societies*; Hill, *The Migrant Cocoa-Farmers of Southern Ghana*; Quarshie, “Cocoa and Compliance.”

20. Shumway, *The Fante and the Transatlantic Slave Trade*, 60; Harms, *The Diligent*; Wahl, *The Bondsman’s Burden*, 42; Richardson, “Reports of Cases at Law,” vol. 4, 581–85; Kanan-oja, *Healing Knowledge in Atlantic Africa*; Miller, *Way of Death*.

21. Nail, *The Figure of the Migrant*, 16.

22. Fieldnotes, case 31, Outpatient Department, Accra Psychiatric Hospital, February 14, 2017.

23. Chabal and Daloz, *Africa Works*; Schumaker, *Africanizing Anthropology*; Twagira, “Introduction: Africanizing the History of Technology”; Pringle, *Psychiatry and Decolonisation in Uganda*.

24. Brizuela-Garcia, “The History of Africanization and the Africanization of History”; Shaloff, “The Africanization Controversy in the Gold Coast, 1926–1946.”

25. Mavhunga, Clapperton Chakanetsa. *Transient workspaces: technologies of everyday innovation in Zimbabwe*. MIT Press, 2014.

26. Bernault, *Colonial Transactions*.

27. Derrida, “Plato’s Pharmacy.”

28. Clarkson, *An Essay on the Slavery and Commerce of the Human Species*, 30.

29. Tooth, “Studies in Mental Illness in the Gold Coast”; Quarshie, “Psychiatry on a Shoestring.”

30. Quarshie, “Spiritual Pawning.”

31. Maier, “The Practice of Asylum at Religious Shrines in Asante and its Periphery,” 227; Pietz, *The Problem of the Fetish*; Matory, *The Fetish Revisited*; Stahl, “Metalworking and Ritualization.”

32. Chamayou, *Manhunts*.

33. Rijke-Epstein and Taylor, “Expulsions”; Quarshie, “Cocoa and Compliance”; Quarshie, “Mass Expulsion as Internal Exclusion”; Daly, “Ghana Must Go.”

34. Osseo-Asare, *Bitter Roots*; Schiebinger, *Secret Cures of Slaves*; Quarshie, “Spiritual Pawning,” 1–25; Roberts, “Pharmaceutical Captivity.”

35. Mullings, *Therapy, Ideology, and Social Change*.

36. Social scientists, artists, and doctors working across West Africa have examined aspects of the West African pharmakon. Examples include “ritual pawning” in Nigeria, logging in Sierra Leone, and psychiatric manhunting in Senegal. But this is the first book to engage them as

constitutive elements of an integrated regional historical ensemble. Ebiegberi and Okorobia, “Pawns in Nembe, Niger Delta”; Ochiai, “Madness in Colonial Sierra Leone”; Diagne, “Soigner les malades mentaux errants dans l’agglomération dakaroise.”

37. Foucault, Murphy, and Khalfa. *History of Madness*, xxxiii.

38. Porter, “Foucault’s Great Confinement.”

39. Kendler, Tabb, and Wright, “The Emergence of Psychiatry”; Suzuki, *Madness at Home*.

40. MacDonald, “Insanity and the Realities of History in Early Modern England”; Lederer, *Madness, Religion and the State in Early Modern Europe*; Bhugra, *Psychiatry and Religion*.

41. Maung, “Diagnosis and Causal Explanation in Psychiatry”; Tabb, “Philosophy of Psychiatry after Diagnostic Kinds”; Murphy, “Explanation in Psychiatry.”

42. Scull, ed., *Madhouses, Mad-Doctors, and Madmen*; Eigen, *Witnessing Insanity*; Carson, “‘Every Expression Is Watched.’”

43. Kendler, Tabb, and Wright, “The Emergence of Psychiatry.”

44. Vaughan, *Curing Their Ills*, ix. Historians of psychiatry since Vaughan have all repeated her adage that there was no Great Confinement in early modern Africa and, for that matter, many other places in the formerly colonized world. Their position, considered dialectically, is commonly one of negation. They reject the Foucauldian eighteenth-century Great Confinement narrative as unrepresentative of their historical cases, but rarely do they provide an affirmative narrative explaining how so-called Indigenous people managed the mentally ill in the early-modern period. Some recent exceptions to the dearth of histories of mental healing in the early modern beyond Europe include Ramos, *Bedlam in the New World*; McLeod, *The Dao of Madness*.

45. Inikori, ed., *Forced Migration*.

46. Bell, *Mental and Social Disorder in Sub-Saharan Africa*.

47. Glover, “Witnessing African War.”

48. Lovejoy, “The Impact of the Atlantic Slave Trade on Africa”; Finkelman *Slave Trade and Migration*.

49. Seidman, “The Ghana Prison System,” 89; Balakrishnan, “Of Debt and Bondage.”

50. Ann Stahl notes that these ritualized focal points are actualized through embodied practices (singing, dancing, praying) and the use of ephemeral substances (herbs, liquids, animal parts, manufactured goods). Stahl, “Metalworking and Ritualization,” 66. On the difficulties of defining shrine in the study of Africa’s deeper past, see Insoll, “Introduction.”

51. Foucault, *Discipline and Punish*; Sassen, *Expulsions*; Hinton, *From the War on Poverty to the War on Crime*.

52. Quarshie, “Spiritual Pawning.”

53. Sheridan, “The Guinea Surgeons on the Middle Passage.”

54. Clarke, “Short Notes of the Prevailing Diseases in the Colony of Sierra Leone.”

55. Vaughan, *Curing Their Ills*.

56. Clarke, “Short Notes of the Prevailing Diseases in the Colony of Sierra Leone.”

57. On the American South, see Segrest, *Administrations of Lunacy*; Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry*. On South America, see Meyer, *Reasoning Against Madness*. On the Caribbean, see Smith, *Insanity, Race and Colonialism*; Lambe, *Madhouse*.

58. Dumett and Johnson, “Britain and the Suppression of Slavery in the Gold Coast Colony, Ashanti, and the Northern Territories.”

59. Quarshie, “Confinement in the Lunatic Asylums of the Gold Coast from 1887 to 1906.”

60. Pietz, "The Spirit of Civilization"; Debrunner, *Witchcraft in Ghana*.
61. Gold Coast, Legislative Assembly, Written Answers, 1953, "Control of Migrant Labour," vol. 3–4. For the mobilization of the term "political lunatics," see discussion of Ghanaian MP Krobo Edusei in chapter 3 of this book.
62. Jean Rouch, dir., *Les maîtres fous* (Paris: Films de la Pleiade, 1955). See also Rouch, "Migrations au Ghana."
63. Parker, *Making the Town*; Wilks, *Asante in the Nineteenth Century*.
64. Matrilineal units are family units organized around matrilineal descent. This is not to be confused with matriarchy. Many matrilineal societies are functionally patriarchal in organization.
65. Parker, *Making the Town*; McCaskie, *Asante Identities*.
66. Jean Rouch, dir., *Jaguar* (New York: Icarus Films, 1967), <https://docuseek2.com/if-jag>.
67. Beidelman, Review of *Jaguar*, by J. Rouch.
68. Nieswand, *Theorising Transnational Migration*.
69. Jean Rouch, Manthia Diawara, Formation Films, Zweites Deutsches Fernsehen, and Association relative à la télévision européenne, *Rouch in Reverse* (California Newsreel, 2005).
70. Lipsedge and Littlewood, *Aliens and Alienists*; Gilman, *Freud, Race, and Gender*; Metz, *The Protest Psychosis*; Braslow, *Mental Ills and Bodily Cures*.
71. Gilman, *Freud, Race, and Gender*; Gilman, King, Porter, Rousseau, and Showalter, *Hysteria beyond Freud*.
72. Bell, *Mental and Social Disorder*; Jones, *Psychiatry, Mental Institutions, and the Mad in Apartheid South Africa*; Jackson, *Surfacing Up*; Keller, *Colonial Madness*; Sadowsky, *Imperial Bedlam*; Vaughan, *Curing their Ills*; Swartz, *Homeless Wanderers*.
73. On this point, see also Heaton, "Aliens in the Asylum," 373–75.
74. Quarshie, "Mass Expulsion as Internal Exclusion."
75. Adida, *Immigrant Exclusion and Insecurity in Africa*, 118–21. From 1956 to 1999, there were 44 mass expulsions impacting roughly 3.8 million people in over half of the nations in sub-Saharan Africa.
76. Adida, *Immigrant Exclusion and Insecurity in Africa*, 118–21.
77. Forster, "Mental health and political change in Ghana 1951–1971." Forster mentioned Nkrumah-era policies that targeted immigrants, but the closest he came to discussing xenophobic sentiments in the post-Nkrumah era was when he mentioned the National Liberation Council's attempt to "encourage private enterprise" via the Ghanaian Enterprises Decree (1968), which required retail wholesale businesses, taxi services, and overseas manufacturing business representatives to be Ghanaian or Ghanaian owned by 1973.
78. Fanon, *A Dying Colonialism*; Keller, *Colonial Madness*.
79. Keller, "Geographies of Power, Legacies of Mistrust."
80. Fanon, *A Dying Colonialism*, 133–39.
81. Some important recent exceptions are Hunt, *A Nervous State*; Roberts, "To Heal and to Harm."
82. Hunt, "Health and Healing."
83. Feierman, "Healing as Social Criticism in the Time of Colonial Conquest"; Kodesh, *Beyond the Royal Gaze*; Schoenbrun, "Conjuring the Modern in Africa"; Schoenbrun, *A Green Place, a Good Place*; Hanson, *Landed Obligation*.
84. Feierman, *The Shambaa Kingdom*.
85. Vaughan, "Healing and Curing."
86. Hunt, "Health and Healing."

87. Mbembe, *Politiques de l'inimitié*, 7–18; Derrida, “Plato’s Pharmacy.”
88. Kakoliris, “The “Undecidable” Pharmakon.”
89. Mbembe, *Politiques de l'inimitié*, 105–60.
90. Mbembe, *Politiques de l'inimitié*, 197–204.
91. On planetary humanism, see Gilroy, *Against Race*. On humanism to the measure of the world, see Césaire, *Discours sur le colonialisme*.
92. On Hegel’s arguments on colonialism, see Hegel, *Hegel’s Philosophy of Right*, §§246–48, 267–69.
93. de Beauvoir, *The Force of Circumstance*, vol. 2, 318; Robcis, *Disalienation*, 50.
94. Ahlman, “The Algerian Question in Nkrumah’s Ghana.”
95. Prairie, *Thomas Sankara Speaks*.
96. Fanon, *Black Skin White Masks*, xii–xv; Gordon, “Through the Hellish Zone of Nonbeing”; Bruce, *How to Go Mad Without Losing Your Mind*.
97. Serlin, “Confronting African Histories of Technology”; Mavhunga, *What Do Science, Technology, and Innovation Mean from Africa?*; Tilley, “The History and Historiography of Science”; Feierman, “African Histories and the Dissolution of World History.”
98. Flint, *Healing Traditions*, 67–72.
99. Clark and Chalmers, “The Extended Mind”; Paul, *The Extended Mind*. Ernesto Laclau and Chantal Mouffe note that “Hegemony will not be the majestic unfolding of an identity but the response to a crisis” (*Hegemony and Socialist Strategy*, 7).
100. Hall, “Blue Election, Election Blues 1987,” 246.
101. Menkiti, “Person and Community”; Taiwò, *How Colonialism Preempted Modernity in Africa*; Kagame, “The Problem of ‘Man’ in Bantu Philosophy”; Oruka, “Mythologies as African Philosophy”; Hountondji, *African Philosophy*.
102. Nugent, “National Integration and the Vicissitudes of State Power in Ghana.”
103. Abraham, *The Mind of Africa*.
104. Abraham, *Mind of Africa*, 46; Henry, “Between Hume and Cugoano.”
105. Rattray, *Ashanti*, 289.
106. Abraham, *Mind of Africa*, 13–16. Likely realizing that framing African systems of thought as essentialist plays into racist tropes of Africa as an unchanging, unscientific anachronism, Abraham democratizes the potential for criticism across geographic space by providing a brief history of essentialism within several European schools of philosophy.
107. Fortes, Steel, and Ady, “Ashanti Survey, 1945–46”; McCaskie, *Asante Identities*.
108. Abraham, *Mind of Africa*, 27.
109. Akrich, “The De-Description of Technical Objects”; Larkin, *Signal and Noise*; Strelbel, Bovet, and Sormani, *Repair Work Ethnographies*; Margócsy, “A Long History of Breakdowns”; Skinner, “Race, Racism and Identification in the Era of Technosecurity.”
110. Wirth, “After Hybridity,” 187.
111. Coe, “Educating an African Leadership,” 27. Coe notes how Rattray’s language of grafting was mirrored by the governor of the Gold Coast Colony in his discussions around organizing educational institutions.
112. Colonial Reports—Annual—Ashanti—No. 1107—Ashanti: Report for 1920. United Kingdom: H. M. Stationery Office, 1922, 18.
113. Biot, “Mission from Cape Coast Castle to Ashantee,” as cited in Wilks, “On Mentally Mapping Greater Asante.”
114. Simmel, *Conflict and the Web of Group Affiliations*.

115. Racism is the demarcation of sometimes arbitrary human differences, and the manipulation of those divisions as justifications for the application of the power to subjugate people deemed other. It is a scavenger ideology that latches onto various modes of differentiation and various forms of the application of power in diverse historical moments. From this perspective, races do not occur naturally in world history; racism is a system that generates races. Solomos and Back, *Racism and Society*; Fredrickson, *Racism: A Short History*; Hall, *A History of Race in Muslim West Africa, 1600–1960*; Gilroy, Sandset, Bangstad, and Høibjerg, “A Diagnosis of Contemporary Forms of Racism, Race and Nationalism.”

116. Many working within and beyond Africa have grappled with the question of whether European psychiatry and psychiatrists transformed the psychology of subject populations. Littlewood, “From Vice to Madness”; Littlewood, “Anthropology and British Psychiatry”; Littlewood, “The Imitation of Madness”; Kleinman, *Patients and Healers in the Context of Culture*; Kirmayer, “Cultural Variation in the Clinical Presentation of Depression and Anxiety”; Kitakana, *Depression in Japan*; Luhrmann and Marrow, *Our Most Troubling Madness*; Luhrmann, Padmavati, Tharoor, and Osei, “Differences in Voice-Hearing Associated with Psychosis”; Akyeampong, Hill, and Kleinman, *The Culture of Mental Illness and Psychiatric Practice in Africa*; Good, “Theorizing the ‘Subject’ of Medical and Psychiatric Anthropology”; Young, *The Harmony of Illusions*; Kaiser and Kohrt, “Why Psychiatry Needs the Anthropologist.”

117. This research orientation is based on a premise that European and non-European theories of mind and techniques for psychiatric healing have been hermetically sealed “systems.” Africanist anthropologists and philosophers have long debated how to conceptualize the interaction of African and European systems of thought and therapeutics. In a now-classic debate, the British anthropologist Robin Horton proposed that “African traditional thought” was akin to the modes of theoretical or abstract thinking observable in “Western science.” Kwasi Wiredu, a Ghanaian philosopher, criticized Horton for not adequately accounting for colonial divisions of knowledge and power: Europe remained at the center of science and Africa was still spiritual and parochial. The problem, in Wiredu’s view, was that Horton was comparing science to African folk thought, when the latter ought to be compared with Western folk thought. For Wiredu, there was no Western or African science, but only a singular Science to which Africans, like all peoples, contributed to across time. See Horton, “African Traditional Thought and Western Science,” and Wiredu, “How Not to Compare African Traditional Thought with Western Thought,” 326.

118. To quote anthropologist Meyer Fortes is his critique of the study of cultural contact by colonial anthropologists almost a century ago, “in considering the effects of the contact between African societies and European civilization, one is apt to forget that the exploitation of Africa by Europeans began more than five centuries ago.” Fortes, “Culture Contact as a Dynamic Process,” 24.

119. Gómez, *The Experiential Caribbean*.

120. We also cannot assume that there was no rupture. In the words of Frantz Fanon, “to interpret a phenomenon arising out of the colonial situation in terms of patterns of conduct existing before the foreign conquest, even if this phenomenon is analogous to certain traditional patterns, is nevertheless in certain respects false.” Fanon, *A Dying Colonialism*, 130.

121. As historian Roy Porter pondered almost forty years ago, it is highly unlikely that the later Foucault, who authored *Surveiller et punir* and *La volonté de savoir*, would have written *Folie et déraison*. Porter, “Foucault’s Great Confinement”; Hacking, “The Archaeology of Foucault.”

122. Shorter, *From Paralysis to Fatigue*; Berrios, *The History of Mental Symptoms*; Berrios,

“Classifications in Psychiatry”; Moncrieff et al., “The Serotonin Theory of Depression.” We, as humanists and social scientists, are currently unable to reduce the historically specific manifestations of mental distresses, particularly psychosomatic illnesses, to a traceable or stable materiality beyond appeal to sometimes unwieldy symptom clusters. Shorter suggests that every society has a stable symptom pool but that individuals’ unconscious choose particular symptoms for expressing psychosomatic illness at different historical junctures. Even when attempting to rely on biological or molecular causes as a mark of stability vis-à-vis psychiatric symptoms, Berrios notes that such an approach only works within a given time frame—commonly the human lifespan. As Moncrieff et al. have shown, psychiatrists know so little about the biological basis of mental illness that we do not even know why exactly our most effective medications for depression work.

123. But I lack an adequately dense source base to judge if and how the transatlantic slave trade and European colonialism increased the incidence or the forms of mental distress experienced by West Africans.

124. I was granted access to the Accra Psychiatric Hospital Archives with the aid of Dr. Akwasi Osei, former CEO of the Ghana Mental Health Authority, with support from Dr. Samuel Ohene, former chair of the Department of Psychiatry at the University of Ghana Medical School, and Dr. Pinman Appau, former director of the Accra Psychiatric Hospital. I also completed the University of Michigan’s Institutional Review Board approval process to conduct ethnography and archival research at the hospital.

125. Since I began research for this book, two former heads of mental health care in Ghana have published an institutional history of the Accra Psychiatric Hospital, from which I have learned a great deal. These doctors authored many thousands of the patient files contained in the patient archive I also consulted. Combined with Forster’s articles on the state of psychiatric care in Ghana, these publications constitute an ethnography of the institution in the post-independence-era. Osei, Asare, and Roberts, *History of Mental Health Care in Ghana*. I want to thank Carol Gluck for telling me long before I started my doctoral work that it made no sense to begin the history of mental distress in Africa with asylums, as if one could write such a history in the institutional manner of the history of education. That seed of advice spurred my turn to Atlantic history.

126. Stoler, “Colonial Archives and the Arts of Governance.”

127. Katie Kilroy-Marac’s work on memory politics in the Fann Clinic in Dakar is an exemplary exception to the limited engagement with ethnographic methods in the history of psychiatry in Africa. Ironically, the lack of ethnographic engagement among historians of psychiatry in Africa is at odds with broader trends in African history, which has sustained a rich conversation on the use of unconventional oral genres as historical evidence. Such genres include oracles, accusations of witchcraft, vampire stories, and dreams—utterances that are categorizable as delusional in some clinical or political circumstances.

128. Mudimbe, *The Invention of Africa*; Ouologuem, *Bound to Violence*.

129. Lorde, “The Master’s Tools Will Never Dismantle the Master’s House”; Adell, *Double-Consciousness/Double Bind*.

130. Eze, *Achieving Our Humanity*, x.

131. See Sassen, *Expulsions*, on austerity and financialization as forms of expulsive power.

132. I arrived at this cut-off point by calculating life expectancy (between the ages of forty-seven and fifty-five between 1960 and 1990) and the average onset age of the most common diagnosis, schizophrenia (the mid-twenties), into consideration.

133. White, *Speaking with Vampires*, 68.
134. Abraham, *Mind of Africa*; Mudimbe, *The Invention of Africa*; McCulloch, *Colonial Psychiatry and the African Mind*; Trouillot, “Anthropology and the Savage Slot”; Vaughan, *Curing Their Ills*.
135. Rattray, *Ashanti Proverbs*; Field, *Social Organization of the Gã People*; Fortes, *The Web of Kinship among the Tallensi*; Field, *Search for Security*; Mullings, *Therapy, Ideology, and Social Change*; Read, “Between Chains and Vagrancy”; Kpobi, “Indigenous and Faith Healing for Mental Disorders”; Draicchio, “Im|possibilities of Collaboration.”
136. Steinmetz, *The Colonial Origins of Modern Social Thought*; Kuklick, *The Savage Within*; Jahoda, “On Relations between Ethnology and Psychology in Historical Context”; Seligman, “Presidential Address.”
137. Rattray, *Ashanti Proverbs*.
138. Seligman, “Anthropological Perspective and Psychological Theory.”
139. Fortes and Mayer, “Psychosis and Social Change among the Tallensi of Northern Ghana.”
140. Liston and Mennell, “Ill Met in Ghana”; Goody, *The Domestication of the Savage Mind*; Elias, *Civilizing Process*; Goody, “Elias and the Anthropological Tradition.”
141. Jahoda, “Traditional Healers and Other Institutions Concerned with Mental Illness in Ghana.”
142. Tooth, “Studies in Mental Illness in the Gold Coast.”
143. Field, *Search for Security*.
144. Carothers and World Health Organization, *The African Mind in Health and Disease*.
145. The anthropologists Marion Kilson and Leith Mullings reached similar conclusions in their studies of urban Ga shrines and Christian spiritual healing for mental distress in Accra. Kilson, *Kpele Lala*; Mullings, *Therapy, Ideology, and Social Change*.
146. Mullings, “Resistance and Resilience.”
147. Mullings, *Therapy, Ideology, and Social Change*.
148. Baeta, *Prophetism in Ghana*; Opoku, “A Brief History of Independent Church Movements in Ghana Since 1862”; Twumasi, *Medical Systems in Ghana*.
149. Agyekum, *Akan Verbal Taboos*.
150. Today, social psychologists Ama de Graft-Aikins, Lili Kpobi, and Vivian Dzokoto as well as medical anthropologists Cecilia Draicchio and Ursula Read (who also worked as a psychiatric nurse) are at the forefront of this work. Important contributions to psychiatric anthropology in Ghana in the current global mental health era include the work of Kpobi, “Indigenous and Faith Healing for Mental Disorders”; Read, “I Want the One That Will Heal Me Completely So It Won’t Come Back Again”; Draicchio, “‘Extraordinary Conditions’”; Kpobi and Swartz, “That is How the Real Mad People Behave”; Lovell, Read, and Lang, “Genealogies and Anthropologies of Global Mental Health”; Dzokoto, “Adwenhoasem.”
151. Jahoda, “Traditional Healers and Other Institutions Concerned with Mental Illness in Ghana”; Field, “Chronic Psychosis in Rural Ghana”; Goody, “Religion, Social Change and the Sociology of Conversion”; Fortes, “Some Aspects of Migration and Mobility in Ghana”; Mullings, “Religious Change and Social Stratification in Labadi, Ghana.”
152. A recent important exception to this in relation to Asia is Kim, *Madness in the Family*.
153. Kilroy-Marac, “Nostalgic for Modernity.”
154. Edington, *Beyond the Asylum*.

Chapter 1

1. Bell, *Mental and Social Disorder in Sub-Saharan Africa*.
2. National Archives of the United Kingdom (hereafter NAUK) CO 96/166—Letter from Governor William Young of the Gold Coast Colony to the Colonial Secretary in London, 5 September 1884.
3. Osei-Tutu, *Forts, Castles and Society in West Africa*.
4. Fuentes, *Dispossessed Lives*.
5. Mustakeem, *Slavery at Sea*.
6. Lindsay, *Captives as Commodities*, 179–80.
7. Guarnaccia and Rogler. “Research on Culture-Bound Syndromes.”
8. On eighteenth- and nineteenth-century litigation concerning “mad slaves” in South Carolina, France, and the Gold Coast, see Quarshie, “Spiritual Pawning.”
9. Taylor, *If We Must Die*.
10. Sheridan, “The Guinea Surgeons on the Middle Passage.”
11. To avoid this risk, surgeons recommended allowing captives to drum and smoke tobacco on ships. Aubrey, *The Sea-Surgeon*, 128–30, esp. 132; Falconbridge, *An Account of the Slave Trade on the Coast of Africa*, 23.
12. On the “mad slave” as a figure for understanding evolving concepts of spirit, reason, sanity, therapy, violence, fetish, ritual, capture, morality, and sociopolitical belonging, see discussions in Linebaugh, *The Many-Headed Hydra*; Morgan, *Reckoning with Slavery*.
13. One partial exception is Katie Kilroy-Marac’s brief comparison of the transfer of West African subjects from Senegal to the Saint Pierre Asylum in Marseilles, between the 1880s and 1920s, with the forced movement of Black bodies in the transatlantic slave trade of earlier centuries. A second is Kalle Kananoja, who revisited Joseph Miller’s discussion of *banzo*, a form of mental distress that afflicted captives in Angola and Brazil. Kilroy-Marac, *An Impossible Inheritance*; Kananoja, *Healing Knowledge in Atlantic Africa*. See also Miller, *Way of Death*.
14. Anquandah, “The Accra Plains”; Ozanne, “Notes on the Early Historic Archaeology of Accra”; Ozanne, “Indigenes or Invaders?”; Ozanne, “Notes on the Later Prehistory of Accra”; Odotei, “External Influences on Ga Society and Culture.”
15. Parker, *Making the Town*.
16. On this argument, see Maier, “Islam and the Idea of Asylum in Asante”; Maier, “The Practice of Asylum at Religious Shrines in Asante and its Periphery”; Pietz, “The Phonograph in Africa.”
17. Matory, *The Fetish Revisited*.
18. Falola and Lovejoy, eds., *Pawnship in Africa*.
19. Ipsen, *Daughters of the Trade*.
20. Mbembe, “Necropolitics,” 21.
21. Bassiri, “Madness and Enterprise”
22. Fanon, *Black Skin White Masks*, xii; Gordon, “Through the hellish zone of nonbeing”; Bruce, *How to Go Mad Without Losing Your Mind*.
23. This inquiry builds upon the work of Hunt, *A Nervous State*; McCaskie, “Unspeakable Words, Unmasterable Feelings”; Maier, “Islam and the Idea of Asylum” and “Practice of Asylum”; Lofkrantz and Ojo, “Slavery, Freedom, and Failed Ransom Negotiations in West Africa, 1730–1900”; Carpenter, “Ransom as Political Strategy”; Balakrishnan, “Of Debt and Bondage.”

24. Boaz, *Banning Black Gods*; Boaz, *Voodoo*.
25. Matory, *Fetish Revisited*, 16, sees such misinterpretations as potentially motivated by ethnological *schadenfreude*—“the strategy of middling status groups to seek membership in higher-status groups by assenting to, and indeed proclaiming, the inferiority of a third, more vulnerable party.”
26. Peitz, “The Problem of the Fetish, IIIa,” 108; and “The Problem of the Fetish, II,” 24. Edited and republished in Pietz, *The Problem of the Fetish*. See also Johnson, *Spirited Things*.
27. Ozanne, “Notes on the Early Historic Archaeology of Accra”; Tandoh, Bredwa-Mensah, Dampare, Akaho, and Nyarko, “Chemical Characterization of Ancient Pottery from the Greater Accra Region of Ghana Using Neutron Activation Analysis”; Odamtten, “Dode Akabi.”
28. d’Avignon, “Spirited Geobodies.”
29. Rodney, “Gold and Slaves on the Gold Coast,” 14.
30. Rodney, “Gold and Slaves on the Gold Coast,” 14.
31. Curtin, *The Rise and Fall of the Plantation Complex*, 43. See also Rodney, “Gold and Slaves on the Gold Coast,” 14.
32. Ipsen, *Daughters of the Trade*, 27.
33. Parker, *Making the Town*, 9. See also Parker, “The Cultural Politics of Death & Burial in Early Colonial Accra,” esp. 9.
34. Great Accra was an obligatory passage point for the Kumasi-Akyem-Akuapem trade route, which linked the lucrative gold mines of Akyem in the Akan forests to the southern coast of Ghana. Prior to 1677, nearly a third of the gold exported to Europe from the Gold Coast passed through Great Accra. Anquandah, “The Accra Plains”; Odotei, “Pre-Colonial Economic Activities of Ga”; Ozanne, “Notes on the Early Historic Archaeology”; Ozanne, “Indigenes or Invaders?”; Ozanne, “Notes on the Later Prehistory of Accra”; Vogt, *Portuguese Rule on the Gold Coast 1469–1682*.
35. Boachie-Ansah, “Excavations at Wodoku and Ladoku and Their Implications for the Archaeology of the Accra Plains.”
36. Evans and Rydén, “‘Voyage Iron.’”
37. Odotei, “Pre-Colonial Economic Activities of Ga,” 66.
38. Naum and Nordin, eds., *Scandinavian Colonialism and the Rise of Modernity*.
39. Shumway, *The Fante and the Transatlantic Slave Trade*.
40. Wilks, *Akwamu 1640–1750*.
41. Römer, *A Reliable Account of the Coast of Guinea*.
42. The term *siccadinger* was the nominalization into Danish of a creole word derived from the Portuguese verb *sacar*, “to pull out, extract, draw a gun” and “to drag out, derive gain, profit.”
43. Lovejoy, “Pawnship and Seizure for Debt in the Process of Enslavement in West Africa.”
44. Reindorf, *History of the Gold Coast and Asante*, 377. Panyarring was distinct from arbitrary kidnapping for ransom, since the former entailed a criminal, civil, or economic justification by a claimant. It was also distinct from pawning, which was the voluntary handing over of a person as a surety on a debt.
45. Rask, *Brief and Truthful Description*, 57. Unless otherwise stated, African language words in this text are Ga (or Akan loan words commonly used by Ga speakers). I base translations on my own native fluency in Ga and the mid-nineteenth-century Ga dictionary by the Basel Missionary Society: Zimmermann, *A Grammatical Sketch of the Akra- or Ga-language*.
46. Rask, *Brief and Truthful Description*, 57.
47. Like several coastal African communities, the Ga propitiated the ocean as a spirited

being and understood the ocean-bound traffic in people as witchcraft: soul eating cannibalism. Law, “West Africa’s Discovery of the Atlantic”; Baum, *Shrines of the Slave Trade*; Shaw, *Memories of the Slave Trade*; Ogundiran, “Of Small Things Remembered”; Shumway, “The Fante Shrine of Nananom Mpow and the Atlantic Slave Trade in Southern Ghana”; Apter, “History in the Dungeon.”

48. By the eighteenth century, all Africans (including the Ga, who had worked to distinguish themselves as unsalable in earlier periods) were vulnerable to enslavement. See Ipsen, *Daughters of the Trade*.

49. Römer, *Reliable Account*, 92.

50. Rask, *Brief and Truthful Description*, 57–60.

51. Roberts, *Sharing the Burden of Sickness*.

52. In her study of Ga religious songs, ethnographer Marion Kilson suggested that *wɔnnɔmɔ* could lead to becoming the medium of a spirit. Lurhmann, Dulin, and Dzokoto suggest from their phenomenological interviews with Ghanaian shrine priests that “some—but not all—religious experts in a particular faith may have a schizophrenia-like psychotic process which is managed or mitigated by their religious practice, in that they are able to function effectively and are not identified by their community as ill.” See Kilson, *Kpele Lala*, 19–20; Lurhmann, Dulin, and Dzokoto, “The Shaman and Schizophrenia,” 442. See also Fitzgerald, *Spirit Mediumship and Seance Performance among the Ga of Southern Ghana*, 51–55 and 85–95.

53. Rask, *Brief and Truthful Description*, 57–60.

54. On the definitional politics of the word shrine, see note 50 in the introduction to this book.

55. Chouin, “Archaeological Perspectives on Sacred Groves in Ghana”; Insoll, “Introduction”; Shumway, *The Fante and the Transatlantic Slave Trade*.

56. Apoh and Gavua, “Material Culture and Indigenous Spiritism.”

57. *Sakumotsoshishi*, “under the Sakumo tree,” was a politically important nineteenth-century Ga shrine.

58. Reindorf, *History of the Gold Coast and Asante*, 272.

59. European merchants expressed frustration about contracts guaranteed by fetish oath, which Africans tended to keep with other Africans but less often with Europeans. de Marees, *Description and Historical Account of the Gold Kingdom of Guinea*; Bosman, *A New and Accurate Description of the Coast of Guinea*; Garrard, *Akan Weights and the Gold Trade*, 54. Chapter 2 revisits the practice of oath making and mental distress for the colonial period.

60. On the ritual and ethical “ambivalence” of oath-making and ritualized objects in the region, see Doris, *Vigilant Things*; and Janzen, *Lemba, 1650–1930*.

61. Matory, *Fetish Revisited*, 47.

62. This misunderstanding eventually became the foil against which European understandings of erotic arousal (Freud), the “commodity fetish” (Marx), and citizenship (Hobbes and Locke) were debated. Giorgio Agamben, “II, 3, The Sacrament of Language”; Johnson, “An Atlantic Genealogy of ‘Spirit Possession.’”

63. Field, *Search for Security*.

64. Dickson, *A Historical Geography of Ghana*.

65. These asylum practices endured. By the early twentieth century, the principal fetishes of Accra had more people named after them than Accra’s elite families, often headed by slave owners. Quartey-Papafio, *The Use of Names among the Gas or Accra People of the Gold Coast*.

66. Maier, “Islam and the Idea of Asylum,” 322.

67. Bowdich, *Mission from Cape Coast Castle to Ashantee (1819)*.

68. Maier, "Islam and the Idea of Asylum," 327–28.
69. Isert and Winsnes, *Letters on West Africa and the Slave Trade*.
70. Rask, *Brief and Truthful Description*, 59.
71. Rask, *Brief and Truthful Description*, 59.
72. Hickling, *Decolonization of Psychiatry in Jamaica*, esp. 11–39.
73. Cartwright, "Diseases and Peculiarities of the Negro Race," 64–69, 331–36. There are parallels between spiritual capture and "drapetomania," literally "runaway slave madness," the diagnostic category posited by the American physician Samuel A. Cartwright in 1851 to pathologize the actions of runaway slaves in the United States as a form of mental distress. While the etiologies of spiritual capture and drapetomania are distinct, they reveal fears among some slave-owning classes in both eighteenth-century West Africa (Rask) and nineteenth-century North America (Cartwright) that madness enacted a refusal to labor.
74. Snyder, *The Power to Die*; Gross, *Double Character*, 67.
75. "Abridgment of the Minutes of the Evidence Taken before a Committee of the Whole House to Whom It was Referred to Consider of the Slave Trade" (Parliament, House of Commons, 1789), 48.
76. Wahl, *The Bondsman's Burden*, 42.
77. Shumway, *The Fante and the Transatlantic Slave Trade*, 60.
78. "Abridgment of the Minutes," 48.
79. Winterbottom, *Account of the Native Africans in the Neighbourhood of Sierra Leone*, vol. 1, 29.
80. Sheridan, "The Guinea Surgeons on the Middle Passage," 604–5.
81. Wahl, *The Bondsman's Burden*.
82. Falconbridge, *Account of the Slave Trade*, 30.
83. Bell, *Mental and Social Disorder*; Fett, *Recaptured Africans*, 85; Richards, "The Adjudication of Slave Ship Captures."
84. He also theorized a link between nostalgia and dirt eating among melancholic patients. Theories of nostalgia as a form of mental distress endemic to enslaved people circulated widely in the Iberian Atlantic world. Elliott, "On Observation and Interpretation with Special Reference to Thomas Winterbottom," 137; Winterbottom, *Account*, 41; Clarke, "Observations on the Pathology of Lethargus"; Fraga, "Sick Minds, Unproductive Bodies."
85. Letter from Acting Judge Stephen J. Hill to the Earl of Clarendon, 8 October 1957, in *Accounts and Papers of the House of Commons* (London: Her Majesty's Stationery Office, 1858), vol. 61, 9.
86. *The Reports Made for the Year to the Secretary of State Having the Department of the Colonies, in Continuation of the Reports Annually Made by the Governors of the British Colonies* (Her Majesty's Stationery Office, 1860), 28–29; Martin, *Handbook of Contemporary Biography* (Macmillan, 1870), 63.
87. Clarke, "Remarks on the Topography and Diseases of the Gold Coast"; Clarke, "Lunatics on the Gold Coast."
88. As Jane Guyer notes, some Atlantic-era shrines in West and West Central Africa operated as savings banks, with spirits protecting investments from theft by capturing offenders; see *Marginal Gains*, 77–82.
89. Falconbridge reported that "mad slaves" were sold in lucid moments after periods of healing; *Account of the Slave Trade*, 32.
90. Kea, *Settlements, Trade, and in the Seventeenth-Century Gold Coast*.

91. Scholars have also linked pawning to *trokosi*, a more recent West African practice of sending young virgin girls to shrines as stand-ins to atone for the religious offenses of family members. While historians have noted the convergence between pawning and ritual kinship at shrines in colonial and postcolonial West Africa, they have not discussed the relationship of these practices to mental healing. Ebiegberi and Okorobia, “Pawnpship in Nembe, Niger Delta”; Greene, “Spirit Possession, Ritual Self-Cutting and Debt Bondage”; Roberts, *Sharing the Burden of Sickness*, 155; Greene, “Modern *Trokosi* and the 1807 Abolition in Ghana.”

92. Greene, “Spirit Possession, Ritual Self-Cutting and Debt Bondage.”

93. Parker, *Making the Town*, 7. For archeological perspectives on the organization of political space in Atlantic-era West Africa, see Monroe and OgunDIRAN, eds., *Power and Landscape in Atlantic West Africa*.

94. Kilson, *Kpele Lala*, 6.

95. Sackeyfio-Lenoch, *The Politics of Chieftaincy*; Ipsen, *Daughters of the Trade*.

96. The incorporation of foreign materials and spirits into ritual practice is a common feature of Atlantic-era West African religions. See discussion in Kropp-Dakubu, *Korle Meets the Sea*; OgunDIRAN and Saunders, eds., *Materialities of Ritual in the Black Atlantic*.

97. Burton, *Wanderings in West Africa from Liverpool to Fernando Po*, vol. 1, 171.

98. Weiss, “The Entangled Spaces of Edena, Oguua, and Osu,” 36.

99. Kilson, *Kpele Lala*, 258–60.

100. Parker, “The Cultural Politics of Death and Burial in Early Colonial Accra”; and *In My Time of Dying*.

101. Chains were commonly fastened to a tree or to a log to restrict mobility. Bosman, *New and Accurate Description*, 355–56.

102. Cruickshank, *Eighteen Years on the Gold Coast of Africa*, 263–64. On potential reasons for suicide on the Gold Coast, see Parker, “The Death of Adumissa.”

103. Field, *Religion and Medicine of the Ga People*, 127.

104. Matory, “On the Backs of Blacks.”

105. Apoh and Gavua, “Material Culture and Indigenous Spiritism.”

106. Stahl, “Metalworking and Ritualization,” 62.

107. Getz and Clarke, *Abina and the Important Men*, 162.

108. Some of these species are discussed in Dumett, “Tropical Forests and West African Enterprise”; Clarkson, *Letters on the Slave Trade*, 36.

109. Clarkson, *An Essay on the Slavery and Commerce of the Human Species*, 30.

110. “Reports of the Lords of the Committee of Council appointed for the consideration of all matters relating to Trade and Foreign Plantations; submitting . . . the evidence and information they have collected in consequence of His Majesty’s Order in Council, dated the 11th of February, 1788, concerning the present state of the Trade to Africa, and particularly the Trade in Slaves, etc.” Board of Trade, United Kingdom, 1789.

111. Austin, *Labour, Land and Capital in Ghana*; Klein and Wilks, “Slavery and Akan Origins?”; Miers and Kopytoff, *Slavery in Africa*; Klein, “The Two Asantes.”

112. Balakrishnan, “Of Debt and Bondage.” See also Braatz, “Governing Difference.”

113. Balakrishnan, “Of Debt and Bondage.”

114. Nichols, *Many Thousand Gone*, vol. 1, 19; Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry*.

115. Zimmerman, *Grammatical Sketch*, 77.

116. Winterbottom, *Account*, 17–21.

117. Bowdich, *Mission from Cape Coast Castle*, 370–80; Maier, “Islam and the Idea of Asylum,” 327–28.
118. Meredith, *An Account of the Gold Coast of Africa*, 244.
119. Osseo-Asare, “Writing Medical Authority”; McCaskie, “‘The Art or Mystery of Physick.’”
120. Roberts, *Sharing the Burden of Sickness*.
121. Hutchinson, *Impressions of Western Africa*, 229, 243.
122. This was the interpretation of Leith Mullings based on fieldwork among the Ga in the early 1980s. Mullings, *Therapy, Ideology, and Social Change*, 65–67.
123. Field, *Religion and Medicine*, 126–27.
124. Kilson, *Kpele Lala*, 24.
125. Field, *Religion and Medicine*, 121–22.
126. Owusu-Ansah, “Islamic Influence in a Forest Kingdom.”
127. Kpobi and Swartz, “‘That Is How the Real Mad People Behave.’”
128. Gareth Austin, *Labour, Land and Capital in Ghana*; Klein and Wilks, “Slavery and Akan Origins?”; Miers and Kopytoff, *Slavery in Africa*; Klein, “The Two Asantes.”
129. Dumett, “Pressure Groups, Bureaucracy, and the Decision-Making Process.”
130. Rankin, *Healing the African Body*.
131. Clarke, “Short Notes of the Prevailing Diseases in the Colony of Sierra Leone”
132. Rankin, *Healing the African Body*.
133. Gold Coast Blue Book, Lunatic Asylum Return, 1875, 289.
134. Abaka, *House Slaves and “Door of No Return”*; Newman, *A New World of Labor*, 144.
135. Mohr, *Enchanted Calvinism*, 1–21.
136. Porter, *Mind-Forg’d Manacles*.
137. Patton, *Physicians, Colonial Racism, and Diaspora in West Africa*.
138. Agyekum, *Akan Verbal Taboos*; Braatz, “Governing Difference.”
139. Balakrishnan, “Of Debt and Bondage”; Alhassan, “Land Use and Environment in Early Accra.” On the gold boom, see. Dumett, *El Dorado in West Africa*.
140. Ntewusu, “One Hundred Years of Muslim Community in Accra,” 72.
141. Ipsen, *Daughters of the Trade*; Ray, *Crossing the Color Line*.
142. Parker, “The Cultural Politics of Death,” 120–21.
143. Dumett and Johnson, “Britain and the Suppression of Slavery.”
144. McSheffrey, “Slavery, Indentured Servitude, Legitimate Trade, and the Impact of Abolition in the Gold Coast, 1874–1901”; Dumett and Johnson, “Britain and the Suppression of Slavery.”
145. Austin, *Labour, Land and Capital in Ghana*.
146. Sadowsky, *Imperial Bedlam*.
147. *The Pall Mall Budget*, July 7, 1874, Summary of the Week’s News, Foreign News, 30.
148. This was well documented by British judicial assessors in the Gold Coast from 1844 to 1874. Allott, “Native Tribunals in The Gold Coast 1844–1927.”
149. *Western Echo*, April 10, 1886.
150. *Western Echo*, July 29, 1886.
151. *Gold Coast Gazette*, October 2, 1886.

Mammy Water

1. Drewal, “Interpretation, Invention, and Re-Presentation in the Worship of Mami Wata”; Van Stipriaan, “Watramama/Mami Wata.”

2. Wintrob, “Mammy Water.”
3. Wintrob, “Mammy Water,” 148–49.
4. Contemporaneous scholarship seems to corroborate the doctors’ general instincts. Rodriguez, Corcoran, and Simpson, “Diagnosis and Treatment.”

Chapter 2

1. Accra (or Akra) is a Twi term that came in usage after the founding of Accra by the Ga. But it is often used anachronistically in oral narratives of Tumotey. The Akyem are an Akan-speaking group. This race by the sea is an allegory for the simultaneous rise of these states in relation to the transatlantic trade. An Akyem-driven expulsion of the Ga led to the creation of the contemporary city of Accra. This version of the story is drawn primarily from the account of Reindorf, *History of the Gold Coast and Asante*, 4.

2. BNA CO96/185—Buring Quarry/Fetish Rock; Quartey-Papafio, “Apprenticeship amongst the Gas.” I thank Sarah Balakrishnan for sharing her archival discovery of the quarrying of Tumotey.

3. BNA CO96/185—Buying Quarry/Fetish Rock—Letter from the Assistant colonial surveyor to the Colonial Secretary (2 July 1885).

4. BNA CO96/185—Buying Quarry/Fetish Rock—Letter from the Assistant colonial surveyor to the Colonial Secretary (2 July 1885).

5. d’Avignon, “Spirited Geobodies.”

6. BNA CO96/185—Buying Quarry/Fetish Rock—District Commissioner Hackett to Captain Barrow (4 April 1882).

7. Balakrishnan, “Colonial Accra.”

8. For details on these developments, see Roberts, *Sharing the Burden of Sickness*, 169.

9. BNA CO96/185—Buying Quarry/Fetish Rock—Colonial Minutes (22 July 1887). History is filled with examples of political authorities building new political or religious institutions on the foundations of the sacred ritual sites of their predecessors. Some examples include the Ram Mandir at Ayodhya in India and the Hagia Sophia Mosque in Istanbul, Turkey.

10. BNA CO96/185—Buying Quarry/Fetish Rock—M. Jones, Assistant Surveyor, to the Colonial Secretary (17 March 1881).

11. Peitz, “The Phonograph in Africa,” 271–77.

12. Peitz, “The Phonograph in Africa,” 271; Deleuze and Guattari, *A Thousand Plateaus*.

13. Peitz, “The Phonograph in Africa,” 277.

14. Peitz, “The Phonograph in Africa,” 271; Buton, “Two Trips on the Gold Coast.”

15. McCaskie, “Anti-Witchcraft Cults in Asante.”; Apter, “History in the Dungeon.”

16. Roberts, *Sharing the Burden of Sickness*, 172, notes Dr. J. F. Easmon of Sierra Leone as an exception to this rule. Dr. Derwent Waldron of Jamaica, who served in the Lunatic Asylum as a medical officer, was once described as “nearly black” in a New England Company report. Both men were of African descent, but neither was a “native” African subject of the Gold Coast, which was probably the more prominent category for exclusion.

17. Patton, *Physicians, Colonial Racism, and Diaspora in West Africa*.

18. Addae, *The Evolution of Modern Medicine in a Developing Country*, notes the unpopularity of asylum duties among medical officers.

19. For a recent overview of the historiographical debates on English petitioning, see Miller, *A Nation of Petitioners*; Mark, “The Vestigial Constitution.”; Smith, “The Right to Petition for Redress of Grievances.”

20. Field, *Search for Security*.
21. Sadowsky, "Confinement and Colonialism in Nigeria"; Heaton, "Aliens in the Asylum."
22. This unexpected adherence of some individuals to the colonial asylum also occurred in French West Africa. Tiquet, "Precarious Families."
23. Lawrance, "Petitioners, 'Bush Lawyers' and Letter Writers"; Gocking, "Indirect rule in the Gold Coast"; Newell, *The Power to Name*.
24. Quarshie, "Confinement in the Lunatic Asylums of the Gold Coast from 1887 to 1906."
25. Her Majesty's Colonial Possessions (London), British Online Archives, Gold Coast Sanitary and Medical Reports for 1887 and 1888, 1890, 8.
26. BNA CO 96/226, Letter from Gold Coast Governor Brandford Griffith to the Marquis of Rippon, 4 November 1892.
27. Digby, *Madness, Morality, and Medicine*, 30–45; Moran, *Committed to the State Asylum*.
28. Historians of psychiatry note that the labor of moral therapy did not have to be productive if it succeeded in distracting the mentally distressed from their psychotic symptoms or in aiding their psychological development. It is thus curious that "under the guise of 'moral therapy,' labor served mostly practical solutions to the accommodation of the mentally ill." For an explication of the labor factor in moral therapy, see McCoy, "The Unproductive Prisoner"; Her Majesty's Colonial Possessions (London), British Online Archives, Gold Coast Sanitary and Medical Reports for 1887 and 1888, 1890, 8.
29. Her Majesty's Colonial Possessions (London), British Online Archives, Colonial Reports—Miscellaneous—No. 1 Gold Coast—Further Reports Relative to Economic Agriculture on the Gold Coast. Enclosure No. 1: Remarks on some of the Indigenous Native Drugs employed in the Treatment of Disease at the Colonial Hospital, Accra, by Dr. J. Farrell Easmon, Assistant Colonial Surgeon (1891).
30. Her Majesty's Colonial Possessions (London), British Online Archives, Colonial Reports—Miscellaneous—No. 1 Gold Coast—Further Reports Relative to Economic Agriculture on the Gold Coast. Enclosure No. 1: Copy of Note on *Strophanthus hispidus* by E.M. Holmes, F. L. S., *Pharmaceutical Journal*, Sept 20, 1890 (1891). On the historical use of arrow poisons on the Gold Coast, and British bioprospecting of *Strophanthus*, see Osseo-Asare, *Bitter Roots*, chap. 3.
31. Cornish and Driver, "Specimens Distributed."
32. Easmon, "Notes of a Case of Blackwater Fever with Remarks"; Easmon, "A Case of Abscess of the Liver in a Child Three Years and a Half Old."
33. On patent medicines, see Field, *Religion and Medicine of the Ga People*, 133; and Roberts, *Sharing the Burden of Sickness*, 212. On European experimental sciences in colonial Gold Coast, see Osseo-Asare, "Bitter Roots: African Science," 119.
34. Patterson, *Health in Colonial Ghana*; Addae, *The Evolution of Modern Medicine in a Developing Country*.
35. On British regulation of witch-finding cults during the colonial period, see Allman and Parker, *Tongnaab*; McCaskie, "Anti-Witchcraft Cultures in Asante."
36. Roberts, *Sharing the Burden of Sickness*, 244.
37. Roberts, *Sharing the Burden of Sickness*, 246.
38. Roberts, *Sharing the Burden of Sickness*, 164.
39. Osseo-Asare, "Bitter Roots: African Science," 112.
40. Roberts, *Sharing the Burden of Sickness*, 248; Osseo-Asare, "Bitter Roots: African Science," 119.
41. Osseo-Asare, "Bitter Roots: African Science," 131; Ampofo, "Plants That Heal."

42. Her Majesty's Colonial Possessions (London), British Online Archives, Colonial Reports—Miscellaneous—No. 1 Gold Coast—Further Reports Relative to Economic Agriculture on the Gold Coast. Enclosure No. 9. List of some of the Indigenous Plants used commonly as Pot-herbs, Salads, &c., on the Gold Coast; by Dr. J. Farrell Easmon, Assistant Colonial Surgeon, pp. 33–40.

43. Logan, *The Scarcity Slot*, discusses experimentation with flora from Asia, the Americas, and Europe in farming, medicine, and other applications in Atlantic-era Ghana.

44. Easmon, "Remarks on some of the Indigenous Native Drugs," 18–22.

45. Easmon, "Remarks on some of the Indigenous Native Drugs," 18–22.

46. Hughes, "Enteric Fevers and Normal Salmonella Agglutinins in the Gold Coast."

47. Easmon, "Remarks on some of the Indigenous Native Drugs," 22.

48. Hughes, "Enteric Fevers and Normal Salmonella Agglutinins in the Gold Coast."

49. Field, *Religion and Medicine*, 126–27.

50. Field, *Religion and Medicine*, 121.

51. Public Records and Archives Division, Ghana National Archives (henceforth PRAAD) CSO 11/8/52—"Lunatic Asylum—Accra, Escape of Patients From."

52. PRAAD CSO 11/8/52—"Lunatic Asylum—Accra, Escape of Patients From."

53. See *Gold Coast Government Gazettes* for 1892: 31 March, p. 55, concerning the conviction of Keeper James Tamacløe for cruelty to patients, and 31 December, p. 426, concerning the escape of a patient named Mama. "Mr James Tamaclø, a Keeper in the Lunatic Asylum, Accra, convicted before the District Commissioner, Accra, on the 26th of March, of cruel conduct to patients under his charge, is by His Excellency's Command dismissed from the service, from the date named." *Gold Coast Government Gazette*, 31 March 1892, 55.

54. BNA CO 96/243, Report on Lunatic Asylum for December 1893, Gold Coast.

55. BNA CO 96/243, Report on Lunatic Asylum for December 1893, Gold Coast.

56. Mr. Kelson was soon convicted and fired for embezzling money given to the asylum by the Race Committee. As noted in the 1896 annual report for the Gold Coast Colony, the most common diagnosis at the lunatic asylum was by far mania (31 patients), often applied to people whose agitations from mental distress required the use of restraints. The other common diagnoses were melancholia (9), epilepsy (4), general paralysis (2), dementia (1), and finally idiocy (1). Colonial Reports—Annual. No. 220. Gold Coast: Report for 1896. United Kingdom: H.M. Stationery Office, 1897.

57. PRAAD CSO 11/8/47—Affray between Inmates of the Lunatic Asylum, 1934–1939.

58. BNA CO 96/356—Lunatic Asylum Annual Report for the Year Ending 31st December 1899.

59. BNA CO 96/356—Lunatic Asylum Annual Report for the Year Ending 31st December 1899, 292–95.

60. Bell, *Mental and Social Disorder in Sub-Saharan Africa*.

61. CSO 11/8/11—Congestion in lunatic asylum proposals for relief of by (i) a "bush camp" for relief of by (ii) an additional dormitory at Accra (1931–1933)—Letter from Colonial Secretary to Director of Medical Services (6 December 1930).

62. Gaunt, *Alone in West Africa*.

63. Gaunt, *Alone in West Africa*, 118.

64. Gaunt, *Alone in West Africa*, 181.

65. Senah, "You Devil, Go Away from Me!"

66. Fitzgerald, *Spirit Mediumship*, 43–45.

67. Senah, “‘You Devil, Go Away from Me!’”
68. Mullings, *Therapy, Ideology, and Social Change*, 68.
69. Fitzgerald, *Spirit Mediumship*, 43–45.
70. Field, “Witchcraft as a primitive interpretation of mental disorder”; Field, *Religion and Medicine of the Ga People*; McCaskie, “Anti-Witchcraft Cults in Asante”; McCaskie, “Sakrobundi ni Aberewa”; Field, *Search for Security*; Allman and Parker, *Tongnaab*.
71. Field, *Religion and Medicine of the Ga People*, 124–25.
72. Pietz, “The Spirit of Civilization.”
73. Field, *Search for Security*; Field, “Witchcraft as a Primitive Interpretation of Mental Disorder.”
74. Kilson, *Kpele Lala*, 8. Jean Allman and John Parker offer further historical context for these younger spirits in their study of Tongnaab, the northern Ghanaian god, who travelled to Asante and became the powerful fetish “Nana Tongo.” In *Tongnaab*, they argue that Tongnaab is central to understanding the experience of colonial rule and resistance in Ghana. The British first attempted to suppress and control the influence of Tongnaab through force and violence, as they did with other *ɔbosom-mma*, including Domankama, Aberewa, and Tigari. See also McCaskie, “Anti-Witchcraft Cultures in Asante”; and Field, *Search for Security*.
75. Field, *Search for Security*, 90.
76. Field, “Witchcraft as a Primitive Interpretation of Mental Disorder.”
77. Mohr, *Enchanted Calvinism*.
78. Mohr, *Enchanted Calvinism*; Ward, “Some Observations on Religious Cults in Ashanti.”
79. Werbner, “‘Totemism’ in History.”
80. Werbner, “‘Totemism’ in History.”
81. Rouch, “Migrations Au Ghana”; Dougnon, *Travail De Blanc Travail De Noir*; Stoller, *Embodying Colonial Memories*.
82. Werbner, “‘Totemism’ in History.”
83. Werbner, “‘Totemism’ in History.”
84. McCaskie, “Sakrobundi ni Aberewa”; McCaskie, “Anti-Witchcraft Cults in Asante.”
85. McLeod, *The Asante*; Mohr, *Enchanted Calvinism*.
86. McCaskie, “Sakrobundi ni Aberewa.”
87. Baeta, *Prophetism in Ghana*.
88. Boaz, *Banning Black Gods*.
89. Opoku, “A Brief History of Independent Church Movements in Ghana Since 1862.”
90. Baeta, *Prophetism in Ghana*; Mohr, *Enchanted Calvinism*.
91. Onyinah, “The Development of Christianity and Exorcism in Ghana.”
92. Baeta, *Prophetism in Ghana*; Da Silva, “African Independent Churches Origin and Development.”
93. Baeta, *Prophetism in Ghana*.
94. Meyer, *Translating the Devil*; Peterson, *Creative Writing*, 46.
95. Meyer, *Translating the Devil*.
96. According to annual reports, sixty-seven patients were treated in 1902, ninety-five in 1903, and 105 in 1904.
97. Gold Coast Annual Report, 1904, 43; Gold Coast Annual Report, 1905, 31; Gold Coast Annual Report, 1906, 27.
98. Osei, Osare, and Roberts, *History of Mental Health Care in Ghana*; Sackeyfio-Lenoch, “The Stool Owns the City.”

99. By 1943, Accra's population reached 33,000. Kilson, *Kpele Lala*, 8.

100. Pellow, *Landlords and Lodgers* and "Muslim Segmentation," 433.

101. Weiss, *Begging and Almsgiving in Ghana*, 84.

102. "Togo, Mensah, Conjoe, Tettey, Moses A. Coker, Suanim Adjai, Mama Zozo, George Carr, Thomas Quamin Abimton, Quassah, Zanaboo, Adai, Effua Tambah, Aquinah Minah, Yar Minsue, Quassah Mahama, Barekey Moshi." In *Gold Coast Government Gazette*, 31 March 1888, 60. Of the first seventeen people confined at the colonial asylum at its Victoriaborg location between 1887 and 1888, two had Ga names and two were possibly of Euro-African origin. The remaining patients bore Akan names or those of people from ethnic groups from regions to the north of the Asante Empire. For example: "Escaped from the Lunatic Asylum, Victoriaborg on the 11th instant about 10:30am. Lunatic patient Abubakare, about 5 feet in Height; black complexion; medium build; oval face with beard; no marks on the face; native of Hausa country." *Gold Coast Government Gazette*, 30 June 1897, 232.

103. Berry, "Hegemony on a Shoestring."

104. Apter, "Some Economic Factors in the Political Development of the Gold Coast"; Prah, "The Northern Minorities in the Gold Coast and Ghana"; Akurang-Parry, "Labour Mobilization and African Response to the Compulsory Labour Ordinance in the Gold Coast (Colonial Ghana), 1875–1899"; Berry, *No Condition is Permanent*; d'Avignon, *A Ritual Geology*; Mark-Thiesen, "The 'Bargain' of Collaboration"; Lawrance, Osborn, and Roberts, eds., *Intermediaries, Interpreters, and Clerks*; Aderinto, *Animality and Colonial Subjecthood in Africa*.

105. On indirect rule in British Africa, see Mamdani, *Citizen and Subject*; Spear, "Neo-Traditionalism and the Limits of Invention in British Colonial Africa"; Berry, *No Condition is Permanent*; and Ochonu, *Colonial Meltdown*.

106. On these developments, see Berry, *No Condition is Permanent*; and Cooper, *Decolonization and African Society*, 67.

107. Tilley, *Africa as a Living Laboratory*; Osseo-Asare, *Bitter Roots*; Breckenridge, *Biometric State*; Tousignant, *Edges of Exposure*; Webel, *The Politics of Disease Control*; Hunt, *A Nervous State*; Lachenal, *The Lomidine Files*.

108. Vaughan, *Curing Their Ills*, 100–128.

109. The region around Abeokuta would eventually house the Lantoro Mental Annex, converted from a prison in 1944, and the internationally famous family- and community care-based Aro Village Scheme. Aro Village was developed by Dr. Thomas Adeoye Lambo, the first Nigerian psychiatrist, in 1954. Colonial austerity also shaped Lambo's embrace of a deinstitutional model for psychiatric care in Nigeria. See Sadowsky, *Imperial Bedlam*; Heaton, *Black Skin, White Coats*, 55–64.

110. Marks, "The Microphysics of Power."

111. Quarshie, "Psychiatry on a Shoestring." PRAAD CSO 11/8/10—Letter from the Alienist Officer to the Director of Medical Services (DMSS)—16 December 1929. See also PRAAD CSO 11/8/64—Vacancy for Senior mental Nurse, Lunatic Asylum, Accra, Medical Department—Filling of.

112. On the use of straitjackets and handcuffs, see PRAAD CSO 11/8/47—Affray between Inmates of the Lunatic Asylum, 1934–1939. On patent medicines, see Tooth, "Studies in Mental Illness in the Gold Coast"; Forster, "The Theory and Practice of Psychiatry in Ghana."

113. PRAAD, CSO 11/8/16, Memo to the Acting Chief Secretary, 16 November 1932.

114. BNA CO 847/6/9—Note from Dr. Stanton on the Discussion of Asylums in West Africa (5/9/35).

115. BNA CO 847/6/9—Note from Dr. Stanton on the Discussion of Asylums in West Africa (5/9/35).

116. Cunyngham-Brown, *Report on Mission to the British Colonies* (n. 15), 23–24. For a history of family care in Britain and in the British Empire, see Suzuki, *Madness at Home*; Coleborne, *Madness in the Family*.

117. Quarshie, “Psychiatry on a Shoestring.” Deinstitutionalization commonly refers to the policy and ideological transformations that took place in psychiatry as mental health care in Europe and the United States reoriented from asylum- and hospital-based treatment to an outpatient model from the 1950s onward. It was intended to correct abuses associated with the cloistering of mental patients in institutions, justified as necessary for their recovery and for the protection of the rest of society. The unintended consequences of deinstitutionalization include increased homelessness and the rise of mentally distressed people in criminal justice systems. For a review of the historical literature on this topic, see Long, Kritsotaki, and Smith, “Introduction”; World Health Organization, *Innovation in Deinstitutionalization*; Sturdy, Freeman, and Smith-Merry, “Making Knowledge for International Policy.”

118. Quarshie, “Confinement in the Lunatic Asylums.”

119. BNA CO/912/1, Colonial Office Circular Dispatch, Malcolm MacDonald, 13 July 1939.

120. BNA CO/912/1, Colonial Office Circular Dispatch, Malcolm MacDonald, 13 July 1939.

121. For example, in 1942 an African nurse “was severely censured” in writing “for borrowing and appropriating for his own use money belonging to a patient.” PRAAD CSO 11/8/64—Letter from the DMS to the Colonial Secretary re: Senior Mental Nurse—Vacant Post of—31 October 1944.

122. A focus on contracted intimacies uncovers power dynamics through the conspiratorial arrangements between nurses and patients in one African psychiatric setting: the Accra Asylum of British-controlled Gold Coast. It reveals tensions in the demarcation of the ordinary and mental distress in asylums in colonial Africa.

123. PRAAD CSO 11/8/64—Letter from the DMS to the Colonial Secretary re: Senior Mental Nurse—Vacant Post of—23 July 1942.

124. PRAAD CSO 11/8/54—Confidential Letter from the Alienist Officer to the Director of Medical Services (DMSS)—12 January 1939.

125. PRAAD CSO 11/8/54—Confidential Letter.

126. PRAAD CSO 11/8/54—Confidential Letter.

127. PRAAD CSO 11/8/54—Letter from the Alienist Officer to the Director of Medical Services (DMSS)—24 February 1939.

128. PRAAD CSO 11/8/54—Letter from Director of Medical Services (DMSS) to the Colonial Secretary re: “Adjoa Denta—Inmate Lunatic Asylum—Pregnancy of”—23 January 1939.

129. PRAAD CSO 11/8/54—Confidential Letter.

130. PRAAD CSO 11/8/54—Letter from Director of Medical Services.

131. PRAAD CSO 11/8/54—Confidential Letter.

132. PRAAD CSO 11/8/54—Confidential Letter.

133. Rodney, “Gold and Slaves on the Gold Coast.”

134. Rattray, *Ashanti*, 77.

135. These restrictions are detailed in the Lunatic Asylum Ordinance of 1888.

136. I am heavily indebted to the work of the Ghanaian linguistic anthropologist Kofi Agyekum on Akan verbal taboos: Agyekum, *Akan Verbal Taboos*.

137. Boaz, “Witchcraft, Witchdoctors, and Empire,” 64–65, notes that “the reason that

colonial law allowed for the continued administration of ntam oaths is that they were used in indigenous legal proceedings, and the British did not wish to completely destabilize African political structures.”

138. Field, *Search for Security*.

139. Owusu, *Uses and Abuses of Political Power*.

140. Seidman, “Witch Murder and Mens Rea,” 46.

141. Seidman, “Witch Murder and Mens Rea,” 46.

142. PRAAD CSO 11/8/02—Refusal of Police Magistrate to Issue Warrant of Confinement.

143. At first, only the governor could order the discharge of a patient. Discharge procedures of the Accra Asylum were updated in 1917 and 1922, allowing for the colony’s director of medical services to also release patients. The ordinance does not contain a defined appeals process for suspected and confined lunatics against the decisions made during the inquiry and examination.

144. Agyekum, “N’tam ‘Reminiscential Oath’ Taboo in Akan.”

145. Boateng, “The Asafo and the Use of ‘Ntam’ in Conflicts and Conflict Resolution in Asante.”

146. McCaskie, “Unspeakable Words, Unmasterable Feelings.”

147. McCaskie, “Unspeakable Words, Unmasterable Feelings.”

148. Boateng, “The Asafo and the Use of ‘Ntam’ in Conflicts and Conflict Resolution in Asante,” 30.

149. This is derived from the Akan saying *gyimi nso ye yarea*, meaning “foolishness is also a disease.” Agyekum, *Akan Verbal Taboos*, 120.

150. Agyekum, *Akan Verbal Taboos*, 118.

151. Ghana National Archives, PRAAD-Kumasi, Ashanti Regional Archives (hereafter ARG) 6/1/37—Petition of Adjoa Serwa to the District Commissioner of Kumasi.

152. Agyekum, *Akan Verbal Taboos*.

153. ARG 6/1/14—Petition from Tafohene to the Medical Officer at the Accra Asylum, 30 November 1938.

154. *Ɔkyeame* is the Akan word for the chief’s linguist.

155. ARG 6/1/37—Ɔkyeame Kwame Boateng to the Medical Officer at the Asylum on behalf of Private John Amuah, 5 November 1946.

156. See chapter 1 for a discussion of spiritual capture.

157. ARG 6/1/37—Ɔkyeame Kwame Boateng to the Medical Officer at the Asylum on behalf of Private John Amuah, 5 November 1946.

158. McCaskie, *State and Society in Pre-Colonial Asante*, 113.

159. CSO 11/8/76—Stephen Kofi Djagbletey—Petition for release from Lunatic Asylum (1945). Note from unknown to Colonial Secretary (11 April 1945).

160. Yankah, *Speaking for the Chief*.

161. Agyekum, *Akan Verbal Taboos*, 108.

162. Agyekum. *Akan Verbal Taboos*, 85.

163. Field, *Search for Security*, 90. These cults to fetish spirits, most of which came from the Northern Territories and other parts of West Africa, include Tigari, Kundi, and Nangoro from French Ivory Coast; Asasi from the French Northern Territories; and Krakyi Dente.

164. ARG 1/30/1/19—Tigari Fetish—Letter from the Commissioner of the Gold Coast Police to the Chief Commissioner of Ashanti—27 June 1946.

165. Boateng, “The Asafo and the Use of ‘Ntam’ in Conflicts and Conflict Resolution in Asante.”

166. He did so by announcing to the plaintiffs and defendants, “‘should you say what is untrue or practice the slightest deception in your defense, may the god (Katawire, or other god named) strike you dead.’ Sometimes, however, the linguist simply says ‘if you speak falsely, may this oath kill you’ (‘nsiw nkū wu,’ hence ‘enchiou-keu ou,’ . . .).” Sarbah, “Fanti National Constitution,” 37.

167. PRAAD CSO 11/8/12—On the use of Dogba Basari’s Army Pension to cover the cost of his care. PRAAD CSO 11/8/64—Letter from the DMS to the Colonial Secretary re: Senior Mental Nurse—Vacant Post of—31 October 1944.

168. ARG 6/1/37—Medical Officer at the Asylum to the District Commissioner of Kumasi, 16 November 1946.

169. ARG 1/30/1/19—Tigari Fetish—Letter from the Commissioner of the Gold Coast Police to the Chief Commissioner of Ashanti—27 June 1946.

170. ARG 1/30/1/19—Acting Colonial Secretary to the Chief Commissioner of Ashanti, 18 August 1946.

171. ARG 6/1/37—Medical Officer at the Asylum to the District Commissioner of Kumasi, 16 November 1946.

172. ARG 6/1/37—Bolga Frafra to the District Commissioner of Kumasi, 10 November 1936.

173. PRAAD CSO 11/8/08—Criminal Lunatics Condition of Discharge from Lunatic Asylum (1934)—Letter from Secretary of State for the Colonies to the Governor of the Gold Coast, 3 June 1932.

174. Memo to the District Commissioner Concerning the Accusation of Akanloga Frafra against Abooso Frafra, 13 November 1935, The Asantehene’s Manhiya Palace Archives, Kumasi, Ghana.

175. CSO 11/8/07–08—Criminal Lunatics Conditions of Discharge.

176. Forster, “Forensic Attitudes in the Delivery of Mental Health Care in Ghana,” 54.

177. Lunatic Record Book 4—Re: Amadu Grumah Lunatic, 8 December 1949, 489–90.

Chapter 3

1. The chief commissioner was the European officer in charge of the Ashanti Region under British colonial rule. I use “Asante” to refer to self-identified ethnic Asante people and “Ashanti” to refer to the colonial administrative territory. “Asantehene” refers to the chief (*ɔhene*) of the Asante state. In the colonial period, the term chief (*hene*) was frequently appended to other Twi- and English-derived words to denote a position of authority or jurisdiction. For example, Kumasihene was the name for the “chief of Kumasi,” a position created by British officials under indirect rule.

2. ARG 6/1/14, Petition from the Asantehene and his Council to the Chief Commissioner of Asante re: “The Removal of Lunatics from Kumasi,” 18 February 1936.

3. Anarfi, Kwankye, Ababio, and Tiemoko, “Migration from and to Ghana,” 13.

4. Cunyngham-Brown, *Report on Mission to the British Colonies*.

5. CSO 11/8/07—Criminal Lunatics Conditions of Discharge from the Asylum—1931–1932, Letter from Acting Director of Prisons to Acting Colonial Secretary (2/8/32). Asylum and prison officials sometimes conflated criminal lunatics with lunatic criminals, people certified as insane after conviction.

6. As Pontzen writes, “*Nkramo* is Asante Twi for ‘Muslim,’ and most of the people of the zongo identify as *nkramo* without further qualification.” “What’s (Not) in a Leather Pouch?,” 872.

7. The migrations of Nkramu people to southern Ghana took place in waves guided by varying economic imperatives: slavery, colonialism, the cocoa plantation economy, the open-door policy of the independence-era regime, the mass expulsion of immigrants across West Africa, structural adjustment programs, and regional integration via the Economic Community of West African States (ECOWAS). It is difficult to parse these waves, which began over 400 years ago and sometimes followed seasonal circular migration patterns, into any particularly accurate order associated with individual ethnic or political groups. Ntewusu, *Settling In and Holding On*; Rouch, “Migrations au Ghana.”

8. Allman, “Hewers of Wood, Carriers of Water.”

9. Cooper, *Citizenship between Empire and Nation*; Getachew, *Worldmaking after Empire*; Wilder, *Freedom Time*.

10. Scholarship on the influence of Islam and Muslims on Asante is glossed as the “northern factor in Asante history” following the work of Wilks, *The Northern Factor*.

11. Konadu, “A Manden Myth in the Akan Forests of Gold.”

12. Goody, “The Mande and the Akan Hinterland”; Rouch, “Migrations au Ghana,” 40–44.

13. Jean Rouch, in his classic study “Migrations au Ghana,” 39, went so far as to describe these states as “copies” of the Malian empire. See also Wilks, *The Northern Factor*, 9.

14. Wilks, *The Northern Factor*, 22.

15. Garrard, *Akan Weights and the Gold Trade*.

16. Wilks, *The Northern Factor*, 19.

17. According to the historian Ivor Wilks, in the Mande trading town of Begho—founded in what became the northern reaches of Asante power as a transit point for the gold trade—Akan speakers called the neighborhood of Muslim Manding speakers *nsoko*, which became *nzoko* in Anyi, *nsogo* in Guan, and *nzongo* in Twi, the language of the Asante, “in a form showing Hausa influence . . . as a generic term for the immigrant (and usually Moslem) quarter of a town.” Wilks, *The Northern Factor*, 4.

18. The origin of the Asante Empire is contested. I base my version on Ivor Wilks’s 1975 account (and subsequent critiques of and revisions to) this model. Wilks attributes distinctive Asante political (*oman*) and social (*abusua*) organization to the transition from hunter-gathering lifestyles to those centered on agriculture and forest clearing in the fifteenth century. Archeologists have now established that agriculture was practiced centuries earlier than this. But Gérard Chouin has made a compelling proposition that fallout from the bubonic plague, including major population shifts and forest re-encroachment, could have made forest clearing a major impetus for political transformation in the fifteenth century but for different reasons than proposed by Wilks. On these debates, see Wilks, *Asante in the Nineteenth Century* and “The Forest and the Twis”; Klein and Wilks, “Slavery and Akan Origins?”; Chouin, “The ‘Big Bang’ Theory Reconsidered.” On agricultural history in and around Asante, see Stahl and Logan, “Resilient Villagers”; and Logan, *The Scarcity Slot*.

19. Histories written in Arabic by Muslim scholars have been a key source for both Asante royal historical accounts and for contemporary historical scholarship on Asante. Wilks, Levtzion, and Haight, *Chronicles from Gonja*.

20. Gérard Chouin notes that the story of Abu, which is similar to a story from seventeenth century Senegal, could be what Jan Vansina called a “*wandersagen*”—“a literary device for explaining a historical fact which is already known, for adding colour to a narrative, or for describing a disagreeable past event without upsetting existing cultural values.” Even if this is the case, the choice of this *wandersagen* speaks to the importance of Muslim migrants in the development

and emergence of the Asante Empire. Chouin, “The ‘Big Bang’ Theory Reconsidered”; Vansina, *Oral Tradition*, 74.

21. Chouin, “The ‘Big Bang’ Theory Reconsidered.”
22. Akyeampong and Gates, eds., *Dictionary of African Biography*, 449.
23. Owusu-Ansah, “Islamic Influence in a Forest Kingdom,” 116.
24. Wilks, *The Northern Factor*, 22.
25. McCaskie, “Anti-Witchcraft Cults in Asante.”
26. Much of the historical knowledge available on healing talismans and medical charms in Akan-speaking worlds comes from the Arabic language manuscripts found in Dagomba on the use of Islamic amulets in the nineteenth-century Asante Empire. See Silverman and Owusu-Ansah, “The Presence of Islam among the Akan of Ghana.” These amulets are of the same genre of the *bolsas de mandinga* that circulated in the Atlantic world with origins in Islam-influenced regions of West Africa. On the Atlantic circulation of amulets, see Sweet, *Domingos Álvares, African Healing, and the Intellectual History of the Atlantic World*; Rarey, *Insignificant Things*.
27. Owusu-Ansah. “Islamic Influence in a Forest Kingdom,” 116.
28. Levtzion, *Muslims and Chiefs in West Africa*.
29. The precise timing for the expulsion of the Nkramu is unclear, but it is certainly close to 1844, when Ga and Fante traders were expelled. Wilks, *The Northern Factor*, 269.
30. Owusu-Ansah, *Historical Dictionary of Ghana*, 196.
31. Wilks, *The Northern Factor*, 22.
32. The impact of the constabulary on ideas of belonging are clearest in the Ga language of Accra, where the term used for migrants from Islam-influenced parts of West Africa is *Hausa tsemee* (Hausa people).
33. Balakrishnan, “Imperial Policing and the Antinomies of Power in Early Colonial Ghana.”
34. Cohen, *Custom and Politics in Urban Africa*.
35. Pontzen, *Muslim Lifeworlds in Asante, Ghana*; Sudarkasa, “From Stranger to Alien,” 126; Wilks, *Asante in the Nineteenth Century*, 267.
36. A survey conducted in 1956 showed that 45 percent of all police officers were from the Northern Territories or the neighboring French colonies. Clayton and Killingray, *Khaki and Blue*, 15. See also Schildkrout, “Islam and Politics in Kumasi.”
37. Berry, *Chiefs Know their Boundaries*.
38. AOF commissioned multiple reports on the causes and consequences of the emigration of their subjects to colonial Ghana Dakar (in 1923, 1929 to 1931, and 1934 to 1945). Archives National de Sénégal, Afrique Occidentale Française (hereafter ANS-AOF) AOF 5 F 5, L’Agent Consulaire de France à Accra à Monsieur le Consul General de France à Londres, le 18 Avril 1929 5 F 5–6, Migrations et Exodes au Gold Coast, 1923, 1929–1931, 1934–1945.
39. Anarfi, Kwankye, Ababio, and Tiemoko, “Migration from and to Ghana,” 14.
40. Hill, “The Migrant Cocoa Farmers of Southern Ghana.”
41. Hill, “The Migrant Cocoa Farmers of Southern Ghana”; Adomako-Sarfoh, “The Effects of the Expulsion of Migrant Workers on Ghana’s Economy”; Mikell, *Cocoa and Chaos in Ghana*; Eades, *Strangers and traders*; and Ahlman, *Living with Nkrumahism*.
42. Rouch, “Migrations au Ghana.”
43. Fortes, “Culture Contact as a Dynamic Process.”
44. At different junctures in AOF’s colonial history, Haute Volta was incorporated into the colony of Côte d’Ivoire, and at other times it was a distinct colony. ANS-AOF 17 G 249, Rapport de M. l’Administrateur en Chef Pieusse gués, Inspecteur de Affaires Administratives sur Les

Exodes en Gold-Coast, le 10 Décembre 1935. On these migratory patterns, see Bamba, *African Miracle, African Mirage*.

45. ANS-AOF 17 G 249, Emigration éloignée vers Coomassie et Accra.
46. Dougnon, “Reinterpreting Labor Migration as Initiation Rite.”
47. Quoted in Kenneth Little, *West African Urbanization*, 11.
48. McCaskie, *Asante Identities*, 144. Recall that Kumasi was burned to the ground by the British in 1874.
49. Allman and Tashjian, *I Will Not Eat Stone*.
50. Allman, “Rounding up Spinsters,” 198.
51. The survey was organized by Meyer Fortes, the South African-born professor of anthropology at Oxford. Robert Sutherland Rattray, first head of the Gold Coast Anthropology Department, notes a similar phenomenon in his examination of Asante ethics. However, due to his static conception of Asante personhood, he views the youth as having lost the true essence of their “Asanteness.” Rattray, *Ashanti Proverbs*.
52. McCaskie, *Asante Identities*, 105.
53. McCaskie, *Asante Identities*, notes the example of growing numbers of Asante youth engaging in circumcision, as introduced by Muslim migrants, which was considered an abomination by earlier generations.
54. Akyeampong, “Christianity, Modernity and the Weight of Tradition in the Life of Asantehe Agyeman Prempeh I, c. 1888–1931”; Pontzen, *Islam in a Zongo*.
55. Adu-Gyamfi, “British Colonial Reform of Indigenous Medical Practices amongst the Asante People of the Gold Coast, 1930–1960.”
56. Busia, *The Position of the Chief in the Modern Political System of Ashanti*.
57. Klein and Wilks, “Slavery and Akan Origins?”
58. Busia, *The Position of the Chief in the Modern Political System of Ashanti*, 129–64.
59. Archives National de Sénégal, Afrique Occidentale Française (hereafter Dakar—AOF) 17 G 249, Emigration éloignée vers Coomassie et Accra.
60. Heaton, “Aliens in the Asylum.”
61. McCaskie, *Asante Identities*, 142. Selwyn-Clarke, “Report on the Outbreak of Plague in Kumasi”; Bigon, “Bubonic Plague, Colonial Ideologies,” 215, 214; Talton, “‘Kill Rats and Stop Plague.’”
62. Bigon, “Bubonic Plague, Colonial Ideologies,” 215.
63. Berry, *Chiefs Know their Boundaries*, 95.
64. Busia, *The Position of the Chief in the Modern Political System of Ashanti*.
65. Prempeh and British Academy, *The History of Ashanti Kings*, 49.
66. Wilks, *A Portrait of Otumfuo Opoku Ware II as a Young Man*, 10.
67. Berry, *Chiefs Know their Boundaries*, 95.
68. Addo, “Employment and Labor Supply on Ghana’s Cocoa Farms.”
69. Cunyngham-Brown, *Report on Mission to the British Colonies*, 17.
70. On the implications of Cunyngham-Brown’s report for empire-wide psychiatric policy, see Quarshie, “Psychiatry on a Shoestring.”
71. Schildkrout, “Strangers and Local Government in Kumasi,” 261.
72. Sudarkasa, “From Stranger to Alien,” 152.
73. Ware, *The Walking Qur’an*.
74. Weiss, *Begging and Almsgiving in Ghana*, 79–81.
75. ARG 6/1/14, Letter from the Asante Royals to the Chief Commissioner of Asante re: The Removal of Lunatics in Kumasi, 18 February 1936.

76. PRAAD, CSO 11/8/16, “Memo to the Acting Chief Secretary,” 16 November 1932.
77. PRAAD, CSO 11/8/16, “Memo to the Acting Chief Secretary,” 16 November 1932.
78. PRAAD, CSO 11/8/16, “Memo to the Acting Chief Secretary,” 16 November 1932.
79. ARG 1/1/19/4, Letter from the President of the Kumasi Public Health Board to the Chief Commissioner of Ashanti, 15 October 1942. The italics are mine and are meant for emphasis.
80. ARG 1/1/19/4, Letter from the President of the Kumasi Public Health Board to the Chief Commissioner of Ashanti, 15 October 1942. The italics are mine and are meant for emphasis.
81. ARG 1/1/19/5, Letter from the President of the Kumasi Public Health Board to the Chief Commissioner of Ashanti, 15 October 1942.
82. ARG 1/1/19/8, Letter from the Chief Commissioner of Ashanti to the Colonial Secretary, 30 October 1942.
83. ARG 1/1/19/8, Letter from the Chief Commissioner of Ashanti to the Colonial Secretary, 30 October 1942.
84. Matthew Heaton, “Aliens in the Asylum,” explains that this loophole failed to generate the mass decertifications and repatriations sought by psychiatric officials.
85. Heaton, “Aliens in the Asylum.”
86. ARG 1/1/19/9, Letter from the Chief Commissioner of Ashanti to the Colonial Secretary, 30 October 1942.
87. ARG 1/1/19/10–11, Letter from the Superintendent of the Police for Ashanti to the Chief Commissioner of Ashanti, 10 November 1942.
88. Rouch, “Migrations au Ghana,” 186.
89. Killingray, “The Maintenance of Law and Order in British Colonial Africa.” Known officially as the Kumase Messenger Force, the Asantehene’s police were established in 1924, alongside other “native” police forces, to help enforce royal decrees, and they soon became tools for managing economic power relations. Within two decades, both African nationalists and colonial authorities sought the end of the native police forces. Various commissions recommended their disbanding or incorporation into the colonial police force. By 1953, most native police were under the authority of district level governments, and by 1962, only five years after independence, they were fully incorporated into the Ghana Police Service. The exception to this incorporation was the Asantehene, who was allowed to keep his police force for decades after independence.
90. Rouch, “Migrations au Ghana,” 186–87.
91. ARG 1/1/19/13, Extract from the Minutes of the Meeting of the Kumasi Town Council held on 13 October 1944.
92. ARG 1/1/19/20, Letter from the Chief Commissioner of the Kumasi Town Council to the Chief Commissioner of Kumasi, 27 April 1945.
93. ARG 1/1/19/20, Letter from the Chief Commissioner of the Kumasi Town Council to the Chief Commissioner of Kumasi, 27 April 1945.
94. ARG 1/1/19/21, Letter from the Chief Commissioner of Ashanti to the Superintendent of Police for Ashanti, 1 May 1945.
95. ARG 1/1/19/22, Letter from the Superintendent of Police for Ashanti to the Chief Commissioner of Ashanti, 3 May 1945.
96. ARG 1/1/19/22, Letter from the Superintendent of Police for Ashanti to the Chief Commissioner of Ashanti, 3 May 1945.
97. ARG 1/1/19/23, Letter from the Chief Commissioner of Ashanti to the President of the Kumasi Public Health Board, 12 May 1945.
98. ARG 1/1/19/28, Report from the Superintendent of Police for Ashanti re: “The most

recent cases in which persons of unsound mind have been considered by the Police to be ‘proper subjects of confinement;’” 20 May 1945.

99. ARG 1/1/19/28, Report from the Superintendent of Police for Ashanti re: “The most recent cases in which persons of unsound mind have been considered by the Police to be ‘proper subjects of confinement;’” 20 May 1945.

100. ARG 1/1/19/28, Report from the Superintendent of Police for Ashanti.

101. This topic is particularly fascinating for the historian of psychiatry because McCaskie utilizes the example of witchcraft confessions to substantiate his case. In her extensive study of people attending shrines to seek help for mental distress, Margaret Field (*Search for Security*, 36) argued that witch confessions were more often than not a signal of depression. Recent ethnographic work by Ghanaian clinical psychologist Vivian Afi Dzokoto (“Adwenhoasem”) suggests the continued importance of both somatic modes of attention and the spiritual porosity indicative of witchcraft for twenty-first-century Akan-speaking theories of the mind. See also McCaskie, *Asante Identities*.

102. This is another West African *wandersagen*, or travelling story. See the parallels in Chinua Achebe’s famous account called “The Madman.”

103. Wacquant, “Pugs at Work.”

104. Testimony of Kwabena Bonsu from the Asante Social Survey, as quoted in McCaskie, *Asante Identities*, 145–46.

105. Cooper, *Decolonization and African Society*, 66.

106. PRAAD CSO 15/9/351, The Repatriation of Convicted Persons Ordinance, 1945.

107. Heaton, “Aliens in the Asylum.”

108. Allman, “Hewers of Wood, Carriers of Water,” 2.

109. Austin, *Ghana Observed*, 25.

110. Austin, *Ghana Observed*, 42.

111. Ahlman, *Living with Nkrumahism*, 52.

112. Allman, “Hewers of Wood, Carriers of Water”; Hanretta, “‘Kaffir’ Renner’s Conversion.”

113. Allman, “Hewers of Wood, Carriers of Water,” 6–7.

114. The MAP chose not to officially merge with the NLM.

115. Rouch, “Migrations au Ghana,” 187.

116. Rouch, “Migrations au Ghana,” 187–88.

117. Gilroy, *Postcolonial Melancholia*, xv. I am drawing on Paul Gilroy’s conception of conviviality, which as he explains “refers to the processes of cohabitation and interaction that have made multiculturalism an ordinary feature of social life in Britain’s urban areas and in postcolonial cities elsewhere . . . It does not describe the absence of racism or the triumph of tolerance . . . It introduces a measure of distance from the pivotal term ‘identity,’ which has proved to be such an ambiguous resource in the analysis of race, ethnicity, and politics. The radical openness that brings conviviality alive makes a nonsense of closed, fixed, and reified identity and turns attention toward the always unpredictable mechanisms of identification.”

118. Gold Coast, Legislative Assembly, Oral Answers, 21 March 1956, pp. 26–27, “French Immigrants (Travelling Certificates),” vol. 4.

119. Gold Coast, Legislative Assembly, “French Immigrants.”

120. Gold Coast, Legislative Assembly, “French Immigrants.”

121. Gilroy, *Postcolonial Melancholia*.

122. The report in question was the 1954 *Report on the Enquiry into Begging and Destitution in the Gold Coast*; Weiss, *Begging and Almsgiving in Ghana*, 85.

123. Weiss, *Begging and Almsgiving in Ghana*, 87.
124. Rathbone, *Nkrumah and the Chiefs*.
125. Ahlman, *Living with Nkrumahism*; Brown. "Who are the Tribalists?"; Rathbone, *Nkrumah and the Chiefs*.
126. Sudarkasa, "From Stranger to Alien," 162–65.
127. PRAAD, CSO 15/9/351, The Repatriation of Convicted Persons Ordinance, 1945.
128. Gilroy, *Postcolonial Melancholia*.
129. Decoteau, "Conjunctures and Assemblages." This insight dovetails with the critical realist readings of the Marxian and psychoanalytic concept of overdetermination. Decoteau ("Conjectures and Assemblages," 95) explains that for Laclau and Mouffe (*Hegemony and Socialist Strategy*), who view identity categories as contingent articulations or overdetermined conjunctures that attempt to stabilize social signification, "the presence of previous formulations survives within a new articulation like an echo."
130. Gold Coast, Legislative Assembly, Written Answers, 6 April 1955, p. 35, "Kumasi (Lunatic Asylum)," vol 1.
131. Miers and Roberts, *The End of Slavery in Africa*.
132. AOF 1 H 74, *Maladies Mentales Rapports 1938—1957*, Le Consul Général de France à Accra, à Monsieur Le Haut Commissaire de la République en Afrique Occidentale Française, le 13 nov 1956.

Akla-Osu, Ghana's SUPERLANDLORD

1. Quarshie, "Archives of False Prophets."
2. Accra Psychiatric Hospital Biostatistics Department Archives (henceforth APHBDA), Box 7A, Unit 340, entry dated February 1, 1978.
3. Pomata, "The Medical Case Narrative," 8.
4. Akla-Osu is a family-given pseudonym. I have chosen to maintain Akla-Osu's orthographic choices in his petition to give the reader a sense of his writing style and intensity. APHBDA, Box 7A, Unit 340, "Letter of Application for Certificate of Fitness (The Petition)," October 17, 1977.

Chapter 4

1. Nkrumah, *Consciencism*, 78–79.
2. Decker and Arrington, *Review of Africanizing Democracies*.
3. Shaloff, "The Africanization Controversy in the Gold Coast, 1926–1946"; Saloway, "The New Gold Coast."
4. Saloway, "The New Gold Coast," 473.
5. Adu, *The Civil Service in New African States*.
6. Horton, "African Traditional Thought and Western Science"; Wiredu, "How Not to Compare African Traditional Thought with Western Thought"; Osseo-Asare, *Bitter Roots*; Mavhunga, *What Do Science, Technology, and Innovation Mean from Africa?*; Hountondji, "Scientific Dependence in Africa Today"; Andersen, "'Scientific Independence,' Capacity Building, and the Development of UNESCO's Science And Technology Agenda for Africa."
7. Forster, "The Theory and Practice of Psychiatry in Ghana," 12.
8. Abraham, *Mind of Africa*, 59.

9. Laitin, “The Tower of Babel as a Coordination Game.”

10. For example, in a paper titled “The Unity of African Law” presented at the Conference of Negro Writers and Artists in Rome in 1959, Antony Allott, the first professor of African law at the University of London and an expert of customary law in Akan-speaking polities, queried “Is there an African Law?” Allott, “The unity of African law,” 72.

11. Blyden’s African personality was strongly informed by two thinkers: the nineteenth-century African American Episcopal priest Alexander Crummell, a contemporary Pan-Africanist, and Johann Gottfried von Herder, the eighteenth-century German idealist philosopher. Lynch, *Edward Wilmot Blyden, Pan-Negro Patriot, 1832–1912*, 54–55.

12. Abraham, *Mind of Africa*, 38–39.

13. Appiah, *In My Father’s House*, 22.

14. Appiah, *In My Father’s House*, 24.

15. Nkrumah, *Consciencism*, 79.

16. Ahlman, *Living with Nkrumahism*, 9.

17. Ahlman, *Living with Nkrumahism*, 9.

18. Interview, Estelle Appiah, chair of Board of Mental Health Authority, daughter of E. B. Forster, January 6, 2020.

19. Pringle, *Psychiatry and Decolonisation in Uganda*; Mika, *Africanizing Oncology*; Tousignant, *Edges of Exposure*; Lachenal, “The Intimate Rules of the French Coopération.”

20. Droney, “Ironies of Laboratory Work during Ghana’s Second Age of Optimism”; Osseo-Asare, *Atomic Junction*.

21. Forster, “The Theory and Practice of Psychiatry in Ghana,” 44.

22. Forster, “The Theory and Practice of Psychiatry in Ghana,” 42.

23. Harrington, *Mind Fixers*; Eysenck, *Decline and Fall of the Freudian Empire*; Horwitz, *Between Sanity and Madness*, 159.

24. Forster, “The Theory and Practice of Psychiatry in Ghana,” 46.

25. Forster, “The Theory and Practice of Psychiatry in Ghana,” 45.

26. Forster, “Mental Health and Political Change in Ghana, 1951–1971.” In my usage, terrorism is an analytical category that describes the application of techniques, tactics, and practices that induce fear for a political purpose. Describing the CPP’s retaliatory acts against dissidents and migrants as state terror is not denying the terror of colonial domination nor does it deny Nkrumah’s liberatory projects. Despite being ousted by a military coup in 1966, Nkrumah is still commonly referred to in Ghana as Osagyefo, the “one who delivered us from bondage.” Terrorism can be strategic or desperate, mass or individuated. It can come from state-level actors or from below, as in the bombing campaigns and various assassination attempts on Nkrumah. But all those distinctions can blur how, for example, the United States Central Intelligence Agency, a state apparatus, hoped to psychologically destabilize Nkrumah by supporting local coups and assassination attempts. Colonialism and neocolonial ambitions in Africa were built on force and the induction of fear in the colonized populace. In the face of colonial fearmongering and domination, the CPP emerged as a shining light, promising hope and freedom. But, as Ayi Kwei Armah lamented in his novel *The Beautiful Ones Are Not Yet Born*, the CPP’s promises were short lived and beset with internal contradictions. This trajectory was not exceptional to Ghana, as the first decade of African independence was an era of unfulfilled promises that burnished the rise of Afropessimism.

27. I draw the phrase “self-devouring” from the sense used by Livingston, *Self-Devouring Growth*.

28. Entry from the family, E. B. Forster funeral booklet, 1991.
29. Entry from the family, E. B. Forster funeral booklet, 1991.
30. Interview, Estelle Appiah, chair of Board of Mental Health Authority, daughter of E. B. Forster, January 6, 2020.
31. E. Bankole Timothy, "Our Mental Asylum," *Daily Graphic*, Saturday Supplement, no. 9, 5–9.
32. Bankole Timothy, "Our Mental Asylum."
33. Ansong, "Occupational Therapy in a Developing Country," 37.
34. Ansong, "Occupational Therapy in a Developing Country," 37.
35. Ansong, "Occupational Therapy in a Developing Country," 37.
36. Forster, "A Historical Survey."
37. Forster, "Mental Health and Political Change in Ghana, 1951–1971," 408.
38. Osseo-Asare, "Bitter Roots: African Science," 117; Jahoda, "Traditional Healers and Other Institutions Concerned with Mental Illness in Ghana," 254–55.
39. Osseo-Asare, "Bitter Roots: African Science," 123.
40. Osseo-Asare, "Bitter Roots: African Science," 125.
41. ARG 1/30/19—Tigari Fetish (General) 8/6/1938 to 9/9/1946.
42. Jahoda, "Traditional Healers and Other Institutions," 254–55.
43. Jahoda, "Traditional Healers and Other Institutions," 245–68.
44. Jahoda, "Traditional Healers and Other Institutions," 255.
45. Forster, "A Study of Thioridazine Hydrochloride on Chronic Schizophrenics."
46. Wu, *Mad by the Millions*, 1.
47. The general hospital built in 1927 offered some outpatient care, but it was far from equipped to manage the actual health needs of a rapidly urbanizing Accra. Addae, *The Evolution of Modern Medicine in a Developing Country*.
48. Forster, "A Historical Survey." See also *International Educational Cultural and Related Activities for African Countries South of the Sahara* by Bureau of Educational and Cultural Affairs, report of the US State Department, 1961, 277; *International Educational Exchange and Related Exchange-Of-Persons Activities for Ghana, Region of Trans Volta Togoland, French Togoland, and Nigeria* (report), Section III, 1959, 36. The 1959 report noted the impression made on Forster by his experiences in the United States. It said, "Dr. Forster continues to talk about his visit to medical establishments in the United States in conversation with his colleagues."
49. *Report on Appointments to Expert Advisory Panels*, World Health Organization, 1969, 95, https://apps.who.int/iris/bitstream/handle/10665/144605/EB43_WP-2_eng.pdf;jsessionid=4525D1D71318E417E117FE3058A29921?sequence=1. *International Directory of Investigators in Psychopharmacology*, World Health Organization and US National Institutes of Health, 1972, 297.
50. Heaton, *Black Skin, White Coats*; Biruk, *Cooking Data*; Graboyes, *The Experiment Must Continue*.
51. Forster, "The Theory and Practice of Psychiatry in Ghana."
52. These statements mirror findings observed by Jahoda at the Accra Mental Hospital between 1954 and 1955: Jahoda, "Traditional Healers and Other Institutions."
53. Nkrumah, *Consciencism*, 78–106.
54. Hountondji, *African Philosophy*, 154.
55. Hountondji, *African Philosophy*, 136.
56. There are long-standing rumors that William Abraham ghostwrote Nkrumah's philosophical texts. The core of the argument on African personality in Nkrumah's monograph,

Consciencism: Philosophy and Ideology for Decolonization and Development with Particular Reference to the African Revolution (1964), was similar to one presented in *The Mind of Africa* (1962), a monograph written by Abraham during his stint as the first African examination fellow of All Souls College, Oxford.

57. Rathbone, *Nkrumah and the Chiefs*.
58. Sudarkasa, "From Stranger to Alien."
59. Harvey, *Law and Social Change in Ghana*, 304.
60. Jeffries, *Class, Power, and Ideology in Ghana*.
61. Ahlman, *Living with Nkrumahism*, 126.
62. Ahlman, *Living with Nkrumahism*, 17.
63. Quarcoopome, "Urbanisation, Land Alienation and Politics in Accra."
64. Grilli, *Nkrumaism and African Nationalism*; Fuller, *Building the Ghanaian Nation-State*, 149.
65. Hountondji, *African Philosophy*, 137–40.
66. Ahlman, *Living with Nkrumahism*.
67. Ahlman, *Living with Nkrumahism*, 189.
68. Gerits, *The Ideological Scramble for Africa*.
69. Forster, "The Theory and Practice of Psychiatry in Ghana," 9.
70. Cooper, *Decolonization and African Society*, 249; Hynd, *Imperial Gallows*, 66; Carothers, and World Health Organization. *The African Mind in Health and Disease*; Weinberg, "'Mental Healing' and Social Change in West Africa."
71. Forster, "The Theory and Practice of Psychiatry in Ghana," 12.
72. Forster, "The Theory and Practice of Psychiatry in Ghana," 43–44.
73. Pobee, *Religion and Politics in Ghana*, 121–23.
74. Pobee, *Religion and Politics in Ghana*, 121.
75. Twumasi and Warren, "The Professionalisation of Indigenous Medicine," 122.
76. Forster "The Theory and Practice of Psychiatry in Ghana," 43.
77. Forster, "The Theory and Practice of Psychiatry in Ghana," 43.
78. Forster, *Clinical Psychiatry for Medical Students in Tropical Africa*, 15.
79. Forster, "The Theory and Practice of Psychiatry in Ghana," 43–46.
80. McCulloch, *Colonial Psychiatry and the African Mind*, 118–20.
81. Leighton et al., "Psychiatric Findings of the Stirling County Study."
82. This was the first iteration of the argument in his 1988 article "Sound Minds Make a Sound Nation."
83. These tables appear in Forster's 1972 article, "Mental Health and Political Change in Ghana, 1951–1971." They were made using data gathered by Mrs. Paulina Aggrey Finn, a social worker and member of the Accra Psychiatric Hospital's Biostatistics Department during Dr. Forster's tenure.
84. For adult laborers, for example, forced membership within the CPP took place through forced enrollment in the Trade Union Congress (TUC) and the Builders Brigade. Even children were enrolled into the CPP. Viewed as imperialist institutions by Nkrumah, the Boy Scouts and Girl Guides were replaced by the CPP's own Young Pioneers (YP). The attempted indoctrination of the nation's youth into Nkrumah's cult of personality—coupled with the time commitments required of YP members and the group's strong ties to the CPP—fomented interhousehold tensions. While suspicion grew between parents, who resented YP, and their children, who were being trained to adore Nkrumah, it was also not uncommon to find husbands and wives living in states of mutual distrust.

85. Forster, "Mental Health and Political Change in Ghana," 401.
86. Livingston, *Self-Devouring Growth*.
87. McCaskie, *State and Society in Pre-Colonial Asante*, 122.
88. Jahoda, "Money-Doubling in the Gold Coast," 271.
89. McCaskie, *State and Society in Pre-Colonial Asante*, 122.
90. See chapter 2 for a discussion of the grafting of witch finding onto Akan aesthetics.
91. Field, *Religion and Medicine of the Ga People*, 133.
92. Field, *Religion and Medicine of the Ga People*, 133.
93. Roberts, *Sharing the Burden of Sickness*, 207–10.
94. Jahoda, "Money-Doubling in the Gold Coast."
95. McCaskie, *State and Society in Pre-Colonial Asante*, 122.
96. McCaskie, *State and Society in Pre-Colonial Asante*, 123.
97. Jahoda, "Money-Doubling in the Gold Coast," 270–71.
98. Jahoda, "Money-Doubling in the Gold Coast," 270.
99. McCaskie, *State and Society in Pre-Colonial Asante*, 122.
100. Jahoda, "Money-Doubling in the Gold Coast," 271.
101. US CIA Daily Report, Foreign Radio Broadcasts, Issues 204–205, Ghana Domestic Service Broadcast, 16 October 1963, 14–16.
102. US CIA Daily Report, Foreign Radio Broadcasts, Issues 204–205, Ghana Domestic Service Broadcast, 4 July 1963, 14–16.
103. US CIA Daily Report, Foreign Radio Broadcasts, Issues 204–205, Ghana Domestic Service Broadcast, 16 October 1963, 14–16.
104. Jahoda, "Money-Doubling in the Gold Coast," 273.
105. Cameron Duodu, "Ako Adjei—the Walking History of Ghana: Cameron Duodu on One of the Founding Fathers of Ghanaian Independence Who Died in Accra on 14 January." *New African* (March 2002): 42–45.
106. Anonymous (Kofi), "Exclusive Report from Ghana: Nkrumah Rules by Terror, Intimidation, and Bribery," *The Worker's Journal*, Aug–Sept. 1963, 7, <https://www.marxists.org/history/etol/newspape/news-and-letters/1960s/1963-08-09.pdf>, <http://rayadunayevskaya.org/ArchivePDFs/19635.pdf>.
107. This experience was the basis of his second novel, *Fragments*, with Dr. Cordero likely serving as the inspiration for the character Doctor Juana. Ironically, and in contrast to the experiences of most, this confinement and release led to Armah's economic and literary success. Cordero placed him in the home of soon-to-be internationally renowned author Ama Atta Aidoo. There, he met Mona Fikry, who took a gamble and financially supported Armah to write his first novel with her doctoral research stipend. Armah, *The Eloquence of the Scribes*, 311–12.
108. Forster, *The Basic Psychology and Psychopathology of the African Peoples*, 18.
109. Forster, *The Basic Psychology and Psychopathology of the African Peoples*, 18.
110. Kilroy-Marac, *An Impossible Inheritance*, 145.
111. "International Reference Center for Information on Psychotropic Drugs: Activities, Plans, and News Briefs," *Psychopharmacology Bulletin* 9, no. 3 (1973): 1–10.
112. The notion of the biological revolution supposed that nineteenth-century biologically and statistically focused psychiatrists like Emil Kraepelin were on the right scientific path until the discipline was sidelined by the psychoanalytic frivolities of Freud and his acolytes in the early twentieth century. Innovations in psychopharmacology, genetics, and neuroscience eventually emboldened a new generation of biologically focused psychiatrists in the 1980 to take down the

Freudians. As historian Anne Harrington explains, however, the idea of the biological revolution was an actor category of psychiatrists of the 1980s, which does not stand up to historical scrutiny. Kraepelin and the post-1980s biological psychiatrists did not have as much in common. The model proposed by the nineteenth-century biological psychiatrists fell due to their inability to answer key questions they raised, not due to the rise of psychoanalysis, which only gained real traction after World War II. Many of the changes praised by the 1980s revolutionaries, moreover, took place in several decades prior to their “palace coup.” See Harrington, *Mind Fixers*.

113. Ahlman, *Living with Nkrumahism*; Chazan, *An Anatomy of Ghanaian Politics*.

114. *Report of the Committee Appointed to Investigate the Health Needs of Ghana*, 1968, iii–v.

115. *Report, Health Needs of Ghana*, 20–21 and 58–69.

116. *Report, Health Needs of Ghana*, 59–60.

117. *Report, Health Needs of Ghana*, 64.

118. *Report, Health Needs of Ghana*, 64.

119. His reflections appear to have been informed by historical and ethnographic scholarship, which divided colonial Ghana into its tripartite administrative groupings of the Gold Coast, the forested Asante Territories, and the savanna lands of the Northern Territories. Forster, *The Basic Psychology and Psychopathology of the African Peoples*, 4–5.

120. Forster, *The Basic Psychology and Psychopathology of the African Peoples*, 4–5.

121. Forster, *The Basic Psychology and Psychopathology of the African Peoples*, 4–5.

122. *Report, Health Needs of Ghana*, 20–21 and 58–69.

123. *Report, Health Needs of Ghana*, 20–21 and 58–69.

124. Ghana, Parliamentary Debates, motion put forth by Dr. S. A. Manson, MP for Dormaa, 2 April 1971.

125. On prison stupor, see Myerson, “Theory and Principles of the ‘Total Push’ Method in the Treatment of Chronic Schizo-Phrenia.” On institutionalization, see Martin, “Institutionalization.” On dehumanization, see Vail, *Dehumanization and the Institutional Career*.

126. Goffman’s etiological theory that, within asylums, societies’ “signs of disaffiliation” were transformed into signals of “proper affiliation” was innovative in its reinterpretation of a core critique of institutional neurosis and its sister concepts. For as long as scholars had pronounced the dangers of psychiatric institutionalization, others responded by invoking the difficulties involved in demarcating environmentally conditioned symptoms of the mentally ill from those produced by antipsychotics and by their mental distresses themselves. Goffman, *Asylums*.

127. Twumasi, *Medical Systems in Ghana*.

128. Agyekum, *Akan Verbal Taboos*.

129. Ghana, Parliamentary Debates, motion put forth by Dr. S. A. Manson, MP for Dormaa, 2 April 1971.

130. *Report, Health Needs of Ghana*, 62.

131. A. Osei, “Accra Psychiatric Hospital is 100,” *The Daily Graphic*, June 1, 2006, 9.

132. *Report, Health Needs of Ghana*, 65.

133. *Report, Health Needs of Ghana*, 44.

134. Forster, “International Reference Center for Information on Psychotropic Drugs.”

135. The original note had the year underlined. It is not clear if the patient or the doctors underlined the year. The reader will note the discrepancy between the year the patient claims to have begun taking the pills in both letters.

136. Forster, “The Theory and Practice of Psychiatry in Ghana,” 42.

137. Ayd, *Lexicon of Psychiatry, Neurology, and the Neurosciences*, 21.

138. *Report, Health Needs of Ghana*, 59.
139. Ghana, Parliamentary Debates, motion put forth by Dr. S. A. Manson, MP for Dormaa, 2 April 1971.
140. See chapter 3.
141. Adomako, “Mental Hospital Patients.”
142. Hountondji. “Scientific Dependence in Africa Today,” 5–15.

Chapter 5

1. Opoku, “Kingdom,” 17.
2. *Kyin* means “to wander or roam” in Twi and *-dom* is an English suffix that denotes the totality of an entity, dominion, or state of being.
3. This etymology was provided by historian Kwasi Konadu during the question-and-answer session for a book talk at New York University Center for the African and the African Diaspora on February 26, 2020. Konadu, *Our Own Way in This Part of the World*.
4. Opoku, “Kingdom,” 66.
5. Opoku, “Kingdom,” 68.
6. Mullings, *Therapy, Ideology, and Social Change*, 188.
7. Twumasi-Ankrah notes the use of metal bars for shackling, while Baeta also mentions the use of ropes. Both items have a long history in the region in the material culture of capture and control, dating at least to the transatlantic trade. Twumasi-Ankrah, “Some Observations on Christian Churches and Worship in Ghana”; Baeta, *Prophetism in Ghana*, 21; Handler, “The Middle Passage and the Material Culture of Captive Africans”; Dwyer, “Shackles, Collars, and Chains.”
8. Baeta, *Prophetism in Ghana*, 14.
9. Baeta, *Prophetism in Ghana*, 26, 57. Eleven of the twenty “mentally deranged” patients Baeta witnessed at these institutions were chained.
10. Baeta, *Prophetism in Ghana*, 14, 21.
11. Baeta, *Prophetism in Ghana*, 27, 21.
12. Quarshie, “Cocoa and Compliance.”
13. Colonial Reports—Annual—Ashanti—No. 640. United Kingdom: H. M. Stationery Office, 1912, 17.
14. Herbst, *The Politics of Reform in Ghana*.
15. Ghana, Parliamentary Debate, Oral Answers, 19 August 1970, “Alien Beggars,” vol. 4, 550–51.
16. See these scholars for a primer on public healing: Feerman, “Healing as Social Criticism in the Time of Colonial Conquest”; Kodesh, *Beyond the Royal Gaze*; Schoenbrun, “Conjuring the Modern in Africa”; Schoenbrun, *A Green Place, a Good Place*; Hanson, *Landed Obligation*.
17. Opoku, “A Directory of Spiritual Churches in Ghana.”
18. Opoku, “Kingdom,” 69.
19. Opoku, “Letters to a Spiritual Father,” 30.
20. Meyer, *Translating the Devil*; Peterson, *Creative Writing*, 46.
21. Field, “Mental Disorder in Rural Ghana”; Weinberg, “Cultural Aspects of Manic-Depression in West Africa”; Adinkrah, “Crash-Landings of Flying Witches in Ghana.”
22. Opoku, “A Directory of Spiritual Churches in Ghana.”
23. Parrinder, “The Religious Situation in West Africa”; Lanternari, “Dreams and Visions

from the Spiritual Churches of Ghana”; Baeta, *Prophetism in Ghana*; Mullings, *Therapy, Ideology, and Social Change*.

24. Twumasi, *Medical Systems in Ghana*.
25. Baeta, *Prophetism in Ghana*, 25.
26. Jahoda, “Traditional Healers and Other Institutions.”
27. Baeta, *Prophetism in Ghana*, 57.
28. Jahoda, “Traditional Healers and Other Institutions,” 258–60.
29. Owusu-Ansah, “Islamic Influence in a Forest Kingdom.”
30. Baeta, *Prophetism in Ghana*, 51.
31. Van Dijk, “From Camp to Encompassment”; Draicchio, ““Extraordinary Conditions.””
32. Interview with Prophetess Philomina Wilson, Kwame Methodist Prayer Camp, July 2014.
33. Mohr, “Capitalism, Chaos, and Christian Healing.”
34. Burnett, “Charisma and Community in a Ghanaian Independent Church,” 180–250.
35. Lanternari, “Dreams and Visions from the Spiritual Churches of Ghana.”
36. Beckmann, *Eden Revival*.
37. Interview with Prophetess Philomina Wilson, Kwame Methodist Prayer Camp, July 2014.
38. Mullings, *Therapy, Ideology, and Social Change*, 149–50.
39. Interview with Prophetess Philomina Wilson, Kwame Methodist Prayer Camp, July 2014.
40. Opoku, “Letters to a Spiritual Father,” 19.
41. Opoku, “Traditional Religious Beliefs and Spiritual Churches in Ghana.”
42. Sackey, “Aspects of Continuity in the Religious Roles of Women in ‘Spiritual Churches’ of Ghana”; Parrinder, “The Religious Situation in West Africa”; Twumasi-Ankrah, “Some Observations on Christian Churches and Worship in Ghana,” 96.
43. Mullings, *Therapy, Ideology, and Social Change*, 19.
44. Interview with Prophetess Philomina Wilson, Kwame Methodist Prayer Camp, July 2014.
45. Baeta, *Prophetism in Ghana*, 27, 21.
46. Mullings, *Therapy, Ideology, and Social Change*, 168.
47. Mullings, *Therapy, Ideology, and Social Change*, 19.
48. Mullings, *Therapy, Ideology, and Social Change*, 187–96.
49. Lanternari, “Dreams and Visions from the Spiritual Churches of Ghana.”
50. Opoku, “Letters to a Spiritual Father,” 26.
51. Berry, *No Condition is Permanent*; Hill, *Migrant Cocoa Farmers of Southern Ghana*.
52. Mikell, *Cocoa and Chaos in Ghana*, 73.
53. Hill, *The Gold Coast Farmer*; Hill and Hill, *Studies in Rural Capitalism in West Africa*.
54. Lauterbach, *Christianity, Wealth, and Spiritual Power in Ghana*.
55. Mullings, *Therapy, Ideology, and Social Change*, 157.
56. Mikell, *Cocoa and Chaos in Ghana*, 186.
57. Ahlman, *Living with Nkrumahism*.
58. Amanor, *Global Restructuring and Land Rights in Ghana*, 33.
59. Mikell, *Cocoa and Chaos in Ghana*, 186.
60. Berry, *No Condition is Permanent*.
61. Mikell, *Cocoa and Chaos in Ghana*, 182–90.
62. Goody, “Succession in Contemporary Africa,” 39.
63. Fernandez, “Rededication and Prophetism in Ghana,” 292.
64. Mullings, *Therapy, Ideology, and Social Change*, 189.
65. Fernandez, “Rededication and Prophetism in Ghana,” 299.

66. Cited in Sudarkasa, "From Stranger to Alien." On African exit strategies in the face of unfavorable policies, see Herbst, *States and Power in Africa*.

67. Quarshie, "Mass Expulsion as Internal Exclusion."

68. Busia, *The Position of the Chief in the Modern Political System of Ashanti*, 129-64.

69. Chazan, *An Anatomy of Ghanaian Politics*, 106.

70. Dunn, "Identity, Modernity and the Claim to Know Better."

71. Quarshie, "Cocoa and Compliance."

72. Souleyman is a pseudonym. All information on him is drawn from Patient File Unit 1862, Box Number Unknown, Accra Psychiatric Hospital Archives. Since copies of the nonpsychiatric documents in patient files could be housed in other archives, and be cross-referenced to discover patient identities, I only cite the main file to ensure their anonymity.

73. Patient File Unit 1862.

74. Patient File Unit 1862.

75. Patient File Unit 1862.

76. Patient File Unit 1862.

77. Patient File Unit 1862.

78. Patient File Unit 1862.

79. Patient File Unit 1862.

80. Patient File Unit 1862.

81. On this issue, see Nugent, *Smugglers, Secessionists, and Loyal Citizens on the Ghana-Togo Frontier*. It may have been that Souleyman was a migrant from the town of Nyanga in northern Upper Volta, who came to Ghana through the border at Wedana via Bakwu. But it was also equally plausible that Souleyman was born in Wedana in Ghana to parents from Nyanga in northern Upper Volta and that because of being raised in the borderlands of Ghana and Upper Volta he spoke Kusaal and another language from the north.

82. Patient File Unit 1862.

83. Patient File Unit 1862.

84. Patient File Unit 1862.

85. Patient File Unit 349, Box 7A.

86. Patient File Unit 505 CR, Box 9.

87. Chazan, *An Anatomy of Ghanaian Politics*, 106.

88. Mikell, *Cocoa and Chaos in Ghana*, 194.

89. Quarshie, "Mass Expulsion as Internal Exclusion."

90. Mikell, *Cocoa and Chaos in Ghana*, 194.

91. ARG 2/1/85—Letter from the General Secretary of the Trade Union Congress (TUC) (Pascal Kutey) on behalf of All Aliens in the Above Department (Cocoa) to the Chief Cocoa Officer Ministry of Agriculture (15 July 1971).

92. ARG 2/1/85—Letter from Principal Secretary to Minister of Internal Affairs (C.B.A. Mate-Kole) to the Regional Administrative Officer Ashanti (8 December 1971).

93. ARG 2/1/85—Letter from James G Edusei to the Minister of Internal Affairs (N.Y.B. Adade) (27 October 1971).

94. ARG 2/1/85—Secret Letter from Kumasi Citizen to Minister of Internal Affairs (N.Y.B. Adade) (13 June 1971).

95. ARG 2/1/85—Extract from the Minutes of the Ashanti REGSEC Meeting held on 9 July 1971.

96. Ghana, Parliamentary Debate, Oral Answers, 19 May 1970, "Alien Prisoners," vol. 3, 9.

97. ARG 2/1/85—Letter from Ministry of Internal Affairs (N. Y. B. Adade) to Chairman of Kumasi City Council (J. K. Osei, Esq.) (21 October 1971).

98. ARG 2/1/85—Extract from the Minutes of REGSEC Meeting Held on 19 November 1971. The REGSEC members raised concerns that many of the valid permits were from different regions. It was decided that those permits should be seized and examined for authenticity by the police. Finally, the REGSEC “agreed that specific cases of irregularities should be brought to the notice of the Regional Office to enable the office to take them up with the Minister of Internal Affairs.”

99. ARG 2/1/85—Letter from the Assistant Police Commander South Division ASH (E. B. Adjei) to the Regional Chief Executive (30 December 1971).

100. Ghana, Parliamentary Debate, “Alien Beggars.”

101. ARG 2/1/84—Report from Immigration Officer Bolgatanga (Basunwo Bachinge) (4 February 1971). Intelligence reports suggested that many aliens were aware of certain immigration officers who were known to facilitate the renewal of residence permits.

102. Eades, *Strangers and Traders*; Lau, *Paper Families*; ARG 2/26/2/15—Letter from Chief Social Welfare and Community Development Officer (H. K. A. Sackey) to the Regional Chief Executive, Regional Committee of Administration, Kumasi concerning Issifu Braimah (19 February 1970).

103. ARG 2/1/84—Letter from Regional Admin Officer, ASH (M. Q. Cleland) to the Principal Secretary Ministry of Internal Affairs (8 February 1974).

104. Ghana, Parliamentary Debate, Oral Answers, 19 August 1970, “Alien Beggars,” vol 4., 550–51.

105. Mikell, *Cocoa and Chaos in Ghana*, 195.

106. Pobe, “Religion and Politics in Ghana, 1972–1978,” 60.

107. ARG 2/1/85—Letter from Progress Party Chairman for Youth in Subin Constituency Oforikrom-Kumasi (Fuseni Gonja) to the Ashanti Regional Chief Executive (23 June 1971).

108. ARG 2/15/9/46—Letter from the Town Clerk (A. Kyei-Poakwa) to the Regional Admin Officer ASH (25 September 1973).

109. Idrissu Seini, “Wanted: A Mental Hospital for the North,” *Daily Graphic*, 8 July 1970.

110. ARG 2/15/9/46—Letter from the Regional Med Officer to the Director of Medical Services in Ministry of Health (2 August 1973).

111. ARG 2/15/9/46—Regional Commissioner ASH (Lt. Col. E. A. Baidoo) to the Commissioner for Health (31 January 1974).

112. ARG 2/15/9/46—Letter from the Executive Chairman (Major A. J. Cobbina) of the Kumasi City Council to The Regional Commissioner ASH (18 March 1974).

113. Quarshie, “Psychiatry on a Shoestring.”

114. Attempts to model the Nsuta hospital on the extant plans for Pantang proved fruitless as a means of kick-starting the project, while architectural cost wrangling slowed down the project even more.

115. Ghana, Parliamentary Debate, Oral Answers, 7 February 1966, 114.

116. ARG 2/15/9/46—Letter from the Executive Chairman (Major A. J. Cobbina) of the Kumasi City Council to The Regional Commissioner ASH (18 March 1974).

117. ARG 2/15/9/46—Letter from Regional Admin Officer to DMSS (2 April 1974).

118. ARG 2/15/9/46—Letter from Regional Admin Officer to DMSS (2 April 1974).

119. ARG 2/15/9/46—Site for Regional Mental Hospital (1961–1978)—Letter from Dr J. O. K. E. Atsyor of Ankaful to The Regional Medical Officer Ash (5 March 1974).

120. ARG 2/15/9/46—Letter from the Executive Chairman (Major A. J. Cobina) to the Regional Admin Officer ASH (13 May 1974).

121. ARG 2/15/9/46—Letter from the Executive Chairman (Major A. J. Cobina) to the Regional Admin Officer ASH (13 May 1974).

122. Patient File Unit 1862, Accra Psychiatric Hospital Archives.

123. Patient File Unit 1862.

124. Patient File Unit 84, Box 2. Consider the case of the patient E.K. (7572). E.K. was arraigned on the charge of murder on November 15, 1971, found guilty but insane on December 1, 1971, and subsequently committed to the Accra Psychiatric Hospital from June 16, 1972, as a criminal lunatic for confinement “until the pleasure of the Chairman of the National Redemption Council was known.” E.K. was treated at the hospital for nine years before being provided with a conditional discharge. The discharge order stated that E.K.’s brother would have to ensure that E.K. attended the outpatient clinic monthly for three years and “subsequently at Intervals to be determined by the Psychiatrist in charge.” The government freed Ghanaian criminal lunatics, even convicted murderers like E.K., on the condition that they regularly attend the hospital’s outpatient clinic. Similarly, confinement of both alien and citizen noncriminal mental patients—those confined voluntarily, through urgency certificates, and via sworn oaths sent to magistrates and district commissioners—was not interminable.

125. Patient File Unit 1878, Box Unknown, Accra Psychiatric Hospital Archives.

126. Patient File Unit 1862.

127. Patient File Unit 1862.

128. Patient File Unit 1862.

Conclusion

1. Jonas Nyabor, “Over 30 students of Islamic SHS hospitalised after police allegedly fired tear gas at them during protest,” *Citi Newsroom*, June 13, 2022, <https://citinewsroom.com/2022/06/over-30-students-of-islamic-shs-hospitalised-after-police-allegedly-fired-tear-gas-at-them-during-protest/>.

2. Nyabor, “Over 30 students.”

3. Jonas Nyabor, “Parents besiege Islamic SHS over alleged tear gas opened on protesting students,” *Citi Newsroom*, June 13, 2022, <https://citinewsroom.com/2022/06/parents-besiege-islamic-shs-over-alleged-tear-gas-opened-on-protesting-students/>.

4. Nyabor, “Over 30 students.”

5. Jonas Nyabor, “Islamic SHS incident: Teacher narrates how he was brutalized by police,” *Citi Newsroom*, June 17, 2022, <https://citinewsroom.com/2022/06/islamic-shs-incident-teacher-narrates-how-he-was-brutalized-by-police/>.

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29. Ofori-Atta et al., "Joining Psychiatric Care and Faith Healing in a Prayer Camp in Ghana"; Brian Goldstone, "A Prayer's Chance: The Scandal of Mental Health in West Africa," *Harper's*, May 2017; Benedict Carey, "The Chains of Mental Health in West Africa," *New York Times*, October 12, 2015.

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41. This framing was simple to execute given the open-access nature of Christian spiritualism and thus the ubiquity of visual representations of the state of squalor that most logged patients inhabited, but it was also an ideological diversion. Some scholars have questioned the centrality of human rights concerns in shaping the decisions of key stakeholders. On the creation and implementation of the Mental Health Act (2012), for example, Doku et al, "Implementing the Mental Health Act in Ghana," note that the "The UN Convention for the Rights of Persons with Disability, a piece of International legislation which has huge implications for community rehabilitation in mental health care was not even discussed in the parliamentary debate leading to the Bill."

42. Conversation with George Owusu-Fordjor, December 15, 2016.

43. Conversation with Promise Dumevi, psychiatric archivist, September 27, 2023.

44. "Accra Psychiatric Hospital begins Repatriation of Patients," *My Joy Online*, November 1, 2016, <https://www.myjoyonline.com/accra-psychiatric-hospital-begins-repatriation-of-patients/>.

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46. “Operation clear the street in Ghana noah Gikunoo,” https://www.youtube.com/watch?v=F3fc_oDl5nQ.

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49. Ethnographic fieldnotes, case 47, Accra Psychiatric Hospital Outpatient Department, February 28, 2017.

50. Mika, *Africanizing Oncology*; Graboyes, *The Experiment Must Continue*.

51. Read, “Clearing the Streets.”

52. In the 2014, the Accra Metropolitan Authority (AMA) rounded up a group of vagrant women and brought them to the Accra Psychiatric Hospital. The hospital offered to take the patients only if they could pay for upgrades to the women’s ward. The AMA refused to pay and took the women elsewhere.

53. Ofori-Atta et al., “Joining Psychiatric Care and Faith Healing.”

54. Heaton, *Black Skin, White Coats*, 11.

55. Quarshie, “Psychiatry on a Shoestring.”

56. Heaton, “Decolonizing, Nationalizing and Globalizing the History of Psychiatry”; Hickling, “Owning Our Madness”; Swartz, “Decolonizing Psychiatric Practice,” 480; Robcis, “Frantz Fanon, Institutional Psychotherapy, and the Decolonization of Psychiatry”; Edington, “The Most Social of Maladies”; Hunt and Büschel, eds., *Psychiatric Contours*; Pringle, *Psychiatry and Decolonisation in Uganda*.

57. Béhague and MacLeish, “The Global Psyche,” 15; Bemme and D’souza, “Global Mental Health and Its Discontents”; Antić, “Psychiatry and Decolonization”; Young, “The Relevance of Traditional Medical Cultures to Modern Primary Health Care”; Last and Chavunduka, eds., *The Professionalisation of African Medicine*; Anyinam, “Traditional Medical Practice in Contemporary Ghana”; Boaz, *Banning Black Gods*; Osseo-Asare, *Bitter Roots*; Heaton, *Black Skin, White Coats*; Last, “The Importance of Knowing about Not Knowing”; Janzen, “Therapy Management”; Hunt, *A Nervous State*; Obeyesekere, “Depression, Buddhism, and the Work of Culture in Sri Lanka”; Gordon, “Tenacious Assumptions in Western Medicine”; Roberts, “Gods, Germs, and Petri Dishes”; Wendland, “The Vanishing Mother”; Stonington, *The Spirit Ambulance*.

Colonial doctors and postcolonial states imagined a hierarchy of systems of healing and criminalized those practices deemed occult. African herbalists in the postindependence era supported systems thinking to reject developmentalist ideologies that imaged them as less evolved versions of African medical doctors. African allopaths equally understood themselves as working within a closed system of thought (biomedicine), even while they produced medical knowledge as part of international scientific exchanges. Some anthropologists observing these dynamics contend patients seeking therapy amongst distinct medical systems operate in a “non-system,” caring little about the ideologies and boundaries that healers maintain and focusing instead on the wide array of endemic illnesses for which they desperately hope one of the available practitioners will have a cure.

58. Hunt, *A Nervous State*.

59. Wilfahrt, *Precolonial Legacies in Postcolonial Politics*.

60. Césaire, *Discourse on Colonialism*, 73.

61. Pringle, *Psychiatry and Decolonization in Uganda*, 8.

62. As the philosopher Olúfẹ̀mi O. Táíwò warns, the decolonization trope “may give a false impression of the complexity of the situation it is designed to help attenuate; and it may be having deleterious consequences on discourse and its progress even if they are unintended.” Táíwò, “Rethinking the Decolonization Trope in Philosophy.”

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