MADNESS, DECOLONISATION AND MENTAL HEALTH ACTIVISM IN AFRICA

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Introduction

I recently concluded my doctoral research on madness in African literature, and, for several reasons, it has been a most interesting historical juncture to engage such research. In particular, not only is mental health advocacy gaining more visibility, renewed calls for decolonisation frame the expectations around what kind of knowledge is produced in and about the continent. Frantz Fanon has been an inevitable encounter at many turns as the arbiter of decolonisation and a pioneer in critical ethnopsychiatry. He is, however, but a voice – a very important one – amongst many. The strands that connect decolonisation and madness go in many directions. The resistance to definition that characterises both terms has meant that writers understand and evoke the decolonisation of madness or mental health in different ways. This chapter is a modest attempt to engage this body of work. Besides surveying the strands of decolonisation that appear in mad scholarship, I focus specifically on activism in Africa. What circumstances surround the demand for social justice? How is the call for decolonisation influencing local responses to the predominant discourse of human rights? How do these developments reverberate in the concerns of activist groups? These questions animate this chapter.

Decolonising madness

Mad experience and research as sites of (de)colonisation

The most prominent of the decolonisation narrative in mental health scholarship is that which aligns psychiatry with the position of coloniser. In the forward to Mad Matters, Peter Beresford talks about the “psychiatric empire [that] continues to grow, domestically and globally”, and “its ever-widening diagnostic categories, its increasing pretense of providing solutions to structural and social problems, and its unholy alliance with global pharmaceutical corporations” (ix). Jacqui Dillon and Rufus May (2002), in their much cited “Reclaiming Experience”, understand clinical categories as a “colonising discourse” imposed on those who experience the world in non-normative ways. The relationship of unequal power drawn between psy expertise and the mad is considered most manifest in the way subjective experiences are suppressed, dismissed, in favour of a seemingly more objective language and way of knowing. This is a thread that runs through several works, including Hornstein (2013), Geekie and Read (2009) and many
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others. John Read (2005:597) in particular considers this “a colonisation of the psychological and social by the biological”, one which “has involved the ignoring or vilification of research showing the role of contextual factor such as neglect, trauma (inside and beyond the family), poverty, racism, sexism, etc in the etiology of madness”. Resistance to this domination of psychic territories comes to be seen as efforts at decolonisation, a rhetorical move that gathers all psychiatrically oppressed individuals into a transnational, transcultural and tranethnic (post) colonial community. What this does is that it effectively erases the ways that both madness and psychiatric oppression are experienced differently. I elaborate further below.

In a closely related vein, (de)colonisation is invoked with particular reference to research. In this case, what is colonised or in danger of being so is not the experience of madness itself, but the knowledge it generates. The relationship between these two is expressed by Jasna Russo and Peter Beresford:

If the first problem was getting any kind of recognition for such narratives, then now this has begun to be achieved it appears we may have moved on to a further stage when an additional issue emerges. This is how to ensure that they are not just colonised or reduced to a new area for academic activity – taken from the control of their own authors.

(2015:155–156)

Rather than the opposition between mad subjects and clinical experts, what is emphasised is the unequal relations between those who experience and the academic experts who mine their stories for research. The typical anthropological stance that is brought to bear during this process undermines the owners of the narratives as equals in knowledge production; their own analysis and understanding of their experience are taken over by those who consider them data for interpretation and commoditisation. But the problem is not just resident in misguided researchers. It persists in the very structures that sustain the valuation of what constitutes knowledge; proper “evidence” tends to be understood as that obtained through a certain distance from what is studied, an inherently objectifying process (Glasby and Beresford 2006; Landry 2017; Faulknor 2017; Beresford 2010). Unwittingly or otherwise, researchers who work with madness reproduce the power differential and epistemic injustice they seek to shed light on. The implications of this are manifest in very practical ways such as the kind of funding made available to user-/survivor-led researches (Rose 2017:777). These issues are taken up in much literature on service user/survivor contributions and sometimes in similar language of reclamation used in opposition to psychiatry (See e.g. “Recovering Our Stories” by Lucy Costa et al.).

Critiquing (de)colonisation as analogy

Louise Tam (2013) notes how the above conception of decolonisation, signalled in the use of maps and natural paths and the promotion of non-Western spiritual practices as alternative to psy, surfaces the “gap in mapping relations of race to and in madness” (283). This extends to the inability of such figuration to engage with the complicity of psy knowledge in the colonial endeavour as well as the enduring legacies of that violence in the majority world. Tam focuses on the works of two prominent user/survivor organisations, the Icarus Project and MindFreedom International. The language of decolonisation and “occupy” that permeates their literature exposes the problematic thinking that follows the metaphorisation of one form of struggle in the pursuit of another. Not only is the force of one category emptied into the other, identities are reified. Her critique echoes the warning by Eve Tuck and K. Wayne Yang
that decolonisation must not be approximated with other expressions of oppression. It is neither metaphor nor “a swappable term for other things we want to do to improve our societies and schools” (2012:3). The authors are rightfully incensed about the way the term tends to be appropriated to occlude white settler guilt.

Decolonisation as analogy also does the two-fold work of stabilising what it means to colonise or decolonise and the identity of those involved in the struggle. If anything is apparent in the scholarship, it is that the project is a multifaceted endeavour that cannot be reduced to a single action or event. The violence of colonisation touches on every sphere of life of the colonised; it is material, epistemic, ontological, and so on. The path to decolonisation is thus neither straight forward nor predefined. It holds different meanings to different people, inaugurating different notions and strategies, some of them in contradiction with others. “A programme of complete disorder”, Frantz Fanon calls it, a historical process that “cannot become intelligible nor clear to itself except in the exact measure that we can discern the movements which give it historical form and content” (2001 [1961]:27). Metaphor distils the meaning of this process, as if the ramifications and legacies of the colonial experience can already be grasped and summarised.

The rhetoric of decolonisation in certain strands of mad activism positions the mad movement as a homogenous collective. This is the critique Gavin Miller (2018) makes of Gail Hornstein’s Agnes’s Jacket. In this ethnography of Hearing Voices Network, Hornstein relies on the motif of a piece of clothing by Agnes Richter (1844–1916), a German seamstress incarcerated in several psychiatric institutions through the course of her life. Agnes’s jacket is embroidered with text, which, in its indecipherability, represents for the author a coded message, a linguistic teaser into an unknown world, the world of madness. This world is that which has been colonised by psychiatry and from which its inhabitants like Agnes must smuggle their messages in hopes of being heard by those on the outside or who share similar experiences. Her jacket is the equivalent of modern-day patient blogs, websites and advocacy. Miller considers Hornstein’s rhetorical manoeuvre contentious in the way it retrospectively ascribes political intention to Agnes’s jacket, thereby creating the mad community as a diasporic and postcolonial nation. The heterogeneity of voices within the movement is compressed into one transnational citizenry. Miller’s critique reiterates Rachel Gorman’s (2013) contemplation about how the “appeal to an imaginary historical subject reproduces a particular ontology in the political present, and vice versa” (270). The normative subject of the imagined nation is unsurprisingly Western and white. Therefore, while relying on the notion of decolonisation, Hornstein’s work and others like it occlude engagement with actual instances of historical and ongoing modes of colonial experience (Eromosele 2020). In fact such discourse may even be seen to constitute its own form of colonisation.

Non-western worlds as sites of (de)colonisation

The third application of decolonisation captures the intensified spread of Western psychiatry to the majority world. China Mills (2014), in a study that pulls together the senses of decolonisation already mentioned, examines this trend through the prism of Global Mental Health and WHO policy – the way psychiatristisation “creeps into domains of experience previously taken to be ‘normal’, and creeps across geographical borders” (146). With particular focus on India, Mills observes the way biomedical psychiatry invades new territories, fuelled by pharmaceutical capital and the political-economic power of industrialised nations. She points out the strange irony of the situation: that in a time when strident criticism has beenlevelled at Western psychiatry, there is also increasing clamour to spread such services across the globe, more and more...
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into previously unsaturated regions. The body of knowledge that psychiatry constitutes not only creates a market for medication, but also works to silence the ways of being and knowing in non-Western climes – conceptions of self, of health and illness, and so on. Positioned as universal knowledge, psychiatry is exported across the world, where it relegates indigenous and home-grown modes of therapy. Systems of classification such as the Diagnostic and Statistical Manual (DSM) and the International Classification of Diseases (ICD) are effective instruments of dispersal. They enable the scientific legitimacy of such knowledge. Adebayo Akomolafe (2013) recounts how these tools are uncritically adopted by clinicians in Nigeria as the touchstone for deciphering mental ailments; complex stories are quickly sorted into symptoms and a diagnostic category, enabling the clinician to avoid the life-history of the patient. Ultimately, this move sometimes ends up creating even more harm. Akomolafe concludes that “[f]ar from being a promoter of mental health in Nigeria, Western clinical praxis effectively silences competing paradigms and colonises indigenous behaviour – successfully constructing only one way to experience life difficulties and, thus, only one way to ‘treat’ them” (2013:731).

Questions about the portability of psychiatry outside Western cultures have a longer history than their recent uptake. The impulse to make psychiatry amenable to Africans motivated the innovations of physicians like Thomas A. Lambo, Tigani El Mahi and Frantz Fanon (from Nigeria, Sudan and Martinique respectively). They understood the racism embedded in the practice of psychiatry and its complicity in the colonising mission of European powers (Britain and France, most notably). Their reworking of its categories was therefore seen as part of the efforts at political decolonisation. The most prominent – and subsequently most criticised – colonial psychiatrists such as J.C. Carothers, H.L. Gordon and Antoine Porot were hardly original when they theorised that the adult African is mentally inferior to the European. They were drawing on knowledge about the African that had become commonplace at this time, knowledge that structured the very foundations of their discipline. Psychiatry began to strive for scientific legitimacy in the eighteenth and nineteenth centuries, a time when barely-concealed racist thinking passed for “science”. All scientific endeavours at this time were subtended by the crucial belief that the European was at the top of a process of evolutionary development (Fernando 2002, 2011). Through their “scientific” investigation in Kenya, Carothers and Gordon concluded that African culture stunted the social and intellectual development of the African and made them similar to a European child or leucotomised adult. Unlike psychiatric investigations in other parts of the world, the focus was on defining the “normal” African mind rather than the mad subject (Vaughan 1991). Constructing the African as always already “other”, psychiatry justified the civilising mission of colonial powers. But it was also quick to caution the over-exposure of the African to European ways, for when met with actual cases of “mad” Africans, this was attributed to “deculturation” (Keller 2001:308; Vaughan 1991).

Having trained into such a compromised body of knowledge, African psychiatrists considered it imperative not only to correct the racism of the profession but also to fashion therapy that responds to the particularity of their patients’ lifeworld. Lambo started the Aro psychiatric village in Nigeria, where he combined indigenous healing methods with psychiatry. Patients were accompanied by at least a family member and assigned to local hosts (Akyeampong 2015; Asuni 1967). Fanon initiated a sociotherapy programme at Blida-Joinville Hospital in Algeria and a day hospital in Tunis (Fanon 2018).

While the work of early African psychiatrists constitute radical departure from the racist psychiatry of their times, in retrospect, it is easy to see how they remained constrained by the limitations of the discipline itself. They not only worked with psychiatric categories, but also continued to use therapeutic methods now considered cruel. Both Lambo and Fanon used methods such as ECT on patients, and as much as Lambo posed a departure from colonial
psychiatry, he remained embedded, long after political independence, in the networks facilitated by the imperial sweep of Europe. He was from 1973 to 1988 the Deputy Director General of the World Health Organization. Heaton (2011) argues though, that it is exactly these scientific networks that facilitated his decolonisation project.

**Mad activism as a site of (de)colonisation**

Lastly, decolonisation enters the discourse of madness through the caution about generalised forms of advocacy. This, like the homogenised notion of psychiatry it seeks to combat, assumes a universal mode of relating to issues of mental health justice. Miller (2018) points this out. To export the sort of identitarian advocacy espoused by Hornstein – and certain mad activism – he says, “could be simply to impose an extra layer of (literal) neo colonialism – a Western response to the West’s own problems with biomedical psychiatry – one that overlooks the resources in LMICs for dealing with severe mental illness” (314). He echoes Fernando’s comment about movements critical of psychiatry becoming just as racist as what they criticise. “[U]nless one customizes the alternatives we are trying to build up, unless we make active efforts to be anti-racist, racism is likely to pervade these too” (Fernando 2011:52). This mode of decolonisation is articulated as pre-emptive, as the need for a solution before the problem erupts. However, as we will see below, advocacy organisations in Africa are already querying the hegemony that attends connections/collaborations with international organisations that impose their own ideas of social justice.

**Tracing (dis)continuities**

The notion of decolonisation shifts as the referent of the process of colonisation, discursively and historically, changes. What is colonised, for some, is the realm of experience itself. In this regard, psy is not just a professional practice, but an apparatus of Reason which places itself in an oppositional relationship to what it is not. The work of the French philosopher and historian, Michel Foucault, is often a valuable resource for this kind of understanding. For others – and this is the second sense described above – it is the knowledge production that derives from this experience that is being colonised. To undo this would involve a reformulation of the relations between researchers and participants; survivor/user stories are not data to be commercialised or used as fodder for theory by experts. And yet others see colonisation in a slightly more literal sense of the spread of biomedical psychiatry to non-Western parts of the world, in a way that recalls and repeats the imperial spread of colonial powers. The referent of domination here are non-Western subjects and their ways of understanding self, illness and health. In close proximity, colonisation speaks historically to the subjection by European powers of populations they considered inferior. Psy is shown to be a veritable apparatus in this project. At stake at this historical juncture was not just independence in the political or economic sense, but a redefinition of subjectivity, an escape from the space that the white gaze had fixed the black person (Fanon 2008 [1952]). Because of the ramifications of madness for understanding human relations across many spheres, proposals for decolonisation remain necessarily expansive, embracing of different dimensions. What it means to decolonise mad experience is hardly what it means to decolonise its research; this is also not equivalent to decolonising psychiatry or modes of therapy. The meaning shifts according to the referent, and, sometimes, to centre a particular one reproduces the violence of colonisation itself.

If one would find a common denominator in these discourses of decolonisation, it would be in the call for a non-hierarchical multivocality; the need to fashion knowledge and praxis in
a way that is both just and speaks to the particular situation it attends to. Distilling the ideas for change in her book, Mills argues that

frameworks for understanding and responding to mental distress need to be ‘home-grown’ within the contexts from which distress emerges, privileging the knowledge of those with lived experience of distress and enabling interventions based on community collaboration, self help and peer support.

(2015:149)

This of course resonates with Fernando’s admonition to “customise the alternatives” and Akomolafe’s proposal for the push for “new spaces of critical enquiry, the co-creation of indigenous research methods, the unravelling of knowledge production systems and the legitimisation of indigenous praxis” (737). Evidently, this is where Fanon continues to be a major voice in the advocacy for decolonisation. In his exemplary quest for understanding that is situated, despite the limitations of psy knowledge and the seductiveness of universalist thinking in his time, Fanon espouses an attitude to emancipatory work that takes nothing for granted, that questions constantly and weighs the relevance of received knowledge against the circumstance it is called to serve.

The above involves a good measure of reflexive criticism. Undoing or preventing colonial structures and thinking is a project that has no termination point, for every new formulation is always in danger of reconstituting previous violence. This is also the risk that identity-based advocacy faces in its dependence on the idea of a specific identity that is the locus of rights and recognition. Gorman (2013) expresses this well enough, reminiscent of Lennard Davis’s argument that anti-discriminatory struggle based on such will always produce minorities, precisely because “an inherent limitation of permitted or favoured identities is built into the definition of the project” (1998:324). Essentialised notions of identity in the global sphere reproduce a white, Western Mad Subject (Gorman 2013:270). Even when localised, such a strategy fares no better, for the favoured identity (way of being Mad) and the rights that accrue to it can be “instrumentalised by state discourses of inclusion” not only to obscure those that do not fit into the model, but also to engender the conditions that produce them (Puar 2017:xvi). The alternative is to understand subjectivity or identity as perhaps a little less fixed than assumed, especially with categories like madness and disability. These positions are not eternal spaces that people occupy. Rather, depending on geographical, historical, and cultural placement, not to mention legal regimes, one may come to occupy them in very distinct ways. “‘Madness’ as a discourse changes based on the social”, says Tam (2013), and by social she means “the convivial interaction of bodies in the dissemination of knowledge, the institutionalisation of policy, and the creation of cultural artifacts” (286).

I have so far been arguing in largely general terms, skirting somewhat the contextual specificity I consider essential to the discourse of decolonisation. From the foregoing, there are many geographic or discursive junctures to situate such a conversation. I will, however, focus on mental health activism in Africa in the rest of the chapter. While decolonisation in this regard is sometimes proffered as a pre-emptive measure, I examine how it is already a concern.

**Decolonising activism**

Since around the start of the century, peer-led advocacy organisations at national and regional levels have been on the rise in Africa. One of the very first of these, Mental Health Uganda, was established in 1999, and others have since cropped up in other parts of the continent. There is
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the Ubuntu Centre in South Africa, the USP in Kenya, MindFreedom International in Ghana, and many others. Some of these organisations are members of the continent-wide Pan African Network of People with Psychosocial Disabilities (PANUSP), affiliated to the World Network of Users and Survivors of Psychiatry. Not only are the organisations usually supported by or affiliated to international bodies, they base their appeal for legitimacy on the provisions in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and hence grapple with the implications of this alignment.

One of the major issues that have been raised is the appropriateness of the mode of advocacy in terms of priority. While international mental health organisations favour an anti/critical psychiatric emphasis, what those in Africa often have to contend with also involves issues of poverty and development. It is a situation where “Poverty, human rights violations and psychosocial disability go hand in hand” (PANUSP 2011). Disability benefits are hardly available in most countries, and the rampant poverty not only creates conditions of mental distress but limits the kind of care a person can afford. Psychiatry does not have the same level of presence it does in developed countries, and, as such, engenders a different kind of response. This is the motivation for PANUSP’s change of name from Pan African Network of Users and Survivors of Psychiatry, which was considered inadequate in capturing the challenges of the mentally distressed in Africa (Kleintjes et al. 2013:193). As one member of an advocacy group puts it,

In Africa, we have to have our own situation in perspective before we roll out our advocacy agenda, we cannot just go with what western advocacy are saying … people from the West are talking of people who have survived the services. In Africa … it’s very few who can get to those services.

(Kleintjes et al. 2013)

Though such remarks often seem homogenising, one must resist the impulse to assume the presence of psychiatry is the same across Africa. South Africa, for example, with its higher level of development relative to other African countries, also has a higher psychiatric presence. Advocacy organisations remain conscious of this and pay attention to how “[t]he history of psychiatry haunts our present. Our people remain chained and shackled in institutions and by ideas which our colonisers brought to our continent” (PANUSP 2014).

Critiquing rights-based discourse

The attempt to decolonise mental health advocacy in turn puts in relief the contradictions in the framework within which such organisations have to operate. While highlighting the relative absence of psychiatric service compared to indigenous healing systems, advocacy often has to be carried out in the register of biomedicine. Legibility through the lenses of the rights-based provisions of the CRPD compels people to understand themselves within a language that is perceived to be universal, even as they emphasise the specificity of their situation. PANUSP changes its name to convey distinction from the industrialised West, yet the “psychosocial disability” it adopts intimates the influence of the social model, itself an “import” of disability scholarship and activism outside Africa already subject to criticism of oversight (Mills 2015; Connell 2011; Meekosha 2011). Relying on the formulations of the social model, it has been observed, may assert the assumption of impairment and its position as the domain of medical expertise (Mills 2015; Spandler 2012). To what extent can the work of decolonisation be carried through within a framework that already presupposes a hierarchy in how conditions ought to be interpreted? How do people who do not see themselves through the prism of
disability/impairment connect with such provisions? Where is the space for understandings that emphasise the spiritual dimensions of psychic experiences? While undoubtedly enabling a platform for articulating issues around mental distress and stigma on a national and more calculable scale, provisions like the CRPD constrain the sort of response that can be articulated.

The universality embedded in CRPD extends to the issue of human rights. Meekosha and Soldatic (2011) have examined the limitations and potentially harmful implications of disability rights as entrenched in the CRPD. The limitations accrue from certain paradoxes of human rights: the fact that nation-states are supposed to be the enforcers of rights but are sometimes the perpetrators of their violation, and the presumed universality of human rights, which simply entrenches the idea of the global North as the epicentre of modernity out of which civilisation flows to the rest of the world. In addition, human rights can be a diversionary instrument, a way of sidestepping the effects of invasion, colonisation, globalisation, and the power differential that persists between the global North and the majority world. Through the naturalisation of impairment in the CRPD and the construction of disability as social, claims for retributive justice for impairments wrought by imperialism and colonialism may be easily brushed aside.

Meekosha and Soldatic draw on the critique of human rights that have emerged from thinkers in/from the South, particularly that of de Souza Santos and Makau Mutua. Their final observation, that “human rights for disabled people in the global South are extremely complex and the lived reality is often distant from the legal rhetoric” (2011:1394), remains crucial especially in mental health activism in Africa.

The crux of the criticism of human rights as has been promoted by organisations like the UN is that it needs to be modified to apply to non-Western contexts. Makau Mutua, in Human Rights: A Political and Cultural Critique, expounds some of the bases of this critique. The human rights corpus, if for nothing else, is suspect, for having been dominated so far by a region of the world that has been responsible for so much carnage and dehumanisation of the rest of humanity. “[A] historical understanding of the struggle for human dignity should locate the impetus of a universal conception of human rights in those societies subjected to European tyranny and imperialism” (2002:12; emphasis in original), Mutua argues. Rather than dismiss the human rights corpus outrightly, he calls for a “multi-culturalisation” (xi), a realisation on the part of its adherents that the corpus as it is does not have the final say on what is just and how the fight for that must be engaged. Instead of positioning the grammar of human rights as universal, one must realise that for it to be so, it has to interact convincingly with the local contexts it is brought into. The people have to own it. This cannot be done by ignoring indigenous forms of understanding. Human rights framework necessitates liberal democracy, a political model that has so far been largely inadequate for the postcolonial condition of many African nation-states. Not only this; a rights-based political and legal structure relies on a conception of personhood much different from what is commonly understood in Africa. This has been a major point of critical attention in recent times.

**Seeking alternatives to human rights: Ubuntu**

The individualised, self-contained and autonomous subject evoked in human rights has been unfavourably juxtaposed with the communitarian notion of personhood in Africa. Though it has been a concern in African philosophy for a while now, a concept that has recently resurfaced in capturing this aspect of African thought is ubuntu. The popular uptake of the term is evident in the existence of a computer operating system that bears the name. Regardless of its commercialisation and ubiquity, ubuntu remains an important concept activists and thinkers on social justice are eager to work with as an alternative to Western individualism. The first
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independent advocacy organisation run by and for people with psychosocial disability in South Africa goes by this name.  

Ubuntu, short form of the Zulu saying *umuntu ngumuntu ngabantu*, is often translated as “a person is a person through other persons”. With variants across Africa, especially the Nguni languages, it encompasses a particular philosophy of life, an ethical framework and the moral character of a person (Graness 2018). Ubuntu is predicated on the idea that personhood is attained through complex processes of interactive exchange between people and the totality of their environment – inclusive of the natural environment and other dimensions of living such as the living dead (ancestors) and the unborn. Because the community is always evolving, personhood is not a static and once-and-for-all state; it is acquired and may be lost. It is a process, a becoming, “one continuous wholeness rather than a finite whole” (Ramose 2001:n.p). Activism guided by this notion does not just marshal the political tools of human rights but appeals as well to the very ontological status of the society. Preserving human dignity is simultaneously political, ethical, and spiritual.

In addition to the criticism of collectivity, anachronism, and vagueness (Metz 2011), the processual conception of personhood in certain versions of ubuntu has been a subject of contention. If personhood is an acquired attribute, such criticism goes, then the exclusion of certain categories of people like women, children, and the disabled may be easily justified. The latter is of much importance because it is exactly the problem of discrimination that mental health activists work to address. Thaddeuz Metz (2011), in his reformulation, has responded to some of these criticisms. But one must bear in mind that ubuntu is an ethical stance, a way of judging relationship with oneself and others. Its values provide “grounds for a moral critique of social and other forms of exclusion, and it does not matter whether the basis of this form of exclusion or discrimination is gender, race or class” (Ogude 2018:4). Disability and madness can obviously be added to the list. Suspicion of the term tends to be influenced by the idea of community as a collective of individuals. As Augustine Shutte clarifies,

> the human self is not something that first exists on its own and then enters a relationship with its surroundings. It only exists in relationship to its surroundings; these relationships are what it is. And the most important of these are the relationships we have with other persons.

(2018:83)

Providing the conditions of flourishing for everyone is the duty of the community; not just as a means of fostering the self-determination of one, but of keeping itself healthy, of affirming the basis for its own existence. The refusal to honour the humanness of another is what renders an individual a non-person, and what invalidates a community.

A number of scholars have proposed ubuntu as a veritable resource for the African disability movement. Maria Berghs in her 2017 article draws attention to how this can help in decolonising the disability thinking predicated on the narrow distinction between impairment and disability. According to this model, disability activism embraces and tackles all forms of injustice that threaten a common humanity. It connects physical, cognitive, and psychological impairments as well as concerns with environmental degradation and reclamation of indigenous lands. Ubuntu, interpreted as a concept that embraces otherness – “a human being is a human being through [the otherness of] other human beings” – recognises and even encourages the diverse experiences of humanness. Tsitsi Chataika et al. (2015) also challenge disability activists in Africa to adopt the notion as a basis for the struggle for rights. While mental health activists do not explicitly use the term, ideas associated with it are assumed to be the overarching
motivation for groups like the Ubuntu Centre in South Africa. Concerns with disability and wellness appear in key texts on the concept. Augustine Shutte (2001), in his early intervention, devotes a good portion to health care in South Africa. Though it is difficult to tell to what extent it will keep shaping activist agenda, one can conjecture that versions of the notion will continue to surface, the more current human rights discourses show themselves incapable of effecting desired change.

Admittedly, ubuntu and its communitarian variants are easily practiced in much less complex social and political configurations than the nation-states that currently exist. Not only this; like other systems of knowledge the world over, it is hardly perfect. It has its blind spots, which tend to be more obvious with regards to certain categories of people than others. Discrimination against madness is not exactly a phenomenon of the postcolonial age. It was also a feature of some of the so called traditional or precolonial societies – albeit in a different shade, one that did not necessarily render an individual a non-person. The much better prognosis in rural locales attested to by early ethno-psychiatric research was not just a function of the therapeutic methods, but also about how the distressed person was perceived and related to by the community. However, mad activism and advocacy are emerging and attempting to gain ground at a time when the political structures are not only shifting but the questions of their suitability are even more strident. The challenge lies in articulating the demand for justice when the larger social configuration is yet unsure what grammar it can understand. The “distinctive style of political improvisation” (Mbembe 2015:102) that characterises African polity makes it doubly imperative for advocacy organisations to fashion tools that may not necessarily look like what obtains with organisations in Euro-America, or to deploy them in a complementary relationship.

**Conclusion**

This chapter begins by exploring some of the ways the discourse of decolonisation has tended to surface in the literature on mental health. I have been keen to reiterate that decolonisation means different things to different people, and sometimes, its rhetoric is used in ways that even obscure actual experiences of colonial domination. The chapter focuses on mental health advocacy in Africa, with the aim of elaborating the milieu under which it is striving not only to articulate itself, but to resist becoming a mere conduit for the agenda of organisations based outside the continent. In the wider search for an alternative to the language of human rights and its attendant political model of democracy, African communitarian ethic and notion of personhood have proven most seductive. Especially in Southern Africa, thinkers have turned to ubuntu and its variants.

In sum, what it might mean to decolonise mental health advocacy in Africa is scattered throughout the chapter. Significantly, it must go beyond a resort to mere indigenisation – the uncritical adoption of certain models or ways of knowing just because they emanate from the continent. As already mentioned, no system is perfect. One must be attuned to the contradictions that exist therein, in addition to recognising that societies are never static. The desire for indigenisation is sometimes projected as a return to some pristine “African” way of doing things. No such thing exists. Africa’s encounter with the rest of the world, whether through trade or the experience of colonisation or globalisation, has contributed to the complex world which its people inhabit. Even when one talks of the communitarian ethic of ubuntu, its manifestation and capacity to be mobilised for emancipatory work cannot be understood outside the contemporary situation it has been called upon to serve. It is difficult, and perhaps most uncritical, to
excise an idea from its histories of emergence, but decolonisation, whatever its referent, must focus not so much on the regional provenance of ideas but on their ideological import and usefulness for the immediate context. What I mean is akin to how Kwasi Wiredu describes what he calls “conceptual decolonisation”:

What it calls for is the reviewing of any such thought materials [of colonial provenance] in the light of indigenous categories, as a first step, and, as a second, evaluating them on independent grounds … If, upon such a review, some Africans should become confirmed exponents of some Western mode of thought, they would, of course, be within their rational rights. The considerations leading to the sought-after intellectual liberation merely enlarge our options, they do not decide them.

(Wiredu 2004:15)

Note

1 See more information at https://ubuntucentre.wordpress.com/

References


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