

**Nancy Rose Hunt and Hubertus Büschel (eds). 2024. *Psychiatric Contours: New African Histories of Madness*. Durham: Duke University Press. 345 pp.**

Histories of Africa have revealed different, although albeit thin, episodes of madness. From clues of deliria, possession, and trances encountered by European explorers, missionaries, colonisers, and anthropologists, historians have come to appreciate the fact that psychopathology existed outside the walls of internments and asylums. Instead, it could be a repercussion of the tortuous effects of the trans-Atlantic slave trade, exhaustive access to power, and the everyday performance of possession rites.

This gradually expansive historiography has shown us that to have a comprehensive and realistic historical understanding of madness in Africa, one must look beyond the European framing of psychiatry and, more importantly, outside the colonial archives. Nancy Rose Hunt and Hubertus Büschel's edited volume provides clues on locating madness in African history. The authors in this book all agree that psychopathology is an important theme in late colonial and early postcolonial Africa and that delirious voices not only detail the fantasies, aspirations, and anxieties of patients but provide a vivid lens through which to appreciate the realities of the era. For example, a patient's fantasy for grandeur provides a glimpse into the intellectual history of the early postcolonial era. We see here that moods of intense enthusiasm and aspirations characterized the period. Political figures like citizens and subjects in postcolonial Africa had hope for new and prosperous realities. Patients were, therefore, interlocutors of these aspirations and often articulated them while interacting with psychiatric institutions and professionals.

The series of archives where patients' (delirious) voices are reposed reveal strong social and cultural affiliations and biases. There was an aspiration and social craving to climb up social hierarchies to become Europeans, representing European civility and modernity ideals. In some contexts, patients yearned for technologies such as automobiles, further stressing the place of these technologies in postcolonial societies. Automobiles were symbols of colonial power with the enticing privilege of mobility. By looking through the eyes of the patient, we have come to appreciate how the automobile was mobilized as a tool used in everyday colonial administration and how colonial subjects highly regarded it. Everyone wanted to have and experience the freedom that the automobile gave to the colonialists.

Patients' anxieties provide a nuanced way to understand the history of religious missions in colonial and postcolonial contexts. In Richard Holzl's chapter, the wave of emotions that accompanied missionaries' encounters with local cultures tells a beautiful story about the historical processes that orchestrated the decolonization of the Catholic Church in Africa. Here, we read of the anxieties accompanying missionary activities in local churches in colonial Tanzania and how they affected European missionary interaction with African priests after their ordination. Missionary anxieties were rooted in the zeal to preserve the holy faith. European missionaries saw themselves as the custodians of the Christian doctrines and held everyone, including black priests, accountable to these tenets occasionally. In this fascinating chapter, we appreciate how missionary anxieties propelled the actions of the church authorities and their stewards. Here, we see how a mental health condition shaped the trajectory of missionary activities.

The patients' voices are also influential in shaping global psychiatric discourses. They provide clues about patients' experiences, further stretching doctors' understanding of mental illness. These details can rarely be read or understood if seen only through the narrow and officious lens of the doctor. Their perception of pathologies was so legitimate that they often rippled with experts' opinions and diagnoses. They further reveal the flaws in diagnosing mental health solely through biomedical interpretation. Mental health conditions could be outcomes of drastic colonial reforms, as Matthew Heaton imagined for Nigerian students. This case also comes out sharply in Richard Keller's chapter on colonial Algeria, which revealed that colonial subjects, especially the Muslims encountered by one of the psychiatrists he studied, were vexed at the French colonial ideals and assimilation agenda because it undermined their cultural identity. In Sloan Mahone's chapter, we see that Western psychiatry failed to properly rationalize and diagnose vernacular expressions and practices of vexation.

In terms of methodology, we can see here that the patient's mind is a (blurry) mirror that reflects the society experienced. Notwithstanding the haziness of patients' speeches and writings, many uncharted territories can come to the fore in the history of psychiatry in postcolonial Africa when we navigate this new archive. The authors help us appreciate the values inherent in a very subjective source of historical writing. No historical source is entirely objective, not even medical diagnoses and interpretations that medical professionals document. Our real strength as historians is in the value we place on all sources and how we appreciate the limitations of using them, irrespective of the authority/sanity of the 'actors' articulating/writing them.

Adedamola Adetiba, *University of Manchester*