

“Mad” Activism and its (Ghanaian?) Future: A Prolegomena to Debate

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Of utmost concern to the study of sociology is the individual in the advent of modernity. That is, the discipline seeks to “resolve the problem of structure and agency” (Ray 21). This seems increasingly difficult as we move towards an interconnected, unequal, and profit-driven global community. However, as Peter Wilkin explains, “the idea that [we] are necessarily powerless to control the forces of capitalism serves only to mystify and mythologise the workings of the capitalist world-system and to reify the restructuring that has taken place” (232). Robert W. McChesney agrees in the forward to Noam Chomsky’s seminal critique *Profit Over People*, highlighting how:

The notion that there can be no superior alternative to the status quo is more farfetched today than ever, in this era when there are mind-boggling technologies for bettering the human condition. It is true that it remains unclear how to establish a viable, free, and humane post-capitalist order, and the very notion has a utopian air about it. But every advance in history, from ending slavery and establishing democracy to ending formal colonialism, has had to conquer the notion at some point that it was impossible to do because it had never been done before ... [I]f you act like there is no possibility of change for the better, you guarantee that there will be no change for the better. The choice is ours, the choice is yours (15).

While all sociologists may share an interest in human action and social change – be it revolutionary, reformist, or conservative – not all of them advance a model for carrying out social evolution. It is in response to this lacuna in the literature that McChesney, in his very last line, redirects our attention from cultural (or economic) determinism to the transformative potential of the (micro) interpersonal dynamics of civil society.

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The methodical analysis of the ways in which human actions and interactions contribute to the organization of the larger social system owes much of its intellectual roots to the Canadian-born theorist and seventy-third president of the American Sociological Association (ASA), Erving Goffman. This paper explores how scholars continuing within, or expanding on, the Goffmanian tradition have, to varying degrees, given grit to the praxis and study of (new?) social movements today. Particular emphasis is put on the politics of madness, including the writings of anti-psychiatrists as well as the recent emergence of Mad Pride events, which typically model the LGBTQ Pride parades and function “as transgressive, but also productive, displays of difference” (Schrader and Jones 62). The discussion draws on semi-structured and qualitative interviews¹ with people who have been on the receiving end of the psychiatric system in Canada and the United States, and juxtaposes their experiences to human rights advocacy projects in Ghana. It hopes to provide a critical platform upon which to (re)consider the transnationalizing of psychiatric or mad activism.

The Personal is Political

Celebrated by many as one of “the most important sociologist[s] of the twentieth century” (Fine, Manning and Smith ix), and often said to be the last major thinker of the contemporary school of symbolic interactionism, the late Erving Goffman (1922-1982) is widely known for his “micro-sociology” (Fine and Manning 457). He followed George H. Mead’s negotiation of “self,” drawing particularly on his distinction between the “I” and “Me,” and likened the world to a theatre wherein “actors create impressions of themselves and perform before audiences, while

¹ It is important to note that the research upon which the interview snippets are drawn was conducted during my tenure as an M.A. student in disability studies. Underpinned by the value of situated knowledge, while subscribing to the ethical stance of Price and Shildrick (64-5) – who esteem “the coming together of anomalous and normative embodiment” in the politics of transformative change – a purposive sampling method was used to locate “mad” activists willing to participate in the study and share with me their thoughts on the social model of disability (SMD) as it relates to psychiatric counterculture in Canada and the United States of America. No incentives were offered to encourage participation, besides the provision of a copy of the final manuscript. All participants were informed that their involvement was entirely voluntary and that they could withdraw from the project at any time, up to the final stages of data analysis, for which a specific date was provided. An informed consent form was thoroughly reviewed, discussed, and signed prior to each interview; and all participants were given the option of adopting a pseudonym and removing other identifying information to disguise the extent of their published output (Nabbali, *A “Mad” Critique* 3). Most, however, chose to waive confidentiality and “go public” with their stories, as often is the case in social movement research (Morrison, *Talking Back*).

simultaneously serving as audience to other actors” (Johnson 369). The “I” then becomes the “all-too-human” or backstage persona, and the “Me,” our socialized or front-stage identities. This dramaturgical approach to social life was introduced in his first and most extensively cited monograph, *The Presentation of Self*. It was more carefully detailed in the preface to *Encounters* and defended in almost all of his publications thereafter; including *Behaviour in Public Places*, *Interaction Ritual*, *Strategic Interaction*, and *Relations in Public*, as well as in his ASA Presidential Address entitled “The Interaction Order” (cf. Burns 32-34, Fine and Manning 480). His career-long investigation extended beyond the everyday to the sociology of madness and “total institutions” in both *Asylums* and *Stigma* (Fine and Manning 480). Goffmanian writings and, most notably, these last two works have provided an academic platform upon which to challenge psychiatry and its practices. In fact, *Asylum* and *Stigma* are said to have been a critical “impetus for the movement [in the 1970s and 1980s] to deinstitutionalize mental patients and to eliminate the large state mental hospitals that often served as warehouses for those who stood outside of societal norms” (Fine and Manning 480). Unfortunately, this forced mass exodus had the austere effect of leaving many people disenfranchised, hungry, and homeless or precariously-housed.

Goffman took pains to demonstrate that we manage our public behaviours so as to convey certain information about ourselves depending on the social context – that is, according to “the biography of the occasion and its participants” (Drew and Wootton 4). This suggests that we respond to the impressions that others “willingly ‘give’ or inadvertently ‘give off’” (Goffman, *The Presentation of Self* 13-14), as well as the meanings that they seem to attribute to our mannerisms. It follows then that interactions and conversations, more specifically, are not simply a matter of spoken words (Burns 346). For Goffman, much of what and why we communicate is to portray our “idealized sense of self.” Such a strategic “performance” tends to be in line with, or a deliberate challenge to, the values and cultural conventions of the time and space. Perhaps more cogently, communications scholar Julia T. Wood notes that:

All of us create and project images that suit our purposes in various moments. We know how to appear self-confident in job interviews, contrite when we have offended others, and interested even if we are bored (*Communication Theories* 122).

We try to fashion our image in relation to that which we have learned is acceptable or expected of us through the processes of socialization, routinization and, in the case of psychiatric patients, institutionalization.

Should we deviate or disrupt established patterns of behaviours and “norms,” we run the risk of embarrassing ourselves or upsetting others. As a result, we may be stigmatized or devalued and, quite often, ostracized from full social participation. This is because, to borrow from Goffman, “we believe the person with a stigma is not quite human” and thereby:

exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce [her or] his life chances. We construct a stigma-theory, an ideology to explain [her or] his inferiority and account for the danger [she or] he represents, sometimes rationalizing an animosity based on other differences, such as those of social class (*Stigma* 5).

Goffman effectively demonstrated this in *Stigma* through a textual exploration of autobiographies and case studies. He posited that the imposition of a psychiatric “diagnosis” or label – akin to the presence of an “external deformity” or perceived affiliation with a particular nationality, religion, or organization – “spoils” the public identity of an individual, who then must “confront and be affronted” by the subsequent reactions of others (Goffman, *Stigma* 137), which can have serious material and nonmaterial implications. This “interaction order” is therefore a form of social control (Goffman, *Behaviour in Public* 17), whereby we police ourselves not because of some legal mandate with unassailable consequences but as a direct reaction to the company of others.

In seemingly characterizing people as mere agents of conformity or “merchants of morality” (Chriss 184), Goffman has been criticized by Alvin W. Gouldner (1971), among others, for being apolitical or accommodating the reification of the status quo, when in fact he was pointing to “the socially constructed nature of the world and the possibility of alternative arrangements” (Buechler 446). Through drama and game metaphors, Goffman brings us to see that we are all “players” in the making of society, whether “‘pawns’ that [do as they are told and] may be sacrificed or ‘tokens’ who express a position” and take risky “moves” (*Strategic Interaction* 11). This agency-focused approach speaks to the feminist adage that “the personal is the political” (Morris 159), and illuminates what McChesney meant, at the outset of this paper, by “[t]he choice is ours, the choice is yours” (15).

The Sociology and Politics of Madness

Notions of dramaturgy are discernible in the works of social theorists like Victor Turner, Edward Said, and Judith Butler, as well as anthropologists like James Fergusson and Paula A. Ebron, who all agree to some extent that power and structural forces operate within presentation and the allegorical tropes and figures imbued in representation (Auslander 2). Goffman, accordingly, prefigured the

postmodern movement of the 1980s (and its iconic approach to social constructionism) by emphasizing the value of “situated knowledge” (Haraway 195) and the ways in which categories are embodied or destabilized in the course of human interactions. It is this contribution, above all, that attracted the early attention of critics of psychiatry and keeps many in conversation with him, myself included.

While “mad people, or people deemed mad,” have expressed themselves in diverse ways throughout history, resisting the “physical and chemical restraints, invasive ‘treatments’ and grotesque caricatures that have led to the physical and mental suffering of so many” (Reaume, *Teaching Mad People’s History* 171), the rise of a more collective movement came on the heels of the civil unrest of the 1960s. The discipline of psychiatry and its dehumanizing practices were treated with much suspicion during this time (Crossley 182, Rissmiller and Rissmiller 863). The idea of “mental illness” was criticized as a “myth” that works to obfuscate the deeper social, political, and economic dimensions of the “problems of living” (Szasz 118). Lobotomies, electroshock therapy, involuntary drugging, detainment, and the very classification system of madness were charged with acting as mere “social tranquilizers” (Newnes 21). This initial period was termed “anti-psychiatry” and championed, to a large extent, by radical therapists² who sought to dismantle the psychiatric system as a whole (McLean 823, Pilgrim and Rogers 231, Rissmiller and Rissmiller 863, Starkman A2). Their claims were substantiated by former psychiatric inpatients who attested to “suffer[ing] from unjustified confinement, verbal and physical abuse, and exclusion from treatment planning” (Lewis 341).

The anti-psychiatry movement was essentially an ontological attack on the “medical model” of madness. This is the view that madness is no different than any other bodily disease, except that it is said to affect the brain and manifest outwardly in thinking and behaviour, and thus should be studied and treated like any other physical pathology (Barnes et al. 21, Oliver 32). Such a supposition ignores the fact that “the finding of a mental illness is made by establishing a deviance ... from certain psychological, ethical, or legal norms” (Szasz 113), which only exist themselves through consensus and persist by convention (Nabbali, *A “Mad” Critique* 7). Psychiatric symptoms and diagnostics, then, are interpretations and categorizations, respectively. They are “neither self-evident nor naturally occurring” (Roach Anleu and Hornosty 171), but conditioned by time and space. They have “little meaning until placed in [a] context” wherein specific behaviours are attributed or denied certain values, activities, and expectations (Wood, *Interpersonal Communication* 25). They are precisely the kind of social construct – or stigma – that comes about through the “interaction order” that Goffman so vividly described.

² Most notably: David Cooper, R.D. Laing, Thomas Szasz, and Franco Basaglia

Social constructionism has indeed revolutionized our understanding of madness by drawing attention to the strangulating clutch of orthodoxy, ubiquitous yoke of capital, and historical development of systematic discrimination, typically veiled under the guise of health care. In other words, it lays bare “the effect of an environment hostile to some bodies and not to others, requiring advances in social justice rather than medicine” (Siebers 173). As the founding member of a peer-support group in Canada once exemplified for me,

The reason why I ended up in [a psychiatric institute] is because I witnessed a traumatic rape. This was back [a few decades ago] ... [and] after the rape, completely like this [*caricaturizes distress*], they labelled me schizophrenic. Whatever! So, to me, that is a good example of the way ... patriarchy created the conditions that put me in the hospital in the first place. If there was no rape, if there was no abuse, if there was no horrendous violence that women experience every day, then we wouldn't have these intense emotional reactions, would we?

I hasten to caution, then, the use of the term “mental illness” with any realism. Psychiatric diagnostics, too, should be avoided as they can “mean exactly the same thing [as] ... ‘human garbage,’ ‘take [her or] him away!’ ‘get [her or] him out of my sight!’” (Szasz, cf. Chamberlin 110). “Madness,” for media scholar Stephen Harper, is a more useful term to retain insofar

as it problematizes the pathologizing implications of phrases such as “mental illness.” In particular, the term allows cultural critics to shift their critical focus from marginalized individuals to questions of institutional and social madness (463).

Such reclamation of, and thereby resistance to, language has become a rallying point for people who have been psychiatrized or perceived as “mentally ill” (Wolframe). This is because “[p]ower inheres in the ability to name, and that what we call ourselves has implications for [personal and] political practice” (Epstein 241). It reflects the ways in which individuals make sense of themselves, offering opportunities of a less stigmatized status and so greater access to a positive identity cum development (Nabbali, *A “Mad” Critique* 3).

Terminology and, thus, perspectives within the mad community are, however, “highly contentious,” as underscored particularly well by Linda Joy Morrison in her dissertation, *Talking Back to Psychiatry*. Some activists, for instance, challenge a social model of madness. They tend to convene as “mental health consumers” and acknowledge a biological component to their embodiment, relying on psychiatric and

para-psychiatric intervention, whether at times or in some measure. But madness is not experienced in a vacuum (Duerr 123) and, as Louise Pembroke, former chair of Survivors Speak Out and the National Self-Harm Network of England recalls of her encounters with the psychiatric system, it is possible (even common) to feel “consumed” by (as opposed to a consumer of) psychiatry (Shimrat 82, cf. Reaume, *Lunatic to Patient to Person* 421).

By the 1980s, a policy of deinstitutionalization had sprung from anti-psychiatry and related activism as “a liberating, humane [and more effective] alternative to restrictive care” (Br-Del). It also hoped to somewhat remedy the stigmatization and scapegoating of mad people that conceivably stems, at least in part, from historical segregation and residual social distancing. Instead, the scarcity of funds made available to “self-help” or community-based initiatives yielded a sobering picture of poverty and homelessness, which is arguably being exacerbated by current neoliberal trends and welfare state restructuring (Morrow et al. 3). This has deepened the split between the most anarchistic “ex-patients” or “survivors” and the burgeoning number of mental health consumers who, like clients in a marketplace, have reorganized around the demand for choice, respect, and satisfaction—and the threat of taking their business elsewhere (Everett 187, Nelson et al. 137).³ Moreover, deinstitutionalization has provoked a sizeable counter-movement by family members and friends of former inpatients, who – along with other so-called stakeholders, like pharmaceutical companies, health professionals, and Not-In-My-Backyard (NIMBY) groups – advocate, to varying degrees, for “reinstitutionalization” and the “democratization of psychiatry,” whereby the input and involvement of all concerned parties is welcomed (McLean 825-826). It could be argued that such a position is assumed for little more than palpable fiscal reasons, if not to get people off the streets and out of sight so as to maintain the appearance of the neighbourhood – hence, NIMBY; furthering the obscurity of institutional and social madness.

The mishmash of opinions on psychiatry and its discourses have culminated, not surprisingly, in seemingly interconnected yet fragile bonds. Mad Pride, the latest manifestation of psychiatric resistance, “which buttresses events celebrating and demystifying what it means to be ‘mad’” (Nabbali, *Vive* 25), has “needed to embrace [the] contradictions and adopt coalition politics” to avoid losing members (Lewis 344). It has “moved beyond treatment-centered activism to articulate a broader

³ Canadian social worker Barbara Everett has likened the ontic divide between “consumers” and “ex-patients” or “survivors” to the “age-old nature-nurture debate” (187). It can also be understood as “mad” versus “bad,” juxtaposing people who characteristically understand their biology as “faulty” (Lewis 345-346, Valenstein 96, Whitaker 78) to those who actively challenge established doctrines.

culture of madness,” putting emphasis on “art, theatre, spirituality, and a valuable sensitivity to individual and collective pain” (Schrader and Jones 62). While Jeremiah Bach, a central organizer of Mad Pride Toronto in 2007 and 2008, is quick to praise the vibrancy and creative output of this emerging phenomenon, he does believe that its very heterogeneity has thwarted any serious attempt to “spea[k] to a political issue.” Erick Fabris, author of *Tranquil Prisons*, an ethnographic study on psychiatric treatment loosely based on his own life history, disagrees. He made the shrewd observation to me one summer day that the open commingling of spoiled identities is itself politically disruptive:

I mean, how can you have a group of Mad⁴ people that are able to talk to each other? They are not supposed to be able to talk to each other or experience anything. They’re not thought able to put together a sentence. Or, if the sentence is put together correctly, grammatically correctly [that is], it’s not going to make any sense. So how can you have a movement of that? In and of itself, Mad [Pride] questions so many things that are hegemonic, including “making sense.” It doesn’t really agree on one principle, on one thing ... [But y]eah, this is a political issue, especially when you look at our rights over our bodies, our rights over our lives, our rights over our narratives of self.

In the words of David Oaks, director of MindFreedom International (MFI), a human rights non-governmental organization (NGO) that operates out of the United States and, in many respects, spearheads the networking of Mad Pride campaigns throughout the world:

We [Mad Pride Oregon] are using the “big giant pill”⁵ so we’re outright political! And, the “bed push,”⁶ that’s political! Ultimately, it’s up to people and

⁴ In his review of the transcript, Fabris capitalized “Mad” as a political statement to suggest an identity – a group that “recognizes itself within broader conceptions of [mad] culture”, as he has since detailed in his Ph.D. dissertation, *Experiences Labelled Psychotic*.

⁵ In a practice called “The Norm-a-Thon,” Mad Pride activists in Oregon pretend to worship a big giant pill as a short, satirical skit on psychiatric hegemony and, in particular, the pharmaceutical drug industry.

⁶ Beginning in 2005 in Britain, Mad Pride activists have dressed up in pyjamas and staged “The Great Escape Bed Push.” The campaign involves pushing a hospital bed from Millview Psychiatric Hospital in Brighton to the original site of “Bedlam,” the longest-running psychiatric institution, while being chased by a giant syringe. The event has sought to draw attention to the forced treatment of mad patients, as well as the lack of choices in mental health services. The Great Escape Bed Push has since been recreated in a number of countries, including Canada.

how they want to [go about] demand[ing] change. We also have a few people who picket “I’m human” to put a human face on psych labels; saying “we’re human beings” and “we’re proud to be mad” and so forth ... Or, like in Cork, Ireland,⁷ gather in a park with music. Or, as in Vancouver [Canada],⁸ come to an art gallery. Or, in Toronto [Canada],⁹ take a walk with Geoffrey [Reaume] and [learn about] the wall that was created by [asylum inmates] ... Underneath all of that is kind of, I think, a profound vision ... to [reach out] ... to unite together ... [to] respond to oppression ... [and to] look out for segregation. That’s our number one problem; being segregated from the rest of, all of, humanity.

These sentiments echo the literature on the topic since the start of the millennium (Dellar et al. 7). They even find themselves within the political philosophy of Hannah Arendt (177-178) who called for “the actualization of the human condition of plurality, that is, of living as a distinct and unique being among equals.”

Indeed, despite a still-present strife between the “anti-psychiatry survivors and co-opted drug-popping consumers” (Morrison, *A Matter of Definition*), Mad Pride has created a “big tent,” as Professor David Reville of Ryerson University (Canada) has noted, wherein “there’s room for lots of people” to reject marginalization through mutual support and sharing, within and across communities. It invites the nonviolent transgression of longstanding mores, regardless of the probable backlash of stigma and “sanism,”¹⁰ by providing a public and safe environment for “wearing all kinds

⁷ In 2008, Cork (Ireland) hosted its first annual Mad Pride at Fitzgerald’s Park. The affair was a “family fun-day,” featuring clowns, theatre, interactive groups, live music, solo artists and bands, face painting and puppet-making (MFI Portal). “And the beauty of it all,” exclaimed poet John McCarthy, who helped to organize the event, “[was] the so-called normal community mingled with the mad community and nobody was the wiser! How fantastic was that?” (MFI Portal). Remarkably, there were approximately five thousand people at the park that day.

⁸ The Gallery Gachet is an art venue informed by mad politics and located in the Gastown area of Vancouver, Canada. It has hosted a number of Mad Pride-related events.

⁹ Since 2000, Geoffrey Reaume has provided historical walking tours of the grounds of the Centre for Addiction and Mental Health (CAMH), “where patients built boundary walls in 1860 and 1888-89; [which] continue to stand as enduring testament to the skills of the exploited laborers who built them” (Reaume, *Teaching Mad People’s History* 175).

¹⁰ A term analogous to racism, sexism and ableism insofar as it describes tenuous prejudices and systemic discrimination against people with, or presumed to have, psychiatric histories (Perlin 21). Sanism is sometimes used interchangeably with “mentalism” (Chamberlin 66), though Fabris has cautioned against this analogue in his most recent writings.

of fucked up shit’ – purple pyjamas with moons, red thongs worn over slacks, jester crowns, masks, and painted faces [and] ‘just about anything [else] that challenges the normative culture’” (Fabris in Nabbali, *Vive* 26).

The NSM Paradigm

In the one-hundred years or so leading up to the charged atmosphere of the 1960s, collective actions were readily assumed to follow a Marxist logic, centering on “matters of economic redistribution” and embodying a rather working-class character (Pichardo 412).¹¹ Material relations, however, cannot comprehensively explain the rise of, say, anti-war, anti-abortion, student/youth, or Christian Right protests in the last few decades of the twentieth century (Pichardo 412). This is not to suggest that the omnipresence and omnipotence of capital in our everyday lives should be dismissed or discounted. Rather, revolution has become increasingly explored, interrogated, and framed within “quality of life and identity concerns” (Otero and Jugenitz 507), and against the backdrop of unprecedented mobility and communication. This has led to a “new” perspective in conflict theory: the “new social movement” (NSM) paradigm.

For Alain Touraine, one of the earliest proponents of NSM, it is not surprising that our post-industrial or “programmed” society, premised on an ever-deepening information infrastructure, has given way to different politics than in the past. Power, as Michel Foucault famously argued, is best described in the modern and post-modern era as the control over the creation and diffusion of knowledge as opposed to the means of production. Because such technocrats as legislators, scientists, physicians, psychiatrists, teachers, researchers, and other professionals tend to dictate the symbols, messages, and meanings that are expressed and uncritically afforded highest regard in public spaces today, they are made into the antagonists of NSMs. A vigilant consideration of their authority or “instrumental rationality” is thus intrinsic to the maximization of human emancipation.

By extension, “a major prerequisite and a major accomplishment of the new social movements” is the privileging of specific or localized insights, imagery, language, and experiences (Buechler 446). This can be negotiated, according to renowned Black feminist theorist Patricia Hill Collins, through the interplay of “structural,” “disciplinary,” “hegemonic,” and “interpersonal” domains of power which operate to either constrain or enable voices and choices, and thus coalesce to create a “matrix of domination.” Such thought illuminates how the prescriptive

¹¹ While such generalizations should be caveated given the abolition, temperance, and suffrage crusades, as examples of the times, Marxism was “the standard by which social movements were compared” (Pichardo 412).

practices that constitute the institutions of law, policy, religion, and the economy, which so often go unquestioned, are policed in the public sphere and ultimately indoctrinated in the (sub)consciousness of the people through surveillance and other disciplinary techniques. These are legitimized by the politics of representation and the manipulation of other cultural artefacts, and come to inform – even direct – the everyday.

NSMs emphasize how individuals understand themselves to fit into and (re)architect the larger social landscape, including identity and meanings of health, and as such offer insights for evaluating Mad Pride. Of course, the postulation that Mad Pride is indeed a “new” social movement is only as strong as the NSM paradigm itself. It has been contended that the “newness” of “new social movements” should not be made into an empirical claim but rather treated as an analytical tool (Della Porta and Diani 61). Nelson A. Pichardo has thus proposed a four-pillar approach, whereby the major differences between the older social movements and NSMs can be described in “ideological,” “tactical,” “organizational,” and “participatory” terms. NSMs, specifically, are lifestyle-oriented, anti-institutional, decentralized, and diverse in nature.

Mad Pride seeks to redress the shame, hesitation, and disempowerment that various people face in their daily lives and that, ultimately, circumscribe their participation in the community and subsequent access to valued resources (Nelson et al. 126). This “process of ‘self in community’ involves changes in power relations” (Nelson et al. 126), which is conceivably enhanced by an open, peer-driven, collaborative orientation. Mad Pride is typified by a horizontal structure and premised on situated knowledge and experience. It places the mobilization of public opinion (e.g. values, beliefs, and behaviours) at the heart of any endeavour, candidly recognizing the influence of micro-sociology. Therefore, it alludes to the fruitfulness of diversifying and densifying movement demographics, giving reason for allies like myself or those “outsiders within,” as Hill Collins has dubbed her own positionality as a Black woman within the halls of academe (14), to join and, perhaps more importantly, be welcomed among the ranks of resistance.

The Ghanaian Twist

An NSM approach must consider the fact that nascent information technologies enable “new possibilities for networking far beyond local neighborhoods or even the national context” (4), as historians Stephen Ellis and Ineke van Kessel note in the opening remarks of their anthology on social movements in Africa. Not only must contemporary activism adopt multileveled, multivariate, and multi-representational strategies in their efforts to defy what Hill Collins calls the “matrix of domination”,

they must also account for the issue of multi-sitedness, especially in places like Ghana and other African countries that are “particularly vulnerable to external pressures of various sorts” (Ellis and van Kessel 4), including developmental narratives that emerge out of an evolutionary model of “progress.” The emphasis away from organizing around a single central force, characteristically confined to geopolitical borders, is an “important corrective” to modalities of social action (Armstrong and Bernstein 81). Hence, sociologists Donatella Della Porta and Sidney Tarrow have advanced the “use [of] the term ‘transnational activism’ instead of ‘social movements’” (Armstrong and Bernstein 77).

Diasporic communities are particularly significant to the ready flow of ideas, resources, and organizations the world over. For Ghana, a country in West Africa, formerly known as the Gold Coast, a sense of insecurity and record emigrations have transpired from a series of military coups which followed “decolonization” in 1960 and culminated in the diktat of its Third Republic in 1979. Perhaps most notorious was the wave of Structural Adjustment Programs (SAPs); within the first phase of reforms, between 1983 and 1986,

the number of Ghanaian immigrants [to Canada] began to rise, and it did so consistently until 1992, when it hit an all-time high, second only to the number of Somalian immigrants among African countries (Donkor 34).

It was hoped that SAPs, under the aegis of the Bretton Woods Institutions¹² (BWIs), would reverse “global” marginalization (Fergusson 11) and lead Ghana to middle-income status (Pender 400) through the implementation of harsh neoliberal “adjustments” in exchange for reduced interest rates on new or existing loans (Moseley et al. 9). While SAPs did make for *macroeconomic* successes in Ghana, they more obviously intensified social and spatial polarization, and indeed *produced* unparalleled poverty for the masses (Bond 6, Fergusson 11, Gocking 185, Meredith 190, Pender 401). Inflation skyrocketed, taxes increased, and public spending was cut to its bare minimum. Some 300,000 civil workers lost their jobs almost immediately, and user fees were introduced for healthcare as well as certain educational opportunities (Konadu-Agyemang 475).

Today, 31 percent of Ghanaians live below the poverty line, about half of which are destitute and four-fifths of which are located in the Savannah belt (Konadu-Agyemang 475). This is reflected in the record growth of urban centers and, above all, the number of people living on the fringes in slum and makeshift squatter settlements (most of which are established by migrant workers and relocated

¹² E.g. International Monetary Fund (IMF), World Bank (WB), and World Trade Organization (WTO)

individuals from the countryside) (Aikis and Ofori-Atta 762). Poverty levels are also discernible in child welfare reports, where stunting and wasting are so prevalent that UNICEF has listed Ghana as one of its high-risk hunger countries (Konadu-Agyemang 476). In 1986, 58.6 percent of children surveyed were found to be 80 percent below their ideal weight, a figure that increased from 35% in 1980 (shortly before SAPs were introduced) (Konadu-Agyemang 476). Incidences of child malnutrition are intimately linked to the feminization of poverty, so it should not be surprising that the poorest fifth of the country was composed of a majority of female-headed households in 1997 (Leite et al. 11). Though no longer strictly subjugated by formal colonial rule, Ghanaians still find themselves in the depths of despair, with a life expectancy below 60 years (Tabi et al. 52). Hence, Ghana continues to rank in the bottom quarter of the United Nations Human Development Index in terms of quality of life (Colijn 2).

In effect, the SAPs have frustrated the sovereignty and so-called “development” of Ghana, as they have elsewhere across much of the continent, yielding “an Africa that is actually more different than ever from the imagined global standard, more of a ‘problem case’ than ever before” (Fergusson 13). It remains “the only region in an increasingly privatised world” where the BWIs still hold a commanding, imperious role over policy and financing (Hirsh cf. Pender 401). Yet, the very “democratization” of Africa has seemingly relieved outside parties of overt responsibility by the implication that the people voted for their fate (Fergusson 12). That is,

colonialism, being just one form of imperialism, metamorphosed in such a way as to retain the fundamental powers of imperialism while shedding the outward forms of colonialism (Saurin 31).

Otherwise put,

[Africa has] come full circle: it has moved through a direct form of European domination to a more complex and invasive one (Donkor 32).

This shift is not a matter of *neocolonialism*, but “a *return* to pre-World War Two patterns in the relationship between [Empire] and [its] others” (Williams 227-8, emphasis added).

The preponderance of non-territorial imperialism (Ayers 3), and the “rolling back” of the state that it mandated, has provoked an “invasion” of NGOs (Hanlon 215), which has been likened to another “Scramble for Africa” (Nyerere 37). These NGOs have come to “occupy” the continent, largely “characterized by external financial dependence and [in turn] an external orientation” (Hearn 1103). They are

said to be acting as “local managers of foreign aid money, not managers of local African development processes” (Nyang’oro 288). Further, they raze central capacity to govern by luring in the best civil servants with higher salaries and better terms of employment (Gary 164, Hearn 1100, Nyang’oro 288). Fergusson has qualified the African NGO sector as a kind of “transnational governmentality” (40), whereby a patchwork of private (presumably well-intentioned, if not naïve) organizations has been tasked with informally picking up the slack of state bureaucracies. Welfare and relief agencies should thus be treated with much scepticism as they allow governments, on the one hand, to continue operating as starkly self-concerned and disjointed from civil society; and international institutions, perhaps more importantly, on the other hand, “to push their ideas ... without suffering the legitimacy and antagonism that characterised the adoption of structural adjustment in the 1980s” (Ohemeng 458).

In the case of Ghana, writer and policy adviser Ian Gary has cautioned against reducing NGOs to appendages of donor agencies. Meanwhile, Ellis and van Kessel have challenged the dismissal of “[social] movements as no more than an extension of Western NGOs” (5). Still, it bears exploring the structural position of MindFreedom, the NGO mentioned earlier that is “directed towards improving [the social, moral, and economic conditions of consumers and] survivors” (MFI Portal) within the Ghanaian context. It has recently expanded into the coastal capital of Accra, opening a meeting house in 2004 and sponsoring Mad Pride parades three times since; yet, the institutionalization of psychiatry has “not been considered to be a health priority [in Ghana], and facilities continue to be limited” (Mullings 49). There are fifteen psychiatrists registered nationwide (Roberts 1859), stretched over three major psychiatric centres¹³ and a combined total of approximately 1200 beds (Ewusi-Mensah 288, Krause 57), which must serve a population of more than 24 million. It should not be surprising, then, that the vast majority¹⁴ of Ghanaians embrace indigenous notions of madness, whereby the causality and healing process are inextricably linked by a distinct set of local conventions and moral or supernatural premises (Awanbor 206, Ayim-Aboagye 21). This has also been discussed as “social causation theories” (Twumasi 349) and may find added grit in stigma management. It often implicates “the family or clan [so that] the well-being of

¹³ E.g. Accra Psychiatric Hospital, Ankaful Mental Hospital, and Pantang Mental Hospital

¹⁴ In a 1992 survey, 74 percent of Ghanaians reported that they relied on traditional therapies to treat madness. This was a nearly 10 percent increase from the previous 1988 statistics (Konadu-Agyemang 478). Studies continue to suggest that there is a growing resurgence of traditional therapies in Ghana (Konadu-Agyemang 478). This trend was highlighted in 2010 when Dr. Akwesi Osei, the Chief Psychiatrist, estimated “that only two out of every hundred people requiring mental health services in Ghana” are treated by the psychiatric system.

all concerned requires collective action” (Quinn 177). Ghanaians, accordingly, tend to opt for herbal, shamanic, and other traditional therapies, despite the fact that these services are not included in the formal healthcare sector (Krause 56, Mullings 1, Tsey 1065, Twumasi 349). Such practices are intended to produce transformations in attitudes, actions, or activities so as to mend disrupted relationships and restore the harmony or function of the community (Ayim-Aboagye 22). They are “the type of treatment that involves the examination of the social matrix of the patient” (Mullings 52), which is markedly removed from the pathologizing and individualizing logics of psychiatry (Siebers 173).

An important set of questions emerges from the above research: If the presence of psychiatry in Ghana is so tenuous, then what discourse lies at the heart of its Mad Pride? Have the ethos and ends of mad activists elsewhere shaped the “conscientization” (Freire), or political consciousness, of those in Ghana? Are we witnessing in psychiatric counterculture the powers – and, thus, pressures – of the improved and rapidly expanding technologies of mobility and communication? How situated is the knowledge being produced, negotiated, and disseminated? To what extent are the goals, practices, and values reflected in these discourses imports from *elsewhere*? And what implications may this have, or be having, on their applicability and effectiveness in Ghana? Are such institutions and cultural forms, in effect, operating with imperialist tendencies? Are they advancing the interests of international capitalism? Are they but another means of subverting the State and thereby consolidating the (re)colonization of Ghana?

Future Perspectives

Taking cues from Goffman, mad activists have fuelled a lively opposition to the cultural practices and beliefs of psychiatric institutions and practices. The fact that such mobilizations have continued to thrive in North America, over the last fifty years (Church and Reville 189), and quite possibly across generations, is indicative of the importance of the issues being addressed. Social movement theory and, specifically, the NSM paradigm, have supported these struggles by providing the scholarship with which to critically discuss and reconsider the ideology, vision, rituals, and processes of resistance. The relevance, however, of a similar chapter in Ghana is not so obvious. Indigenous notions of, and approaches to, madness continue to monopolize the field. This understandably stems from the accumulated knowledge and standards of health of the people, which develop alongside the structural conditions of society (Tabi et al. 57, Twumasi 350). There is thus no better time than now to study the literature on NSMs, particularly as explained by Pichardo and in relation to the “transnational activism” of Della Porta and Tarrow; and to question it against the very character of psychiatric counterculture in Ghana.

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