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Quarshie Nana Osei. African Pharmakon: The Asylum as Shrine from Slavery to the Return. University of Chicago Press. 2025. 309 pp

Book Review

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Nana Osei Quarshie's book, *African Pharmakon: The Asylum as Shrine from Slavery to the Return*, makes a significant intervention. Quarshie reconstructs the longue durée history of mental health from the 15th to the 21st centuries. He reframes how concepts of mental illness were applied to Africans during the era of enslavement and forced migration in slave markets, ships, and shrines. He reframes the decolonization of psychiatry as a process that began in the Atlantic era and continued into the postcolonial period (4). Quarshie argues that psychiatry did not colonize the African mind but was instead grafted onto a long history of shrine-based mental healing.

The book consists of an introduction, five chapters, four interludes, and a conclusion. Chapter One provides a brief background to the Ga polity in the context of the Atlantic Slave Trade, from its contact with the Portuguese to its internal struggles with vassal states such as the Akwamu. Later, the Asante entered the picture in the eighteenth century, affecting Ga political autonomy. Quarshie discusses spiritual pawning, in which Ga Kinsmen sent their mentally distressed relatives to be relieved of spirits to whom they were indebted. Quarshie argues that spiritual pawning was long practiced by Africans to manage distress, like madness, long before the colonial asylum was introduced. These spaces served as sites for healing and refuge, and many Africans enslaved by Europeans passed through shrines and native prisons. In Chapter Two, Quarshie foregrounds how the colonial asylum functioned as an extension of shrine-based healing. He argues, "Accra's colonial asylum also materialized the grafting of colonial psychiatric care to West African therapeutic worlds." (67) He shows how the African staff members' daily interactions with patients reproduced Atlantic-era rituals or repertoires of logging, herbal healing, and panyaring and pawning. These practices formed the basis on which the colonial asylum was grafted. Quarshie

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also highlights how missionary logic in the 19th century reinforced shrine-based logic—Christian and shrine-based beliefs in the spiritual causation of affliction, including sickness or mental illness. He also shows how family members petitioned the colonial government for the confinement or release of their relatives admitted to the asylum.

In Chapter Three, Quarshie demonstrates how the traditional leaders reworked colonial psychiatry and embedded it within the body politic, where lunacy became a political category, and immigrants were manhunted by the police. He shows how Kumase's traditional elites petitioned the colonial government to expel the town's lunatics. He demonstrates how, during the late colonial period, the political elites reworked this logic to address postwar anxieties and migration issues. He states, "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." (139) Quarshie examines how psychiatric knowledge was applied to everyday policing and surveillance. Chapter Four investigates the Consciencism, Africanization, and Ghanaianization trajectory that Kwame Nkrumah pursues after independence with the assistance of E.B. Foster. He shows how Nkrumah was deeply concerned with mind politics, where E.B. Foster helped in the reorganization of psychiatric services in the country. Quarshie demonstrates how psychiatry becomes an integral part of nation-building and political instruction. He shows how postcolonial psychiatry still hinges on a colonial-era trajectory. Chapter Five examines the proliferation of prayer camps nationwide and the mass expulsions carried out by the Busia administration. Quarshie shows that the logic of prayer camps draws on shrine-based healing traditions. He uses this to show the therapeutic pluralism that emerges. The conclusion reiterates the book's central argument. He also shows that mass expulsion persists in contemporary times. He further demonstrates that the Year of Return, established in 2019, was a call for those displaced by Atlantic slavery to return home. Quarshie shows how internal migrants and the poor are marginalized, but are calling for returnees. This offers a sharp critique.

Historiographically, Quarshie reframes the history of mental health as a tool that did not colonize the African mind. This stands in contrast to Franz Fanon's claim. He shows how colonial psychiatry reworked the shrine-based healing that was practiced in the Atlantic era through to the 21st century. He shifts the analysis beyond the colonial and postcolonial psychiatry literature, which frames colonial psychiatry's hegemony, and extends it to include the precolonial era. The book's strength lies in its use of rich archival data, interviews, and ethnographic sensibilities. This is the first work on Ghana to situate the history of mental health within the history of slavery. However, it would have been useful to see Quarshie's position on the impact of the Islamic mental healing trajectory during the period he describes. More discussion of the post-Nkrumah period would also have been valuable.

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This book is an important contribution to medical history, the history of psychiatry, the history of slavery, African history, Atlantic history, and medical anthropology. This book is accessible and will be valuable for graduate students and anyone interested in slavery and mental health.

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