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EXISTING CONCEPTS OF MENTAL ILLNESS IN DIFFERENT
CULTURES AND TRADITIONAL FORMS OF TREATMENT

by

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The peculiarity and special nature of the organization of mental health services in developing countries stem from poverty - of education, of trained manpower, of resources, of transportation, communication and from the suggestion that traditional methods of healing should be retained and incorporated in the modern system of delivery of health care. They do not derive from any difference in the spectrum of psychiatric disorders found in developing countries. Even when examined critically, the peculiarity and special nature of the organization tend to fade away since developed countries also face some of the problems, and the solution of the problems in developing countries can be applied, though modified, in developed countries.

One of the major obstacles to the organization of mental health service is acceptability. Since the concept of psychiatric illness is that it is caused by curses, evil eye, violation of taboo, evil machination of malevolent agents, witchcraft, most people in developing countries find it difficult to accept that modern psychiatry has much to offer, as it does not relate causation, strongly and ostensibly enough, to the traditional beliefs, in addition to other reasons like the strangeness of the modern psychiatric service.

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The question arises how can the service be made acceptable to the community to which it is offered. Didactic mental health education does not have much deep impact. It has been found that the impressive result of modern psychiatric treatment is more convincing. The people want quick results and the more immediate and dramatic the result the more convinced they are of its usefulness and relevance. Other public health facilities like maternity centres, maternal and child welfare clinics, surgery, etc., are being accepted and used, in spite of the traditional concepts. It may render mental health service more easily acceptable if it is included in the other services which have gained or are gaining acceptance.

The question if and how the traditional beliefs and practices can be incorporated into the system of mental health service depends on the type and form of these beliefs and practices. If they do not conflict with modern psychiatric treatment and if the practices are not dangerous, there is no reason why they may not be incorporated into the system. The question is how? The fact is that some people still use traditional methods alongside modern methods either with the belief that it will make modern methods more readily effective having removed the obstacle and impediment created by the supernatural, in their belief, or with the belief that it will stabilize and reinforce the improvement achieved by modern methods. There is not much difference between this practice and prayers offered to people who are receiving modern treatment.

Supplementing modern with traditional method does not create much problem. It is integrating the two that is fraught with difficulties. The only way to resolve the issue is to study in depth the traditional methods.

Unfortunately this has not been done enough and all we have are impressions and anecdotes. Even with the neuroses which are expected to be amenable to traditional method of treatment, no empirical study has been done to confirm this expectation. Until thorough and reliable studies of traditional healers are done, it will be a waste of time and it will be unreasonable to continue to talk about how to incorporate and integrate them into the system.

Another advantage of this study is that it yields some epidemiological information which can guide the provision of service. Since the resources are not readily available for precise epidemiological surveys on which service can be based, we have to rely on such studies to have some idea of the incidence and prevalence of psychiatric illness in the community. In addition to the study of traditional healers, religious faith healers will need to be studied for epidemiological data, as they also render some psychiatric service (Asuni in press).

The reason for discussing traditional healers and religious faith healers is that psychiatric service cannot be planned in a vacuum. The plan has to take into consideration the beliefs and practices of the community, the facilities they have been using, and other socio-cultural factors. From this consideration will emerge the appropriate method of approach and the introduction of the service which will be meaningful, appropriate and relevant to the situation.

Coming down to the examination of existing concepts of mental illness in different cultures one finds a considerable commonalty among them all over the world. The differences stem from geographical, climatic, economic, religious and other socio-cultural factors. The belief in witches as causative agents of mental illness is an example of the universal concept.

In spite of this commonalty it is necessary to examine the peculiarities in some African cultures which make generalizations meaningless and even dangerous when we are considering Organization of Mental Health Service.

J.H. Orley (1970) in his monograph on his study in Uganda said that the Baganda ascribe diseases to certain parts of the body and also classify them to three sets of dichotomies :

- (a) Those that come by themselves and those that are sent or caused by witchcraft,
- (b) strong and weak,
- (c) Kiganda and non Kiganda.

"Those illnesses which are untreatable by Western Medicine or are difficult to treat, as in the case with mental illness, are thought therefore to be Kiganda diseases and are of course strong since traditional forms of therapy are not often very useful either." He makes the following observation which is of importance in the context of this subject : "The fact that the Government provides free medical treatment means that often people attend Government clinics in the first instance before trying traditional methods of healing".

This observation is in contrast to experience in Western Nigeria, where Government provides free service for children and civil servants, but charges others very little compared with traditional healers, especially in cases of mental illness. Here it is the traditional healer who is consulted in the first instance, even when a hospital is near at hand.

Orley further observed that illnesses that are sent may be caused in several ways by witchcraft. They include those that are considered to be brought by spirits acting on their own initiative as well as those forces

manipulated by other people. The spirits are many and are related to the circumstances of the people - those from the islands on the lake Victoria or from the lake itself, and those from the dry land; there are the clan spirits, and there are those of the ancestors.

He stated also that although these are said to be diseases which result from the breaking of certain taboos, it does not seem to be an important reason in these days.

Their traditional healers are usually known as Baganda doctors. Some practise only the giving of herbs or blood cupping ; a large number are also possessed by the spirit. There is no recognized period of apprenticeship to healing art, since in such cases it is the spirit speaking through the doctor who diagnoses and orders the treatment, and so the doctor himself does not need to learn anything. "In practice this results in there being no well defined body of Kiganda belief about the origin and treatment of illness." This is in contrast to Prince's (1964) report on the Yorubas of Nigeria which will be discussed later.

Perhaps it is for this lack of defined belief about the origin and treatment of illness that Butabika, the mental hospital of Kampala is now regarded as a natural replacement for the stocks of old , in spite of the fact that the hospital started only 10 years before Orley's study. Furthermore Orley noted that it is rare in these days to see patients shackled in Kampala. On the other hand in Abeokuta, Western Nigeria, a much smaller town than Kampala, there are still a number of native healers, who put their patients in shackles, even though the modern mental hospital of Aro is situated just outside the town and was established earlier.

Prince (1964) in his study of Indigenous Yoruba Psychiatry comparable in some way to Orley's study in Kampala identified two kinds of institutions dealing with mental illness in Yoruba culture. One involves treatment centres, healers, and magical and herbal therapy, the other is Orisa cult groups rather like the spirits in Uganda. The healers have names for some psychiatric and neurotic illnesses.

The cause of misfortune including diseases is divided into three : Natural, preternatural and supernatural. Natural causes include faulty diet, insects and worms, hemp smoking and hereditary factors. Preternatural causes are malignant magical practices of sorcerers, curse and witchcraft. Supernatural factors include the concept of the "Double" and the "Heavenly Contract", Ancestors and the Orisas, minor deities.

He described technique in the treatment as follows : "Generally speaking each healer has his own standard approach to treating patients, and it is only when he sees that the patient is not responding that he changes his medicine (which includes several potent herbs). He sometimes decides on the cause in this way; that is, he gives the patient 'epe' (curse) medicine, and if that does not cause improvement, he decides that it is Sopono's (orisa) work and applies 'ero sopono'. Alternatively he uses divination or consults with the witches if the patient is not doing well.

Disturbed patients are usually kept in shackles which are removed when they are better. A discharge ceremony is performed before the patient is discharged home from the treatment centre. The ceremony is aimed at preventing a recurrence of his psychosis, and it usually includes a blood sacrifice, and is often performed beside a river.

He summarized the psychotherapeutic mechanisms as follows : suggestion, sacrifice, manipulation of the environment, ego strengthening elements,

abreaction and group therapy. He observed that none of these factors involves the patient's insight into his own deeper motives, with resulting expansion of self awareness and personality maturation.

Turner (1964) describes the practice of the Ndembu doctor in Northern Rhodesia where the concept of disease is not individual but group based. "All persistent or severe sickness is believed to be caused by the punitive action of ancestral shades or by the secret malevolence of male sorcerers or female witches." Therapy is a matter of sealing up the breaches in social relationships simultaneously with ridding the patient of his pathological symptoms Ndembu do not know of natural causes for diseases. The diagnosticians are diviners and their therapists are in effect masters of ceremonies. Divination is a form of social analysis, in the course of which hidden struggles among individuals and factions are brought to light, so that they may be dealt with by traditional ritual procedures.

He comments that it is more difficult to establish whether or not the use of 'medicines' confers any physical benefit, as in almost every case notions of sympathetic or contagious magic control the selection of vegetable or animal medicines.

Whisson (1964) uses two common forms of functional disease among the Kenya Luo to examine their traditional treatment. Social causes of primarily functional disorders are recognised by the practitioners, but organic origins of a disorder, if any, are not recognized explicitly. Responsibility for the disorder is laid upon the spirits and the cure is effected by their being brought under control. They are not expelled but remain with the patient forever.

Diseases may be caused by sorcery, witchcraft, evil eye, breaking a taboo or neglecting ritual for ancestral spirits.

Some men claim to be able to cure violent lunatics. The victim would be tied up for several weeks and the practitioner would produce worms, which he claimed to have extracted from the head of the patient through his nose. The patient would be given various herbs and roots and often severely beaten..... It was not thought possible to cure a violent lunatic permanently, however, although some men using the described method or that for the treatment of spirit possession, claimed to be able to do so. If all means had failed in an attempt to cure a patient, the diviner and the elders would suggest that the illness was the work of God and must be accepted. The psychotic patient would then be left to roam about. He would be treated kindly, fed and given work to do if he could do it.

Organic disorders were considered to have supernatural or mental origins. The Luo sought the motive and social causes of all disorders, rather than the organic causes. As a consequence, their appreciation of social causation and their ability to cope with functional disease was probably well developed.

The members of the tribe have tended to accept the medical services as an addition to their resources for coping with all forms of disease rather than a substitute for the old methods. Even the better educated who treat them with amused scorn resort to traditional healers when in trouble. This observation is true for most of Africa.

Dawson (1964) observed the African population in Maraupa, in Northern Province of Sierra Leone in his study of the social, psychological and medical effects of urbanization.

He states that both Temne and Mende Secret Societies have always played a major role in the traditional treatment of the mentally ill and maladjusted.

Where Islamic influence has become strong, the Muslim Alfas have taken over the role of both 'holy men' and 'doctor' carrying out the treatment of the psychologically disturbed.

Some traditional healers carry out their diagnosis by divination, sacrifice and questioning. The traditional methods of native doctors are most effective when there are psychosomatic and other psychological disturbances that have been precipitated by some social complication. The treatment is based to a large extent on prestige, reassurance and suggestion : some physical remedy is always used, and in addition social complications are analyzed. The physical treatment includes herbal medicines and application of heat to the head and the psychological treatment includes counter oaths and confession.

The native doctors themselves do not attempt to treat the more severely psychotic disturbances, who are brought to the Muslim Alfas from all over Sierra Leone. The Temner say "The Muslim Alfas use the power of God to drive craziness away." Their method is to unravel the social complications in the same way as do the native doctors; they prescribe a course of treatment and pray to God for success. Physical treatment includes prayers and daily washing in water that has been poured over a board inscribed with passages from the Koran. Special herbs are administered orally. Other herbs are boiled in water and the steam is inhaled.

M.J. Field (1960) described the Shrine treatment of psychiatric disorder in Ghana among other functions of the shrines, based mainly on the idea of spirit possession. She described various beliefs like witchcraft, magic, some mythology like fairies and forest monsters, and cult of the dead which all have to do with the causation of mental illness.

Messing (1959) described the Zar Cult in Northern Ethiopia but the cult exists also in the Sudan. The practitioner, mostly women, has usually been a patient herself. The practice is possession by the Zar. The patient will be interrogated in the house of the doctor. The doctor will lure his own Zar into possession of him, through a trance. The doctor's Zar is then used to lure the unknown Zar of the patient to reveal his identity by means of adroit cajolery, promises and threats. The demands of the Zar are then negotiated through financial bartering. Finally the patient is enrolled for the rest of his life into the Zar Society of fellow-sufferers. Most Zars are never exorcised. The patient learns to accept his ailment and comes to terms with it by his group membership.

Diagnosis is made through demonstration and treatment is aimed at mitigation of symptoms through channelling, acceptance and group membership.

The 'Zar' is a catchall for many psychological disturbances ranging from frustrated status ambition to actual mental illness.

Collomb and Zemplenia (1963) and Zemplenia (1966) described the Rab Cult in Senegal. This is similar to the Zar Cult. The disturbing spirit is transferred to the patient's shrine, and subsequently the patient can talk about his problems to his shrine, thus becoming his own therapist (Pfeiffer 1971).

From this brief examination of some traditional concepts and treatment of mental illness in some cultures, it becomes obvious that there are similarities and differences. Some recognize physical causes of mental illness, others do not. Some use physical methods of treatment, others do not. Consequently in some cases greater emphasis is placed on social order and integration than the individual. Some help the patient to live with his dysfunction rather than attempt a cure. Some exorcise the offending spirits, others do not, but make use of the spirit to the benefit of the patient.

Some confine themselves to the psychoneuroses, others treat all psychiatric disorders.

In general it can be repeated that each system is geared to the fulfilment of the socio-cultural needs of its society and it cannot be transferred effectively to another society.

The positive points that emerge from this brief survey can be stated in terms of Prevention and Treatment. The cults treat mostly psychoneurosis, and also aim at prevention of recurrence or exacerbation of symptoms. The sacrifices and cleansing rituals of the Babalawos aim at making herbal treatment effective and also reinforce recovery and prevent relapses.

The most important question relates to the changing socio-cultural scenes. To what extent is it possible or even wise to try to retain and integrate a practice of traditional healing into modern Psychiatric practice when the socio-cultural basis from which it derives is changing? The argument in favour of integration is that even those who seem to have moved away from the traditional way of life often resort to traditional methods of treatment when in serious trouble. This is a strong argument but then, is the situation going to remain the same? Are there not those who do not resort to these traditional methods - and is the number of these increasing or decreasing?

Lambo (1973) who has been frequently quoted as making use of traditional method of treatment along with modern psychiatry limits this to traditional procedures like sacrifices, confessions and other magico-religious techniques. These techniques are not different from the prayers offered by priests and clergymen for sick people, thanksgiving services for those who have recovered. They do not interfere with the procedure of modern psychiatric practice and in fact it will be poor psychiatry to interfere with the religious beliefs of patients.

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