TRADITIONAL TREATMENT FOR MENTAL ILLNESS IN AFRICA: A REVIEW

ABSTRACT: The publication of *The Quest for Therapy in Lower Zaire* (University of California Press) by John M. Janzen (with the collaboration of William Arkinstall), and *African Therapeutic Systems* (Crossroads Press), edited by Z. A. Ademuwagun, John A. A. Ayoade, Ira E. Harrison and Dennis M. Warren, calls attention to recent research findings which indicate that mentally ill persons, particularly schizophrenics, may recover more rapidly and fully in non-industrialized societies than they do in industrialized ones. The books by Janzen and Ademuwagen et al. will be examined as contributions to a growing body of information on native African therapeutic practices. Evidence relating to the apparently benign course of psychosis in Africa will be examined, and various explanations for this pattern will be evaluated. Finally, some guidelines for future research will be suggested.

With the publication of the finding by the International Pilot Study of Schizophrenia (IPSS) that persons diagnosed as schizophrenic in Ibadan, Nigeria, made a better recovery than similarly diagnosed people in eight other countries (WHO 1979) international psychiatric interest has turned to traditional means of treating mental illness in Africa. This attention was long in coming. As recently as 20 years ago, there was remarkably little attention paid to psychiatric practices in traditional African societies. Almost all of the research reported at that time was done by Western-trained psychiatrists doing research based on hospitalized patient populations. The result was a mass of descriptive, clinical reports that were noteworthy principally for their methodological flaws and their sociocultural naiveté.

At that time, anthropologists wrote little that was directly concerned with the efficacy of African psychiatric practices, concentrating instead on the description of various belief systems and ritual practices that were thought to have therapeutic significance. With a few exceptions, such as Raymond Prince, T. A. Lambo and Tigani el Mahi, psychiatrists of that era expressed grave doubts about the value of traditional healing practices. Many, like E. L. Margetts (1960), categorically rejected the idea that traditional psychiatric practices should be incorporated into Western psychiatry. With magisterial assurance, others expressed views that went well beyond ethnocentrism. For example, in a series of publications including a widely quoted monograph published by the World Health Organization, British psychiatrist J. C. Carothers concluded, *inter alia*, that African mental illness differed from that of Europeans because “frontal lobe function” was markedly slower among Africans than Europeans. Another example of the extent to which most of these psychiatrists were ignorant about African culture and unsophisticated in research methodology was provided by a
series of assertions that depression was rare or altogether lacking in sub-Saharan Africa (Prince 1968). Since that time it has been demonstrated that depression is commonplace. For example, Leighton et al. (1963) found four times as much depression among the Yoruba of Nigeria as among the population of Stirling County, Canada. Other reports have suggested that depression may be increasing in African populations, particularly more urbanized ones. For example, Rwegellera and Mambwe (1977) found that 42 percent of all female first admissions to a hospital in Lusaka, Zambia, were given a diagnosis of depression in 1974/75, an increase of 16 percent over the previous year. Moreover, Orley and Wing (1978), who used standardized means of diagnosis in two rural Ugandan villages and a suburb of London, not only found that depressive disorders were twice as common in their Ugandan samples than they were in London, but also that the Ugandans were more likely than the Londoners to express symptoms of pathological guilt. Yet it is still common for experts on African psychiatry to write that guilt is rarely a feature of depression in Africa (Swift and Asuni 1975).

Although, as various European (Wober 1975; Draguns 1977) and African (Abdi 1975; Awaritefe 1977) reviewers have noted, many of the methodological and conceptual problems that were so widespread two decades ago have remained, there have been a great many positive developments since that time. Transculturally sophisticated European psychiatrists have done research in African settings, anthropologists from various European countries have increasingly turned their attention to traditional healing in Africa, and more and more African psychiatrists, psychologists and social scientists have made significant research contributions. Also beginning with the Cornell-Aro project in Nigeria in the early 1960's, there have been examples of large-scale collaborative research involving several disciplines. What is more, several international conferences on psychiatry have been convened in African nations, the most recent occurring in Nairobi, Kenya, in August 1979. Several African universities have established departments of psychiatry, and more recently, clinical psychology. Two African journals of psychiatry have been developed — Psychopathologie Africaine and The African Journal of Psychiatry — and a psychiatric textbook for African students and medical practitioners was published in 1975 (Mental Health and Disease in Africa by C. R. Swift and T. Asuni).

This two-decade period of research growth has witnessed several general findings. First, throughout Africa, traditional healers continue to be the primary care-givers for most psychiatric patients. Also, even Western-trained psychiatrists and other physicians have come to accept the view that these traditional psychiatric practices can be highly efficacious. The first of the two books to be reviewed here provides a sample of research on traditional healing; the second offers a concerted examination of traditional healing in a single society.

**African Therapeutic Systems** edited by Z. A. Ademuwagun, John A. A.