MENTAL DISORDER IN RURAL GHANA

By

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Preface

This paper summarizes the main findings of two years' ethno-psychiatric field-work carried out in N.W. Ashanti throughout 1956 and 1957, and later to be published in full detail.

The picture surrounding the rural field-worker is essentially different from that seen by psychiatrists in mental hospitals. In rural districts only homicidal patients are ever referred to a mental hospital, and then only from the police-magistrate's court. All other mental illness is regarded as supernaturally determined and hence outside the province of European medicine.

Sources of Cases

The chronic cases were Ashanti people, justly deemed "mad", and were sought out by the writer and examined in their own homes with the co-operation of various chiefs, village headmen and elders around the writer's base.

The new cases, comprising a variety of mental illnesses, were found among the pilgrim supplicants at some 28 shrines of native deities. These pilgrims are by no means all Ashantis, but come from far and wide, so offering a fair sample of all the Akan tribes of Ghana.

The Shrines and their Work

Very few of the shrines are ancient, but have sprung up in striking response to a sense of insecurity which can be correlated with the growth of the cocoa industry. Ghana cocoa is all grown by African farmers, mostly illiterate non-Christians, whose cocoa-farming constitutes a hazardous but financially rewarding venture into individual effort and a breakaway from the old tribal security based on traditional roles, kinship solidarity and mutual obligation.

At the turn of the century the country was exporting annually about 400 tons of cocoa, in 1910 nearly 21,000 tons, and in 1925 nearly 206,000 tons. The earliest of the modern shrines appear to have been established between 1910 and 1920 and the number is still rapidly increasing. Of the twenty-eight shrines that came within the writer's ambit, only three were ancient; three were established between 1914 and 1919, the influenza pandemic which exterminated whole villages in Ashanti being a datum-line specifically mentioned by informants; sixteen were set up less than ten years ago; six were newly established during the writer's two years' sojourn in the district.

Mentally ill people comprise only a very small proportion of the pilgrims who flock to these shrines. The great majority are healthy people supplicating for "protection". Financially successful men are full of fear lest envious kinsmen should, by means of bad magic or witchcraft, bring about their ruin.

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Unsuccessful men are convinced that envious malice is the cause of their failure. Thus, a strikingly "paranoid" attitude is normal. Healthy intelligent Africans have some insight into the prevalent distrust and envy and often refer to it spontaneously as one of the weaknesses of "us black men". As might be expected, psychotics commonly retain, much accentuated, this trait.

The typical pilgrim comes annually to the shrine, asks the deity for a year's protection and promises a thank-offering of a sheep and a bottle of rum at the end of the year. The deity's protection and blessing is granted conditionally on the supplicant's keeping prescribed rules of ethical conduct. He must not steal, commit adultery, bear false witness nor curse another person. And above all he must neither possess bad talismans, make bad magic against others, nor engage in witchcraft. If he breaks any of these rules the deity will first "catch hold" of him and then, if he does not promptly confess and obtain pardon, will swiftly kill him or, alternatively, smite him with permanent madness.

Many illnesses, both physical and mental, are thus intensified by an iatrogenic element of guilt and fear. The patient believes himself "caught hold of" and presents a wild psychotic picture of frenzied terror. The guilt-feelings may be well founded—the patient may, in fact, have transgressed the deity's rules—but in the case of depressions the patient claims, in classically depressive fashion, to have done immense harm by means of witchcraft. In both cases the ritual of confession and absolution at the shrine extinguishes the frenzy by filtering off the fear, and, except in primary depressions, washes away the sense of guilt.

Witchcraft, according to the accepted dogma, differs from cursing and bad magic-making in that it involves neither concrete apparatus nor ritual acts, but is a mysterious destructive influence exerted by the witch, usually against her will and without her knowledge. It thus meets, above all else, every depressive's need to steep himself in irrational self-reproach, and she denounces herself as an unspeakably wicked witch responsible for all the surrounding misfortunes and deaths.

Thus do the paranoid and the depressive fulfil complementary social functions. The one is seeking someone to blame for his failure or misfortune, the other is craving to accept unlimited guilt.

The Acute Transient Psychoses

These fear-and-guilt frenzies, already mentioned in passing, are among the commonest and also the most striking of the new cases for which the shrines are virtually admission wards.

These mental states are occasionally precipitated by physical illness, particularly such fevers as malaria, influenza or pneumonia. The patient feels unwell, thinks the deity has laid a hand on him for some offence committed in a heedless moment and disregarded, becomes frightened and then frenzied. But fear in pure culture is often observed. The following is an example.

A young pregnant woman, under the protection of a shrine deity, developed a severe toxaemia, said she had sinned, was taken to the shrine and died in an eclamptic fit before she could confess. Her uncle in another village heard the news, was seized by an abandonment of grief, grabbed a stick and beat the ground, denouncing the deity who had killed his favourite niece. When his rage was spent he began to have misgivings. Would the deity kill him for his arrogant and impious outburst? He went to bed but could not

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sleep. He began to feel pains all over. His skin "burnt like fire". He rushed into the yard where all his friends tried in vain to soothe him. His agitation grew. By morning he was raving mad, talking gibberish, shouting, fighting, tearing off his clothes and rushing away into the bush. His friends brought him, bound hand and foot, to the shrine. He himself could make no statement but grasped that his friends made one for him and that the deity pronounced pardon. He calmed down and within a few days had completely recovered, though remembering nothing that occurred after he lay sleepless in his room.

Most of the frenzied guilt-and-fear patients do not so promptly reach the shrine, and by the time they arrive they are quieter but have become indistinguishable from classical schizophrenics. Such a patient is inaccessible, hallucinated, smiling, giggling, posturing, crawling, dancing, singing, tearing off his clothes, eating faeces, saying that there are trees in his belly and animals inside his head. However, he is led to the shrine and within a week is well. If the causative guilt was only imaginary, depressive guilt, the fear is filtered off leaving only a straightforward depression.

These short-lived, guilt-and-fear psychoses might be dismissed as purely iatrogenic with the remark, "no threatening deity, no fear-psychosis", were it not for one interesting finding, that is, the histories and follow-ups—which it is possible to obtain only when one can see the patients in their own homes or see them returning with their yearly reports to the shrines—reveal that the potential schizophrenic is particularly vulnerable to the guilt-and-fear psychosis. One example may be cited:

A young blacksmith, his apprenticeship just completed, came to the shrine asking that his new venture as an independent worker might prosper. It did and he duly brought a sheep as thank-offering. Later, becoming more avaricious, he purchased from a bad medicine-man a talisman to enrich himself at the expense of his kinsmen. This was against the deity's rules and the blacksmith developed misgivings, followed by an acute, frenzied guilt-and-fear psychosis. He was brought in fetters to the shrine, where he quickly recovered. He then asked permission to stay in the deity's village and work there as a blacksmith. This was granted and he settled down as a highly skilled and industrious worker, in which role the writer first knew him. However, after about a year he started neglecting his work, hiding his tools in the bush, taking his forge to pieces and quickly developed a frank but unobtrusive schizophrenia.

Mental hospital workers in other parts of Africa (Margetts (6), Smartt (8)) have observed similar transient psychoses and frenzied anxieties. These cases, brought to the hospital because of their unmanageable nature, are quickly discharged and lost sight of, no follow-ups being possible. It may well be, however, that many such cases, like those which the present writer had, as a field-worker, the unique opportunity of following up, subsequently develop an unobtrusive schizophrenia, quite disabling to the patient but not sufficiently disturbing to others to impel them to seek help in imposing restraint.

Depression

This is the commonest mental illness of rural women and all such patients come to the shrines with spontaneous self-accusations of witchcraft—that is, of having wrought harm without concrete act or conscious will (Field (2)).

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The older age-group is characterized by well-defined classical involutional depression with agitation. The patients are conscientious women of good personality who have worked hard and launched a fleet of well brought-up children. Many of them have paid for their children's schooling with money earned by diligent trading, market-gardening or cocoa-farming. Asked to describe the onset of their symptoms they use the phrases familiar in the admission wards of European mental hospitals: "I became useless. I couldn't do any work but neither could I sit still and rest. At night I couldn't sleep because my mind was restless and I often got up and walked about." Then they add, "Soon I knew that I was no good and had become a witch. I have done so much evil that I ought to be killed."

In the depression of younger women there is often considerable convergence of causes. Vast numbers of ordinary rural people have subclinical vitamin deficiencies which become acute when any unusual call, such as pregnancy or debilitating illness, is made upon vitamin reserves. As is well known, the classical features of beri-beri, pellagra, kwashiorkor and scurvy include mental symptoms. Furthermore, hookworm and malaria are able to produce severe anaemia. Many rural women have a long string of pregnancies without any cessation of lactation over a number of years, and finally a point is reached when childbirth, particularly if accompanied by any sepsis, precipitates a depression. If the new-born child is sickly and dies, there is an added element of reactive depression and the patient, tormented by irrational guilt, says that it was she herself who, by witchcraft, killed it.

Obsessive-Compulsive Psychosis

It has been widely held that this illness is unknown among unsophisticated Africans. (Carrothers (1)). It is certainly uncommon but the writer encountered two major cases among illiterate rural supplicants at shrines.

One was a young woman, unhappily married and estranged from her kin. She was beset, to her own horrified distress, by urges to seize a cutlass and kill her children. The other was an adolescent girl who, in times of stress, unceasingly swept the courtyard, tidied the village street, and shook imaginary lice out of her well-washed clothing. Sometimes, she rose in the night and swept till forcibly restrained.

The English obsessive, when in depression and self-denigration, tends to postulate *concrete* agents—disease-germs and vermin—rather than defects of character as constituting her menace to others. Several patients with delusions that they were disseminating plagues of lice have been met at shrines.

The rarity of the obsessive personality is reflected in all social activities and institutions. Among magical procedures, the spell—defined as a recitation which must be meticulously word-perfect in order to work—is nowhere found. Nor, in African social organization, are there any traces of that mental rigidity which could conceive and sustain so fantastic a social fabric as the Indian caste system.

Relation between Schizophrenia and Bad Magic

It has been mentioned that one of the activities specifically forbidden to those under the protection of shrine deities is the making of bad magic or "medicine" against others, that disobedience to this injunction frequently brings the offender to the shrine in a psychotic frenzy and that classical schizophrenia often eventually follows. Experience has further taught the writer

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that secret ritual with "bad medicines" and other magical apparatus often ushers in a frank schizophrenia without any inaugural episode of transient frenzy. The making of secret bad magic against others is, in fact, a schizoid type of aggression as distinct from a healthy, quarrelsome type of aggression. Into the same class of schizoid personality would have fallen a celebrant of the mediaeval Black Mass, performing his sinister rites in solitude at midnight. Of many a long-standing chronic schizophrenic is it said, putting the cart before the horse, "He became mad because he made bad medicine. The *suman* (apparatus) were found hidden in his room." This does not imply that *only* potential schizophrenics make bad magic against others but merely that this type of aggression is particularly favoured by schizophrenics.

The Incidence of Chronic Schizophrenia

In twelve Ashanti villages representing (according to the 1948 census) a population totalling 4,283, all the discoverable schizophrenics were examined and their histories recorded. These totalled forty-one. There may have been others not discovered, and others again who died from lack of skilled nursing. The residual dementias and behaviour disorders of late-treated trypanosomiasis and the epileptics were not, of course, included. Nor were "strangers"—e.g., non-Ashanti migrant cocoa-farmers and labourers from other districts, though some had developed indubitable schizophrenia and had not gone home. Excluded also from this survey were those cases which left any possibility, in the examiner's mind, that they might be mental defectives.

Relation between Schizophrenia and Education

Whereas the incidence of literacy among the overall population of Ghana is usually estimated at 10 per cent., the incidence of literacy among the 95 combined new and chronic cases of schizophrenia examined by the present writer, was found to be above 40 per cent.

In England, Ghana and Nigeria, at the present time, concern is being expressed about the large number of young Africans who go to Britain for study-courses and there suffer mental breakdown. But it is not appreciated how high is the breakdown rate among young literates of only primary-school standard who remain in their own country in their own homes. They are less conspicuous than those who break down in Britain but they are probably no fewer.

The reason for the literate breakdown appears, in rural Ashanti, not far to seek. In any village or small country town, on any morning of the week, are to be seen numerous able-bodied men sitting under trees drinking palm-wine or playing draughts while other idlers look on. They are all farmers, but only during planting, harvesting and weeding need they do any active work, and even then, if they feel disinclined, some kinsman or wife will usually take over. No demands are made on most men in the way of regularity or punctuality. Simple schizophrenia may thus go unnoticed. Other potential schizophrenics may never meet any stress severe enough to precipitate an attack. The literate's life is, however, more exacting. Its demands begin before the adolescent leaves school. Often the young schizophrenic simply gives up going to school saying that he does not want to continue. Teachers are well aware of this leakage of adolescents from schools. But perhaps the young schizophrenic scrapes through his primary-school leaving examination and

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takes a job. He does not keep it long, and sooner or later he drifts home again, unemployed and unemployable, a permanent loafer, but not conspicuous, accepted with little resentment by his easy-going kinsmen.

There are three programmes now being mooted in the new and eagerly go-ahead Ghana: universal literacy, industrialization, and compulsory non-military training-camps for unemployed literates. Any one of these schemes put resolutely into operation could probably provoke a startling outburst of acute schizophrenia. Widespread opportunity animates not only latent talent—the village Hampden and the erstwhile mute inglorious Milton—but the latent schizophrenic.

Relation between Schizophrenia and In-Breeding

The Ashanti and other Akan peoples of Ghana have for many generations practised that form of first-cousin marriage whereby a man gives his daughter as bride to his sister's son and waives the marriage-fee, which would be demanded from a non-kinsman.

Among the parents of 95 undoubted schizophrenics it was found that the incidence of cousin marriage was 40 per cent., whereas among the general population (taking 1,200 marriages) the incidence of cousin marriage was only 19 per cent.

This correlation does not necessarily imply that cousin marriage is the operative genetic factor. A young person of schizoid personality, lacking self-assertion and "drive", is of the type to accept passively the marriage partner offered by senior kinsmen. The more spirited and enterprising seek the stimulus of new contacts. The same principle of passive acceptance of tradition by schizoid personalities would equally apply if the favoured tradition had been to marry, say, someone born on the same day of the week or someone who had never had chicken-pox.

Dreams

Dreams are regarded as highly important and when vivid or frightening give the dreamer great anxiety till a satisfying interpretation is found. Such interpretation is a part of the work of the shrines.

Different persons in similar situations often dream identical stereotyped dreams. For instance, people in fear of retribution for sin commonly dream that the deity, in the guise of a long-haired priest, is chasing them with a club and sometimes knocks them down.

Most dreams are of a straightforward type and are simple allegories based on everyday metaphor. The hill difficulty, the slough of despond, the lion in the path, the traveller on the road of life, the crossing of the river of death, have the same significance in dreams as in universal speech. Symbols based on physical similarity are seldom used. Thus, a house is a symbol of security ("as safe as houses"), rather than an ingeniously disguised uterus. A "snake in the grass" is more likely to symbolize a smooth-tongued, but cocoa-stealing neighbour than unconscious sexual yearnings.

The simple parable is, to the unsophisticated mind, not only a highly acceptable aid to understanding ("and without a parable spake he not unto them") but is the commonest mode of summing up, in dreams, the dreamer's current situation. Seldom does any deeper mental layer appear to be tapped. An example of this parabolic symbolism, used to enunciate an anxiety-

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charged but fully manifest situation, was provided by a young woman who came to a shrine worried by a dream in which her aunt, with whom she was on genuinely friendly terms, had offered her black toadstools to eat. She tasted one, thought it poisonous, and rejected the others. She and the aunt came together to the shrine, both in anxiety because they both wondered whether the dream signified that the older woman was a witch and was trying to impart the power of witchcraft to her kinswoman. Both were sufficiently depressed to be ready to accept a witch's role. The shrine deity confirmed their interpretation and prescribed a course of ritual bathing at the shrine to purify them. They carried out the treatment but remained depressed and anxious. Later they divulged their domestic circumstances. The younger woman was married to an alcoholic who was fighting his addiction and had even become a Mohammedan to lessen temptation. But his wife lived in secret dread of his relapse. The older woman had a son who was a confirmed and degraded drunkard. The significance of the dream then became clear: the young woman was in fear of sharing her aunt's black and bitter lot.

Hysterical Dissociation

This phenomenon, the spectacular nature of which has, of late years, made it a favourite topic of popular travel books and motion-films, rarely presents in Ghana as a mental illness. Its exponents are, among the Ashanti, mainly priests, and among the Ga'-Adangme tribes, not priests but women auxiliaries (*woyei*) whose duty and delight it is at big religious festivals to act as possessed mediums and mouthpieces of the gods.

Only during the early training period of new mediums is their behaviour in any way unpredictable or fraught with danger to themselves. (Field (3) (5)). Later, with training and conditioning, their behaviour becomes automatic and controlled according to traditional ritual.

The possession fit is essentially an excitement, seldom of more than an hour's duration. It is usually preceded by a state of dreamy, dazed inertness, during which the medium sits with bowed head, inaccessible and seemingly oppressed. The skin is cold and clammy. This, after a few minutes, suddenly gives way to motor excitement, sometimes with furious dancing and wild activity and usually a mask-like face. In due time the excitement stops abruptly, leaving the medium with an amnesia for the incident and in a state of weariness or exhaustion proportionate to the amount of physical energy expended.

Though technically the possessed state is one of hysterical dissociation its typical exponents are not hysterical personalities and, far from being maladjusted, play a valued role, behaving, in the intervals of humdrum life, as ordinary, inconspicuous, dignified members of their community.

The technique of dissociated excitement is not usually, as in some other parts of Africa (Pidoux (7)), employed therapeutically except among the Ga who use it to expel bad "*gbesi*" (Field (4)), and among those African Christians who have broken away from the European styles of worship and have founded their own Christian cults. The latter communities claim, perhaps with good foundation, to worship in the style of the earliest Christians. Members of their congregations, both healthy and sick, become possessed in the indigenous manner, but, in their belief, by the Holy Ghost. Sometimes almost a whole congregation may be Pentacostally affected. The possessed participants describe a long-lasting aftermath of peaceful euphoria following this

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dissociation, and certainly most members of these communities appear happier, more generous and harder-working than their compatriots.

Role of Mental Disorder in the History of Belief

There can be little doubt that the depressive's fantastic self-accusations, in modern Europe taken as one criterion of illness, but in rural Africa and mediaeval Europe taken as statements of fact, not only keep alive in present-day Ghana the whole ideology of malevolent witchcraft, but quite probably, in the distant past, begat it.

By a similar postulate, many of these schizophrenics who, by retaining their accessibility in a setting of clear consciousness, escaped popular dismissal as madmen, probably had a profound influence on the tenets of primitive belief.

The predilection of the incipient schizophrenic for ritual with traditionally magical objects has already been mentioned. It should now be added that a well-preserved schizophrenic frequently produces, sometimes to his own distress, *original* fantasies in which concrete objects and the manipulation of these have, for him, a mysterious association with persons and events. One well-preserved and outwardly normal woman was plagued with a great variety of such fantasies: she confessed at the shrine—and was naively believed—that her spirit (*sunsum*) actually carried out these rites. She said, for instance, that she had an invisible bottle in the roof of her house and when, in spirit, she corked it, she caused all women in labour to be obstructed: when she uncorked it they promptly delivered.

It may well be that many traditional magical procedures were thus invented by schizophrenics of sufficiently normal aspect to make their statements acceptable to their fellow-men. The so-called "primitive mind" may thus be merely the credulous mind, able to accept—albeit with awe, wonder, fear and, above all, frank incomprehension—more bizarre notions than would have occurred to itself.

This gives a new slant to such "primitive" ideas as lycanthropy and to the vexed question of the origin of animal totemism.

Regarding the latter, the present writer can recall instances, not only in rural Africa but in modern England, of well-presenting schizophrenics who felt that certain animals had a special significance for them. One such patient, a London woman, said that when she walked in the parks all the birds seemed to be trying to bring her mysterious messages. Another English patient said that the thrushes in the hospital grounds seemed to be, in some strange way, identified with his wife and the sparrows with his children.

It is probably not correct to say that such patients "revert to primitive modes of thought". It seems more likely that schizophrenic modes of thought are specific to schizophrenia and are independent of cultural background. It is their assessment and acceptance by others that is culturally determined.

Summary

In rural Ghana new shrines continue to be founded in response to a search for security begun about 40 years ago.

The commonest mental illnesses seen at these shrines are depression, acute transient fear-psychosis, and schizophrenia. Obsessive-compulsive states are rare but do occur.

Potential schizophrenics are specially vulnerable to transient fear-psychosis.

The making of bad magic against others is a schizoid type of aggression especially prone to occur in developing schizophrenia.

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The incidence of chronic schizophrenia in a rural population of 4,000 was found to be about 1 per cent.

The incidence of literacy among schizophrenics was found to be about 40 per cent. as against 10 per cent. among the general population.

The incidence of first-cousin marriage among the parents of schizophrenics was found to be about 40 per cent. as against 19 per cent. among the general population.

Among supplicants at shrines, dreams are deemed highly important. Persons in similar anxiety-charged situations often have identical dreams of traditional content. Most dreams sum up the dreamer's overt situation in parabolic metaphor.

Hysterical dissociation (spirit possession) is part of the technique of priests, these being well adjusted, non-hysterical personalities. It is used therapeutically by some African-controlled Christian communities.

It is postulated that some kinds of magical ritual, animal totemism, and the maleficent powers attributed to witches were originated, historically, by schizophrenics and depressives.

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