

ANNOTATIONS

THE AFRICAN MIND IN HEALTH AND DISEASE A STUDY IN ETHNOPSYCHIATRY¹

UNDER the auspices of the World Health Organization, Dr. J. C. Carothers has made a study of the outstanding features of African mentality in health and disease. Knowledge of Dr. Carothers' background reveals that he is eminently qualified to undertake a work of such scope. After receiving a medical degree in England, he returned to Africa and spent nine years in Kenya as Medical Officer of the Government. He was then put in medical charge of the Mathari Mental Hospital and of a prison in Nairobi, positions he held for twelve years.

The word African, as used by the author, refers to the Negro, the Nilotic Negro, and the Bantu Negro. These three groups, numbering 110,000,000 persons, comprise the vast majority of the population living south of the Sahara.

Dr. Carothers discusses certain factors found in the African environment and analyzes their meaning and importance for African psychiatry. Comprehension of the role played by infective, nutritional and cultural factors is necessary if any real understanding of the African is to be attained. It appears that the African is seldom free from infection, some of the commoner ones being syphilis, trypanosomiasis, malaria, pneumonia, tuberculosis, bilharziasis, hook worms, dysentery, relapsing fever, ascariasis, and taeniasis. "Few Africans are free from all of these, and it would be easy to find examples of persons infected concurrently with malaria, hookworm, bilharziasis, ascariasis, and taeniasis, with a hemoglobin level of

¹ Carothers, J. C.: THE AFRICAN MIND IN HEALTH AND DISEASE, A STUDY IN ETHNOPSYCHIATRY. World Health Organization, Palais des Nations, Geneva, Monograph Series No. 17, 1953, 177 pages.

about 30 per cent, and yet not complaining of ill-health." These infections are of psychiatric importance in that the general ill health and debility that they produce often pave the way for the development of mental illness.

Like infectious disease, malnutrition is widespread and may be of such severity that mental and physical health are impaired. Not only is the average African usually infected with several types of parasites, but he also suffers from multiple deficiencies. South of the Sahara, the native population is principally vegetable-eating, and their diets are lacking in animal protein, fats, vitamin A, and some of the constituents of the vitamin B complex. According to the author, The British Committee on Nutrition in the Colonial Empire expressed the general situation by saying that "diets are very often far below what is necessary for optimum nutrition. This must result not only in the prevalence of specific deficiency diseases but in a great deal of ill health, lowered resistance to other diseases, and a general impairment of well-being and efficiency." As the author points out, this impairment is preponderantly mental. While the African suffers from numerous deficiencies, the most outstanding of these is a nutritional disease called kwashiorkor. Some of the end products of this disease which afflicts children are retarded growth, cellular necrosis, and other pathological changes in the liver, dermatoses, edema, and gastro-intestinal disorders. Among adults, chronic malnutrition results in pellagra, cirrhosis of the liver, adrenal abnormality, chronic pancreatitis, and anemia, to name just a few, and it is probable that some of these illnesses are the consequence of subclinical cases of kwashiorkor.

The author then presents a detailed examination of the African's culture. From a very early age the child is taught the importance of family connections. He is given thorough training in deportment and must act in a prescribed manner toward his relatives, both living and dead. All the local myths, taboos, rigid traditions, and regulations are imposed upon him and for every situation that may arise, he is taught a specific mode of response. There is no logic, truth, right or wrong, but only prescribed forms of behavior. The child's questioning evokes answers that are in animistic or magical

terms and which permit of no alternatives. Thus interest and curiosity are stifled; speculation, further personal development, initiative, and versatility are thoroughly thwarted. Through adolescence all training is directed toward the goal of mental uniformity and the complete integration of the individual into this rigid and inflexible society. While the African becomes socially integrated, personal integration is never achieved. In adulthood, conformity is the guiding rule of life. Lack of personal integration is seen in the African's impulsive and superficial handling of a new situation for which there is no prescribed mode of behavior.

Keeping the cultural background very much in the foreground, Dr. Carothers proceeds to a discussion of the African mind. The author offers, with no apologies, some "classical conceptions" about African mentality which he believes to be generally true. The African is ". . . conventional; highly dependent on physical and emotional stimulation; lacking in spontaneity, foresight, tenacity, judgment, and humility; inapt for sound abstraction and for logic; given to phantasy and fabrication;" and is ". . . unstable, impulsive, unreliable, irresponsible, and living in the present without reflection or ambition, . . ." He is also ". . . cheerful, stoical, self-confident, sociable, loyal, emotionally intuitive, . . ." and has ". . . an excellent memory, a large vocabulary, and an aptitude for music and the dance." It is the author's belief that while all of these conceptions about the African are valid, they are by no means inherent features of personality, but rather are culturally determined. Carothers stresses the importance of environmental factors and feels ". . . that the characteristic mentality of the African is mainly, if not wholly, due to these."

The author then discusses psychiatry in Africa. The incidence of insanity in rural Africa is considerably lower than in England and Wales. To cite one example, among Kenya Africans the incidence of insanity was approximately 0.37 per 1,000 population as compared to the British figure of 3.9 per 1,000 population.

Schizophrenia is the most frequent form of psychosis found in Africans. In South Africa, in 1950, 67.5 per cent of 7,782

mentally deranged patients had some form of schizophrenia. It is interesting to note that the cultural background of the African plays an important part in his psychotic reactions. Because of the lack of personal and intellectual integration, the systematic and analytic arguments commonly used by schizophrenics in support of their convictions are lacking in the African.

The figures for manic-depressive psychosis are low but when these figures are given separately for the manic and depressive forms, the manic state predominates. Psychotic depression of any sort is rare in the African and once again the answer may lie in the culture. It is the author's belief that for depression to develop, some degree of personal integration and a sense of responsibility are necessary and the African is lacking in both of these attributes.

Regarding the psychoneuroses, hysteria is the most frequent form of neurotic behavior in Africa. There are, however, many psychiatric cases that are unclassifiable in terms of the standard categories. There are several reasons for this. The patient's past history is often unobtainable, and there is also a considerable language problem due to the different dialects spoken. The factor of "disavowal" further complicates history-taking. When an African recovers from a confusional state, he denies its occurrence and refuses to discuss it lest he call back the evil spirits that produced it.

It can be seen how profoundly African life is affected by infective, nutritional and cultural factors. "It may well be surmised that when there occurs some freedom from malnutrition and infection, and when other circumstances are propitious, African society can rise to splendid heights, . . ."

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PROSPECTS OF FURTHER DECLINE IN MORTALITY RATES¹

DURING the past two decades the mortality rates of the total population have declined greatly. However, greatest in-

¹ Dorn, Harold F.: Prospects of Further Decline in Mortality Rates. *Human Biology*, December, 1952, xxiv, No. 4, pp. 235-261.