



Review Article

Towards an Afrocentric approach to psychiatry

Mkize DL. Towards an Afrocentric approach to psychiatry. *South African Journal of Psychiatry* 9: 3-6, 2003

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In this article, the Author's opening remark immediately shows which should be the cultural psychiatrist's most proper approach to the diachronic and ethnographic broadness of the human struggle for maintaining well-being:

"People have sought comfort for their miseries and a cure for their troubles since prehistoric time" (Romm, 1994).

The following paragraphs are focused on an epistemological progression that step by step elucidates the state of the art of national and international psychiatry.

I wish to extensively quote most of the Author's reflections, since they go straight to the core of the topics addressed, resulting in a summary, rather than a review.

International psychiatry

International psychiatry has its roots in Anglo-European societies of the 19th century. Ideas and methods on mental health care and mental illness grew out of the modern concept of disease that consolidated in the early modern period. During the 19th and the 20th centuries a medical, organic approach to mental illness evolved. Alienists from various Anglo-European societies proceeded to communicate and exchange ideas about their findings and managed to develop a suitable language for the description and the analysis of psychopathological phenomena meant to be applicable across cultures and boundaries. International psychiatry then consolidated during the mid-20th century as the analytical calculus and descriptive lexicon gained precision, reliability, validity, general clinical applicability and social acceptability. The result was the creation of an international system of diagnosis and classification, a common language that could be applied in an effective way across national boundaries.

Cultural Psychiatry

Then the role of Cultural psychiatry as the discipline to achieve a real mutual understanding of different conceptualizations of the interruption of well-being, is set fort:

"Cultural psychiatry was born in the realization that a measure of ethnocentrism pervades scientific and especially international psychiatry and entails an active challenge to its universalism. Its goal was to demonstrate that as a function of culture there were differences attending the pursuit of typical clinical tasks of psychiatry. These were not just a malfunction of specific chemical systems or lesions of anatomically discrete brain regions associated with psychiatric disorders. Instead, what was also needed to understand them properly was their social and cultural content. The latter required giving attention to how communities defined, understood, interpreted, valued, and realized their respective values and traditions in personal

experience and symbolic behavior. It was in relation to such locally shaped cultural psychologies and cultural constructions of the body and personhood that problems of mental health and illness acquired meaning and form (Fabrega, 2001).”

African Psychiatry

When Mkize faces African psychiatry the importance of local epistemologies deserving to be addressed by a balanced observer, skilled both in working through local and international issues, appears as evident.

“In order to perceive the African view of mental illness, one must have a clear view of the African concept of the causes of mental illness (Lambo, 1965; Neki et al., 1985). The African view of mental ill health currently encompasses a wide spectrum – from ancestors, folk belief and witchcraft, to modern medical science. All the systems function simultaneously within the African culture and within the individual and easily fit and complement one another. This view also fits well into the bio-psycho-social model”.

The problem is, as the Author underlines, that for a long time it has been difficult to bring the Western and traditional healing systems together.

“African psychotherapy differs from western psychotherapy because the African patient does not consider the illness as something to be cured or controlled but as something to be understood and acknowledged. It is no longer a matter of explaining the mechanisms in order to control them, but of understanding a significance, a meaning.

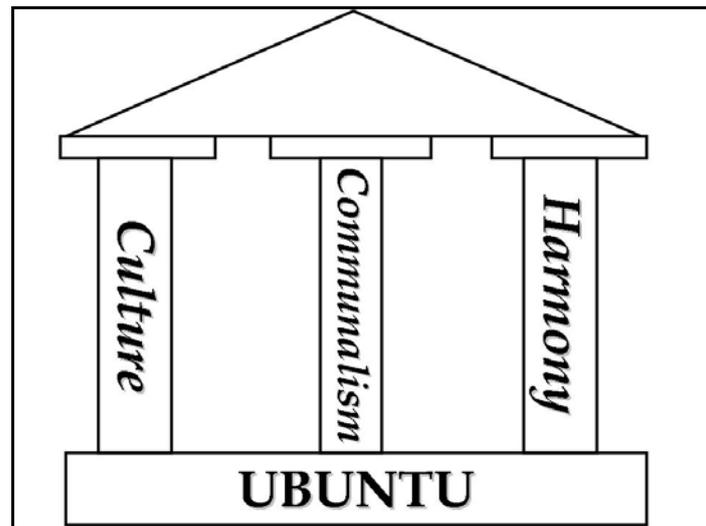
Psychoanalysis, like the rest of modern medicine, is centered on the concept of a failure of certain mechanisms within the individual. To the psychoanalyst these mechanisms are inherent in the patient’s personality, which in turn reflects his history and in particular his childhood. For the African therapist, on the other hand, the symptoms are manifestations of a conflict between the patient and other individuals, dead or alive, spirits, and the non-material forces that pervade society”.

Therapeutic community

The best example of a therapeutic community is Aro village treatment centre in Nigeria, founded by Lambo. The approach is rooted in the village system that permits treatment of the mentally ill utilizing inherent dynamic resources of the social environment as the principal therapeutic technique (Awambor, 1982). It is a salutary blend of indigenous African psychotherapy, Western psychotherapy and medication. Patients who are admitted for treatment must be accompanied by a predetermined number of close relatives. In addition to medication, social activities geared towards normalization of patients include watching movies, cultural activities, social dancing, church services, and so on. In this way a smooth social, physical and psychological normalization occurs, with a low rate of illness recidivism and readmissions. Similar programs are reported to have begun in Ghana and a number of other African countries.

In order to find a way forward for integrating Western and African psychiatry the Author indicates that the challenge is to develop a system that incorporates both approaches (Straber, 1994; Prinsloo, 2001). This system should be based on the core African cultural value of ‘*Ubuntu*’.

“Besides the therapeutic ideologies that guide the establishment of the therapeutic communities, African psychiatry should have a strong foundation of ‘*Ubuntu*’, with three pillars of Culture, Harmony and Communalism. *Ubuntu* involves sensitivity to the needs and wants of others, sharing and being sympathetic, caring, considerate, patient and kind. It means qualities such as warmth, empathy, understanding, communication, interaction, participation, reciprocity, harmony, a shared world view and co-operation”.



I listened to Prof. Mkize's presentation on the meaning of *Ubuntu* during the WPA TPS Symposium held in Malta (November 2003) and I was fascinated with his sensitive description of the values embedded in the notion of *Ubuntu*. Therefore, in conclusion of this review that follows Prof. Mkize's style faithfully it is easy for me to accept his closing remarks as a lively manifesto for all of us.

Reviewed by Goffredo Bartocci

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