AN AFRICAN APPROACH TO MENTAL HEALTH AND ILLNESS

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In African culture, ancestors play an important role in the conceptualization of causes of mental illness and disease. Since time immemorial, ancestors - dead or alive - have always been seen as possessing the power to bless or curse. In the event of a curse, one may suffer from a serious mental disorder.

It is therefore important for psychiatrists and other mental health care givers (who are trained in the Western model of illness) to understand the African conceptualization of illness in general, and mental illness in particular. Whether one believes in this conceptualization or not, is not important. Understanding or accepting a patient's interpretation of their illness has the potential to open a new world. Not knowing about something does not obviate its existence.

CULTURAL INFLUENCES IN INDIGENOUS AFRICANS

There are numerous definitions of culture. For the purpose of this discussion, it is defined as a set of guidelines, which people inherit as a member of a particular society. It includes knowledge, beliefs, art, morals, customs, and any other capabilities and habits acquired by a person as a member of society. Alternatively, a person's world view is directly influenced by how his/her culture interpreted events, people, behaviour and ultimately ill-health. It is also worth noting that culture is dynamic and changes with time. However, certain elements of culture remain rigid and unmoved by time.

INTERPRETATION OF ILLNESS VERSUS DISEASE

MENTAL DISORDERS ARE REGARDED AS AN ILLNESS RATHER THAN A DISEASE. THERE ARE NO INJURIES WOUNDS OR INFECTION, YET THE PERSON IS REGARDED AS VERY ILL.

Jan Chabalala

Seeking an alternative explanation for many illnesses has always been a quest for African people. Mental illness is no different. Because the sufferer has no wounds or signs of infection, there should be another power in operation, according to the African belief system. Whoever (traditional healer) will give a satisfactory explanation of the symptoms or illness, walks away with the biggest prize - Trust. As health care professionals we must work for the same trust in a different way. That is not to oppose what the patient says and believes, but to work within their belief system.

POSSIBLE AETIOLOGY OF MENTAL ILLNESS IN A CULTURAL SENSE

A range of possibilities exist, including : curse or call by ancestors; spells cast by one's enemies; failure to appease the ancestors by way of regular rituals, sacrifices, etc.; having had forbidden sexual relations, such as a woman who recently miscarried – it is believed that a waiting period of six months is optimal.

INTERPRETATION OF VARIOUS MENTAL HEALTH SYNDROMES

Health problems are labelled and explained with existing cultural concepts.

Depression - Loneliness, because of failure to share. It may also be caused by evil spirits. You need to talk to people to get rid of it, or to perform a certain ritual.

Mania - Being manic is interpreted as increased energy given by one's ancestors as an indication of their calling.

Psychosis - ability to communicate with the spirits of the departed greats. It is regarded as a superpower.

Post Traumatic Stress Disorder - being haunted by the spirits of the person you have wronged or killed (their departed spirits have not found rest). This explains why even hardened criminals will consult a traditional healer for "cleansing" after they have committed a murder in the course of their criminal acts.

Paranoia - Persons with paranoia are highly regarded in some societies and held in high esteem. They can be very influential

Antisocial Behaviour - Is thought to be due to bewitched individuals, or genetic, "he's like his father"

Seasonal changes - This is a particularly interesting association of mental ill-health, especially for mood disorders. It is believed that seasonal changes have a bearing on the manifestation of mental illness, such as mania or depression. This is what we observe in conditions such as seasonal depression.

Seizures are recognized as attacks which intensify when the moon is full or when a woman is going through her menstrual cycle. This belief dates hundreds of years. Various interpretations of the cause of seizures exist in the African context, from being strangled by evil spirits to trance states induced by strong ancestors.

INFLUENCE ON MANAGEMENT OF MENTAL HEALTH CONDITIONS

SOME FAMILIES WILL TAKE THEIR LOVED ONE TO A TRADITIONAL HEALER WHO IS KNOWN TO BE GOOD AT TREATING MENTAL ILLNESS. IT IS PERHAPS WORTH NOTING THAT SPECIALIZATIONS DO OCCUR AMONG TRADITIONAL HEALERS. THERE ARE FOR INSTANCE, "GENERALISTS", "PAEDIATRICIANS", "GYNAECOLOGISTS" ETC. OTHERS WILL GLADLY GET THEIR FAMILY MEMBER HOSPITALIZED.

The World Health Organization (WHO) mentions that approximately 80% of indigenous Africans will consult a traditional healer post admission. It is sad that Africa had to wait for Geneva to make this finding which lies in our own backyard.

Most cases of refusal of hospital treatment (RHT) are influenced by family perceptions and beliefs, and cultural perception of illness takes centre stage.

MODERN RELIGIOUS BELIEFS HAVE PERMEATED THE AFRICAN COMMUNITY, LEADING TO MUCH CONFUSION TO THE ORDINARY INDIGENOUS PERSONS. THE AUTHOR HAS WITNESSED FAMILIES SPLIT RIGHT ACROSS THE MIDDLE WHEN IT CAME TO "DISPOSAL" OF A MEMBER WITH MENTAL HEALTH CHALLENGES. IT IS UNFORTUNATE THAT SOME PASTORS OF CHARISMATIC CHURCHES HAVE FOUND A "NICHE" MARKET IN "EXORCISING THE DEVIL" OUT OF PATIENTS WITH MENTAL DISORDERS.

This sadly only serves to prolong suffering for the patient before eventually reaching the Mental Health Care Service. Some sectors of the African Community hold on to spiritual beliefs and will default to spiritual diviners.

Due to fear of stigmatization, some families will hide, mechanically restrain and even chain the patient away from "prying eyes". This is particularly the case with severely intellectually impaired children who are very active and difficult to manage.

THE CLINICIAN'S RESPONSIBILITY IN MENTAL HEALTH DISORDERS

The clinician's role under the circumstances is to strip the layers of culture to understand the basic underlying basis of human distress. It important to ask the question, "who do you think cased your illness?", particularly in patients with a strong leaning toward cultural or spiritual beliefs. Equally important is to not antagonize their belief system. Rather work within what the patient believes. Give the patient an opportunity to consult whoever else they prefer, and "leave the back-door open"

OUR WESTERN ORIENTATED KNOWLEDGE SHOULD NOT ASSUME MONOPOLISTIC IMPORTANCE WHEN WE HAVE AN AFRICAN PATIENT SITTING ACROSS FROM US, PARTICULARLY IN THE MENTAL HEALTH CARE FIELD.

CULTURE BOUND SYNDROMES

These are syndromes, signs and symptoms that are interpreted by indigenous people and their families

in a way that make sense and has meaning to them. They include many symptoms commonly encountered in both psychiatry, general medicine and neurology, but are incomplete to make one diagnosis (in a Western sense).

Any clinical attempt to treat them result in mild or no response at all. Typically, the presence of such illnesses and their chronicity indicates a calling by ancestors for the chosen individual to join the traditional healer fraternity or become some kind of diviner.

PSYCHIATRIC SYMPTOMS

The range of presentations/diagnostic entities to be considered include: atypical psychoses, hallucinations, delusions, dissociative states, conversion symptoms, dream states, schizophrenic-like psychoses, psychosis NOS, atypical depression, somatization disorders; unexplained Fugue states

NEUROLOGICAL SYMPTOMS

There are a range of presentations, which include: atypical weaknesses and paralyses, blindness, seizure disorders and sleep disturbances. In the Western model of diagnosis, these are likened to Guillain-Barré Syndrome, Motor Neuron disease, Multiple Sclerosis, Transient Ischaemic Attacks, Temporal Lobe Epilepsy and Narcolepsy etc.

QUITE OFTEN THESE PATIENTS DO NOT RESPOND TO CONVENTIONAL STANDARD OF CARE MEDICATIONS AND PROCEDURES THAT WOULD BENEFIT THE MAJORITY OF PATIENTS WITH THE "REAL DISEASE". FURTHERMORE, INVESTIGATIONAL TESTS AND PROCEDURES DO NOT YIELD POSITIVE RESULTS IN THESE PATIENTS.

MEDICAL DISORDERS

The following commonly occur: Chronic Pain Disorders, Migraine and Irritable Bowel Syndrome. The author has recently witnessed severe acne, which had been resistant to all dermatological interventions, including isotretinoin, disappear within a month of joining training as a traditional healer. The trainee didn't have an idea which mixtures she was made to apply to her face.

OBSTETRIC AND GYNAECOLOGICAL DISORDERS

Infertility, dysmenorrhea and dyspareunia. These symptoms will generally be difficult to treat with standard care treatment.Eventually the patient (who may be in denial) may mention that its an ancestral calling and will likely comply with their spiritual calling before symptoms disappear. It is uncanny how some patients go for cultural intervention and return completely healed.

ROMANTIC DEPRIVATION

Females with culture bound syndromes are generally "not allowed" relationships by their ancestors. They may be attractive, physically appealing, engaging and yet unable to keep a relationship with a man for an appreciable period. If they do insist on having a man in their lives, the relationship becomes miserable and unenjoyable to both themselves and their partner.

Loss of libido and other forms of sexual inhibitions are common place in females with culture bound syndromes. It is also interesting to note that during the time of training, coitus is strictly prohibited, even between married individuals. After training is completed, certain rituals must be performed to appease the ancestors before intimacy is resumed.

CHALLENGING QUESTIONS TO MENTAL HEALTH CARE PRACTITIONERS

SHOULD WE REFER PATIENTS TO TRADITIONAL HEALERS?

- If so, which patients do we refer?
- If not, what would make us not to?
- Should we get "advised" by the family or the patient in this regard?
- Should we include a "cultural questionnaire" in our history taking?

The author is of the view that if this should happen, it should be a patient-driven process. We need only support the decision that a patient makes to see traditional healers, and at the very least, not oppose it.

RECOGNITION OF CULTURE BOUND SYNDROMES AS AN ENTITY?

South Africa is a country of cultural diversity and the recognition of that diversity is enshrined in the constitution of our country.

THE STRUGGLE FOR LIBERATION IN SOUTH AFRICA INCLUDED THE RIGHT TO CULTURAL PRACTICE, RECOGNITION, AND A RESPECT FOR EVERYONE'S CULTURE AND CUSTOMS.

The 1978 suggestion by the World Health Organization (WHO) that the majority of our African patients consult traditional healers either prior to or after consulting western wisdom, should not even have come from Geneva. The fact of the matter is that there will be, among our patients, those who will seek alternative explanations of their illness or disease process. Many will never volunteer this information until specifically asked.

FEATURE

SICK LEAVE/INCAPACITY LEAVE FOR THEIR TRAINING?

This a very contentious subject, and to try and answer it, one needs to be circumstantial. Our leave system is based on euro-centric values and a related diagnostic model. Our country has been a democracy for the past 25 years, but we still hold on to colonial values on certain issues.

BECAUSE THE SYMPTOMS OF CULTURE BOUND SYNDROMES ARE CHRONIC IN NATURE, AND SEEMINGLY TREATMENT RESISTANT, IT WOULD THE AUTHOR'S VIEW TO GRANT THESE INDIVIDUALS TEMPORARY INCAPACITY LEAVE.

Many of them will have exhausted their allocated sick leave and vacation leave due to the persistent illness. The purpose of the incapacity leave in this context is not rest, but to pursue alternative healing. Many go for traditional healer training as a cure for their illness, or as a personal journey that will hopefully lead to enlightment.

There is a significant amount that must be paid for the training, along with at least a cow, several goats, and numerous chickens that must be bought by the trainee as part of the requirements. Other trainers require groceries and infinite amounts of alcohol to be bought by the trainee, particularly on their "passing out parade". It is therefore better if the trainee continues to earn their salary, as the burden of responsibility never ends when they get into training. A few fortunate ones get the support of their families in terms of finances.

THIS LEAVE MUST BE MANAGED. THE AUTHOR GENERALLY REQUESTS TO VERIFY IF THE TRADITIONAL TUTOR IS QUALIFIED BY CHECKING THEIR CERTIFICATE (THE MAJORITY HAVE THESE CERTIFICATES, WHICH ALSO STATES THE REGISTERING BODY AND THE PRESIDENT THEREOF). A REQUEST IS MADE FOR A DECLARATION OR MEMO FROM THE TRADITIONAL HEALER THAT STATES THAT THE INCUMBENT WILL BE IN THEIR TRAINING GROUP AND THE DURATION OF THE TRAINING OR AN ESTIMATED PERIOD.

In addition, a request is made that the patient visits the psychiatrist at least once per month, for the duration of the training, so that verification can be made regarding their progress. This is a non-negotiable, as it must be stated in their record that they continue to be monitored . It also helps during leave-audits. This step ensures that they continue to receive full pay. This is important as the training is often expensive, and they pay as they attend.

Alternatively, we need to start a conversation on creating categories of leave that will serve our indigenous people better. The use of sabbatical leave has been in use for certain race groups and in academic institutions. Perhaps we need a re-look at that kind of leave for African people.

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