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# Yoruba traditional healers in psychiatry.

## I. Healers' concepts of the nature and aetiology of mental disorders

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### Summary

Twenty Yoruba traditional healers specializing in mental disorders were studied. Two main groups of mental disorders were identified, *asinwin* (psychotic disorders) and *oḍe ori* (a less severe disorder with prominent somatic symptoms). The further sub-categorization of mental disorders was largely on an aetiological basis. The most important aetiological factors identified were: the actions of enemies with major emphasis on the deployment of supernatural forces; self-induced disorders, of which cannabis abuse was the most frequently quoted example; *soṣonna* (small-pox) and 'hereditary' factors. The healers' beliefs regarding mode of hereditary transmission of mental disorders were very different from those of modern medicine.

### Résumé

Nous avons étudié vingt guérisseurs traditionnels Yoruba dont la préoccupation était des désordres mentaux. Deux groupes principaux de désordres mentaux ont été identifiés; *asinwin* (désordres psychotiques) et *oḍe ori* (désordres de sévérité moindre qui s'accompagne de symptômes somatiques). La sous-catégorisation des désordres mentaux a largement suivi des indices étiologiques. Les facteurs les plus importants identifiés sont les suivants: activités des ennemis relevant en grande partie du concours des forces surnaturelles, désordres personnellement infligés, dont l'exemple le plus fréquemment cité est l'abus de cannabis; *soṣonna*

(la petite variole) et facteurs héréditaires. Ce que les guérisseurs croient être le moyen de transmission de désordres mentaux est très différent de ce qu'en pensent les praticiens de la médecine moderne.

### Introduction

The widespread interest currently being expressed in traditional medicine is a result of many factors. Firstly, these traditional healers are responsible for the health care of the majority of the population in the developing world (World Health Organization, 1975). The proportion of the mentally ill who are cared for by traditional and religious healers is certainly very high (Makanjuola & Odebiyi, 1981). These healers play an important role in the societies of developing countries and cannot be ignored; indeed, without them the modern health care facilities would probably collapse under the weight of a vastly increased demand. Another factor is the view, particularly prevalent in political circles, that these healers should be officially integrated into the health services of developing countries (Elling, 1981; McDonald, 1981), although exactly how this might be achieved is uncertain.

Another source of interest in traditional medicine is the view that examination of the methods used by traditional healers might provide new therapeutic agents, especially pharmacological ones, for modern medicine. One of the agents known to be widely used by traditional healers is *Rauwolfia vomitoria* (Prince, 1963; Verger, 1966), the plant that is now the world's major source of reserpine (Thomson, 1976). It is reasonable to believe that some of the many other agents used may also be efficacious.

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Detailed information is required about the methods used by traditional healers in the management of psychiatric disorders. However, methodology cannot be studied in isolation. It is also important to understand the healers' concepts and postulates of the nature and aetiology of mental disorders, which provide the rationale for their management. For example, the widespread use of 'Turari' (incense) by these healers becomes logical when one understands that the purpose is to drive away evil 'spirits', which are regarded as an important cause of psychiatric symptoms.

Some work has previously been published on traditional beliefs of the nature and aetiology of mental disorders (Prince, 1964; Odejide *et al.*, 1977). Some sketchy accounts of the agents employed also exist (Verger, 1966; Sodipo, 1976). The work reported in this article is the first of a two-part report of an intensive study of twenty healers, dealing with their concepts of the nature and aetiology of mental disorder. The second part of the report will deal with their methods of management, which include details of the therapeutic agents employed.

The major problem with any study of traditional healers, particularly their treatment methods, is the reticence they attach to their trade. The author's approach to this problem has been to study only healers who were introduced by someone whom they trusted and the use of a series of completely unstructured interviews spread over several hours in each case.

## Materials and methods

Twenty traditional healers specializing in the field of mental disorders were studied over a period of 18 months. Each was introduced to the interviewer by a close confidant. Each healer was interviewed on between three and nine occasions, each interview lasting from 1 to 3 h. Beyond outlining the general purpose of the study, the interviews were unstructured. In particular, the interviewer avoided asking leading questions such as 'Is such and such a cause of mental disorder?' However, towards the end of each series of interviews, four clinical syndromes familiar to western psychiatry (catatonic schizophrenia, depressive illness, mania and anxiety states), and which should be easily recognizable, were described and the healer's

responses recorded. All interviews were tape-recorded.

## Results

### *The healers*

Of the twenty healers who participated in the study, nine practised in the Iwo area, seven in the Ile-Ife area and four in the Ilesha area (these three areas are relatively close to each other in Oyo State). All were male. Their ages ranged between 40 years and 75 years (mean  $\pm$  s.d.  $55 \pm 12$  years). Eleven regarded themselves as Moslem, five as Christians and four as Orisha worshippers. According to the classification of Oyebola (1980), seven were Babalawo (practitioners of Ifa divination) and thirteen were Oniṣegun (herbalists only). However, two of the Oniṣegun also practised a form of divination known as Baba Ifa, which is allied to Odu Ifa divination.

All regarded themselves as specialists in mental disorders; however, seven also claimed specialization in additional fields, e.g. gun-shot wounds and infertility. In addition to their traditional healing practice, all farmed.

All the healers had learnt their profession initially from their fathers, the profession being a family tradition. Eight of the healers had, in addition, taken further training from other healers. The healers claimed to have been in practice for between 15 years and 47 years (mean  $\pm$  s.d.  $31 \pm 11$  years).

### *The healers' concepts of the nature and types of mental disorders*

While all agreed that the seat of mental disorder was the brain, some regarded specific portions as being of greater importance. Eight considered the area of the brain under the 'awuje' (anterior fontanelle) as being a seat of mental disorder because the 'iye' (seat of the senses) lay there. Two mentioned the 'ipakò' (back of the head) as being the origin of a particular type of mental disorder.

The types of mental disorders named by the healers were as follows:

- (1) asinwin or were gidi (true madness; all twenty healers);
- (2) oḍe ori (all twenty healers);



- (3) omugo or dindirin (mental handicap; eight healers);
- (4) ori fifo (headache; five healers);
- (5) warapa (epilepsy; regarded as a mental disorder *per se* by three healers; the rest said that this disorder arose from within the body and not the brain).

*Asinwin* or *were gidi*. When it comes to a sub-classification of true madness, all the healers tended to categorize the disorder according to aetiology, e.g. 'were igbo mimu' (madness caused by Indian hemp) and 'were sopoṣṣa' (madness of small-pox). When asked to classify the disorder according to symptomatology, they appeared much less certain and all insisted that the aetiological classification was the most important. Of the ten healers who were prepared to give such a classification, this was made according to overt behaviour, and the majority of such sub-categories could not easily be fitted into the western-style psychiatric classification.

A total of thirty-eight names of disorders were given by the ten healers. Many of these names were used to describe similar symptom-clusters. For example, violent, destructive individuals with persecutory delusions were commonly described as 'were alada' (madness in which the mad person uses a machete), 'ako were' (severe madness), 'aganna' (jumps over the fence) and 'were abaṣeṣe' (destructive). Five healers used the term 'dindirin' to describe a condition resembling hebephrenic schizophrenia. (Note that dindirin was also used by some to denote mental handicap.) Catatonic schizophrenia was identified by eight healers as 'sigidi gbari' (statue-like rigidity); one other said that this was a form of madness in which convulsions were prominent. Depressive psychosis was commonly labelled according to different aspects of symptomatology, namely 'abo were' (lesser madness — a reference to the absence of violence), 'were tutu' (calm madness), and 'were onisokuso' (madness with irrational talk).

*Were sopoṣṣa* (madness of small-pox) deserves a special mention. Eighteen healers, including eight who had refused to categorize illness according to symptomatology, described a serious disorder of acute onset, with severe restlessness, insomnia, incoherent speech, visual hallucinations and disorientation. The illness is usually preceded and accompanied by

fever, and may not be accompanied by the typical small-pox skin eruption. Eight healers said the symptoms were worse at night. They all claimed the disorder to be less common nowadays and none could show the author a case. The healers were clearly describing the delirium complicating systemic infection.

*Qde ori* is caused by an 'aran' described by some healers as a worm and by others as an indefinable object. It may already be present in the body, or the individual may become infested. Growth and multiplication of the 'aran' leads to symptoms of 'qde ori', which consist of a multitude of somatic symptoms, prominent among which is a crawling sensation, particularly affecting the head. Five of the healers explained the other common symptoms of a boiling, humming noise in the ears, and palpitations on the basis of the connection between the 'iye' (see above) and the ears and heart, allowing easy access to the causative agent, which tends to concentrate in the former. Others simply believe that symptoms are experienced in whichever part of the body the agent goes.

'Qde ori' may develop naturally in the affected individual but it is more often the result of the work of enemies in a manner similar to that by which 'asinwin' is caused.

Three healers identified the symptoms of anxiety state as being a feature of 'aya jija' (fear in the heart or palpitations), 'ironu' (worrying) and 'ironu okan' (worrying in the heart).

### Other concepts

Certain other concepts of mental disorder are worth noting. The 'imagination' has no place in the healers' ideas. What modern medicine regards as hallucinations are considered by the healers to be real — the patient is perceiving evil spirits and other supernatural beings that others cannot see. Passivity experiences, catatonic symptoms etc. are all the result of the influence of these agents. Persecutory and other beliefs are either a result of the information given to the patient by the supernatural beings or are considered to be a statement of fact.

### Aetiology of mental disorder

The aetiological factors named by the twenty



Table 1. Causes of mental disorder given by the twenty healers

Aetiological factor	No. healers	%
Mental illness induced by enemies ('wọn fi ẹ eniyan')	20	100
Mental illness brought upon oneself ('af'owofa')	20	100
(a) Cannabis abuse	20	100
(b) Abuse of alcohol and other drugs	5	25
(c) Bringing supernatural forces down upon oneself	7	35
'Soponna' (small-pox)	20	100
Hereditary factors ('abimọ', 'at'iran d'iran')	18	90
(a) From either parent at time of conception	16	80
(b) In the blood	4	20
'Ode ori' (as a course of 'asinwin')	18	90
In the breast-milk of a psychotic woman	15	75
Meeting 'anjonus' (evil spirits)	11	55
Head injury	6	30
Infection (from saliva and body secretions)	6	30
Epilepsy	6	30
Emotional problems	5	25
Aje*	5	25
Breaking of taboos by a pregnant women (leads to affected offspring)	4	20
Severe fever	3	15
'Eje dudu' ('black blood')	2	10
Other†	8	40

\*Aje refers to individuals with special powers, which can be employed for good or evil purposes. The term is not synonymous with the English witch (Hallen, unpublished).

†One healer each named: breaking of certain taboos during the last menstrual period before conception, the offspring then being affected; tetanus; leprosy; excessive anger ('ibinu'); childbirth ('abisinwin'); prolonged physical illness; sexual intercourse with a mentally ill person and 'somogiri' (an 'aran' or worm) as aetiological factors.

healers are listed in Table 1. The first major group of aetiological factors, considered by all the healers as being the most important, are the actions of enemies, usually employing metaphysical phenomena.

The various means by which mental disorder can be induced by one's enemies include 'epe' in which the victim's name is included in an incantation ('ofa') made over a special medicine usually contained in an animal horn ('gbetu-gbetu'); 'asasi', in which the incantation is made over a combination of materials, which are then usually left in the bush; 'edi' in which the incantation is made over a combination of materials placed on top of 'Eṣu's' stone\* or

\*'Eṣu' is an orisa wrongly confused by many laymen as the biblical 'Devil' (Bascom, 1969; Simpson, 1980).

'ere', in which an incantation is employed without any other materials. The 'medicine' to make a person mentally ill may also be administered in food ('afunje'), by touching the person with it, or by laying it in his path. The individual's hair is considered to be particularly effective in preparing 'medicine' to make him ill.

Another important group of causes identified by the healers was 'afowofa' in which mental disorder is brought upon oneself by one's own hand. The smoking of cannabis ('Igbo') was named by all healers as a cause. Excessive use of alcohol and other drugs was also named by some. Careless or improper use of native 'medicine' (in the metaphysical sense) and inducing the wrath of supernatural forces, through carelessness and disrespect, were also mentioned.

The majority of the healers stated that mental disorder could be inherited from the parents ('abimọ' or 'at'iran d'iran'). However, the mode of inheritance is different from that of modern genetic theories. Most healers stated that the inherited predisposition to mental disorder was transmitted from father or mother only if the disorder in that parent was active at the time of conception. The four healers who supported a more conventional theory, i.e. that the disorder was present in the blood and could be transmitted even if the disease was not active at the time of conception, said that such transmission could occur only if the illness had actually manifested in the parent; the concept of skipped generations, for instance, was not accepted. Remedies were available to eliminate the mental disorder not only in a patient but also in successive generations. The predisposition to mental disorder may also be imparted to the child if its mother (even though not affected by mental disorder) breaks certain taboos during pregnancy (such as walking about in the night or in the hot sun, or taking alcohol). One healer even stated a number of taboos which, if broken during the menstrual period before conception, might also result in mental disorder in the offspring.

The majority of healers believed that a psychotic mother could transmit the disease to her child in the breast-milk.

'Soponna' was named by all the healers as a cause of mental disorder. The usual cause was meeting 'soponna' (an 'orisa'), this being most likely to occur in the dry season, under the hot sun. 'Soponna' could also be induced to affect the person by his enemies. Three healers admitted that this disease was also infectious. Certain 'anjonus' (evil spirits) could also induce mental disorder if the individual was unfortunate enough to meet them.

Eighteen healers stated that a more severe mental disorder could arise as complication of 'ode ori'.

## Discussion

The present findings confirm the information provided by earlier studies (Prince, 1964; Odejide *et al.*, 1977) and also extend them. Two major groups of mental disorders were identified by all the healers — 'asinwin' or 'were gidi'

(mental illness proper) and 'ode ori'. The former refers to what in western practice is called psychotic disorders. The healers' sub-classification of psychoses is largely aetiological, although some were also able to provide a classification based on overt signs and symptoms. The clinical presentation of the psychosis described as 'were soponna' is almost certainly that of delirium complicating a systemic infection. This is in contrast to the findings of Prince (1964) who claimed that many patients diagnosed as suffering from 'soponna' were schizophrenic. Prince's study was carried out in a different part of Yorubaland and it may be that the healers' concepts of 'were soponna' is different from that studied; it must also be acknowledged that the author did not examine any patient diagnosed as suffering from 'soponna', although he has examined a large number of schizophrenics who were not diagnosed as 'soponna' patients.

The symptoms of 'ode ori' described in the present study are similar to those described by Prince (1964). It is likely that this disorder is a form of neurosis. In the course of his clinical practice the majority of patients previously diagnosed by healers as cases of 'ode ori' were found to be suffering from anxiety states, depressive disorders or mixed anxiety/depressive states by the present author. Binitie (1981) has pointed out the predominance of somatic symptoms in depressed Nigerian patients.

The healers' concepts of what is happening to the mentally ill individual also differs from that of western medicine. Symptoms such as delusions and hallucinations, which would be ascribed to the 'imagination' by western psychiatrists are regarded as real by the healers, or at least the result of real experiences.

The healers considered that the most important group of aetiological factors were the work of enemies, usually employing supernatural means. All agreed that mental disorder could be brought upon oneself, particularly by the use of cannabis. The majority stated that mental disorder could be inherited. However, views on the modes of inheritance differed markedly from that of western medicine (Kreitman, 1973). Transmission of mental disorder was most commonly thought to occur at conception if either parent was mentally ill to any degree at that time. Before dismissing this idea, it should



be borne in mind that recently viruses have been implicated in the aetiology of schizophrenia (Crow, 1982). The few healers who held that the predisposition to mental disorder could be inherited from either parent, even if that parent was not currently ill at the time of conception or pregnancy, stated that transmission could only occur if the parent had been ill, and not if some other blood-relative alone had had mental disorder. Furthermore, the inheritable trait could be eliminated by appropriate treatment.

The finding that the majority of healers believed that mental disorder could be transmitted to a child in the breast-milk of a psychotic mother has important clinical implications. This belief is also widely held by the Yoruba population, and the result is that women with post-partum psychoses are prevented from breast-feeding, often with disastrous results on the child (Makanjuola, 1982). Some healers did, however, state that breast-feeding should be allowed since the medicine given to the mother would enter the breast-milk and prevent the illness developing in the child. Many modern psychotropic agents are known to enter the breast-milk in appreciable amounts (O'Brien, 1974), but are regarded in such situations more as toxic substances than as therapeutic ones. The author has actually observed psychotic mothers in traditional healers' centres breast-feeding their infants. The possible viral aetiology of schizophrenia (Crow, 1982) should again be borne in mind.

'Sopponna' (the small-pox 'oriṣa') was regarded as a cause of mental disorder by all the healers. Evil spirits ('anjonu'), if met by accident or directed to the individual, may also cause the disorder.

The healers' contention that 'oḍe ori' may also lead to more severe mental disorder is supported by the author's clinical finding that a small proportion of patients diagnosed as suffering from the disorder developed schizophrenic illnesses, the initial symptoms being fore-runners of the more serious disorder. A few healers mentioned that mental disorder could be transmitted from one patient to another. The exact nature of the infective agent could not be defined. Only six healers mentioned that mental disorder could arise as a complication of epilepsy. The small number of healers that mentioned emotional difficulties as

causes of mental disorder is probably a reflection of the high priority given to evil forces and enemy actions as a cause of misfortune in Yoruba society.

The beliefs of traditional healers are invariably a reflection of the culture they represent. These beliefs are likely to be shared by the population they care for. Indeed, previous studies have found the Yoruba layman's beliefs regarding the causation of disease to be similar to those presently outlined, although less well formulated (Lucas & Hendrickse, 1966; Simpson, 1980). It is important that even western medical practitioners understand these beliefs if they are to manage mental disorders successfully in that culture. Earlier workers such as Lambo (1959) have emphasized the importance of incorporating such beliefs in an eclectic approach to the management of these disorders. Dismissing these beliefs will merely alienate the patient and his family. However, some of these beliefs are obviously harmful, an example being the attitude to breast-feeding, and clearly an attempt should be made to combat them.

Having understood the healers' beliefs concerning the nature and causes of mental disorders, it will be easier to understand their different therapeutic techniques and their rationale. Practices that to the western eye might at first appear illogical (for example incense) become perfectly logical when one remembers the extreme importance attached to supernatural beings and forces in the aetiology and manifestation of mental disorders.

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