Cultural Psychiatry in the Era of Colonization and Decolonization: Nigeria

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Overview

- **Brief History**
  - **Governance**
  - **Dominant ethnic groups**
  - **Dominant Religion and traditional beliefs (Yoruba)**
- Cultural psychiatry during colonization
- Cultural psychiatry during decolonization/post-independence
- Nigerian Economy/current mental health facts

Nigeria

- 140 million people, roughly 130 psychiatrist

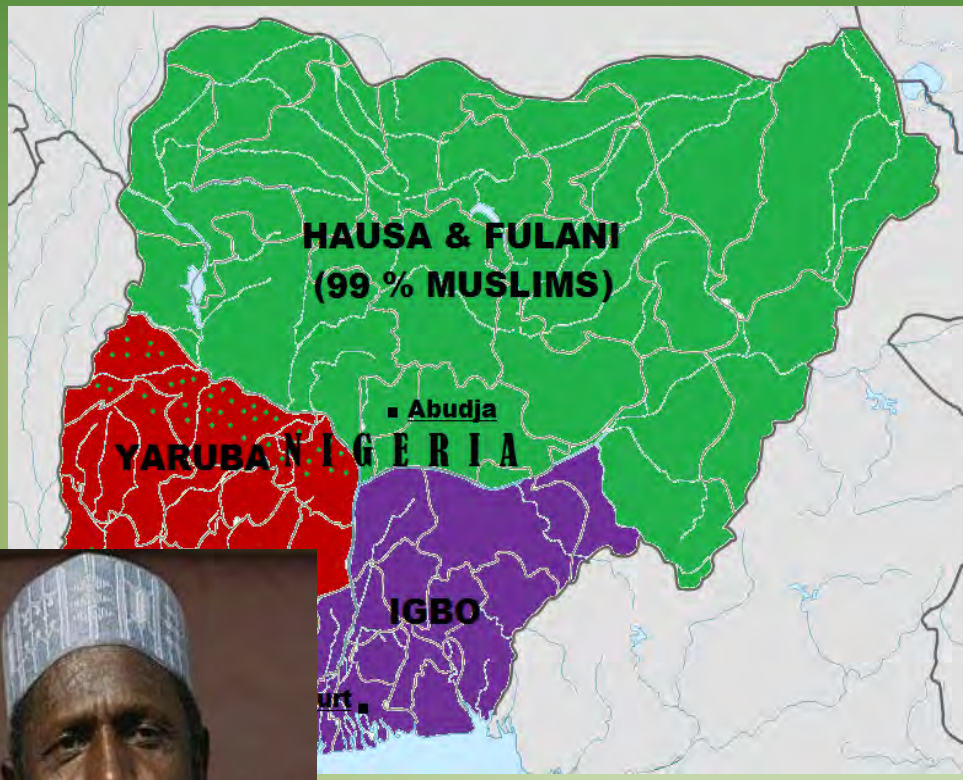
WHO-AIMS Report, Nigeria 2006

Government/Politics

- 1960: Independent from Britain
  - Hausa, Yoruba, Igbo dominate politics
  - Goodluck Johnathan, President since 2010
  - Legislative/Judicial system - Similar to UK.

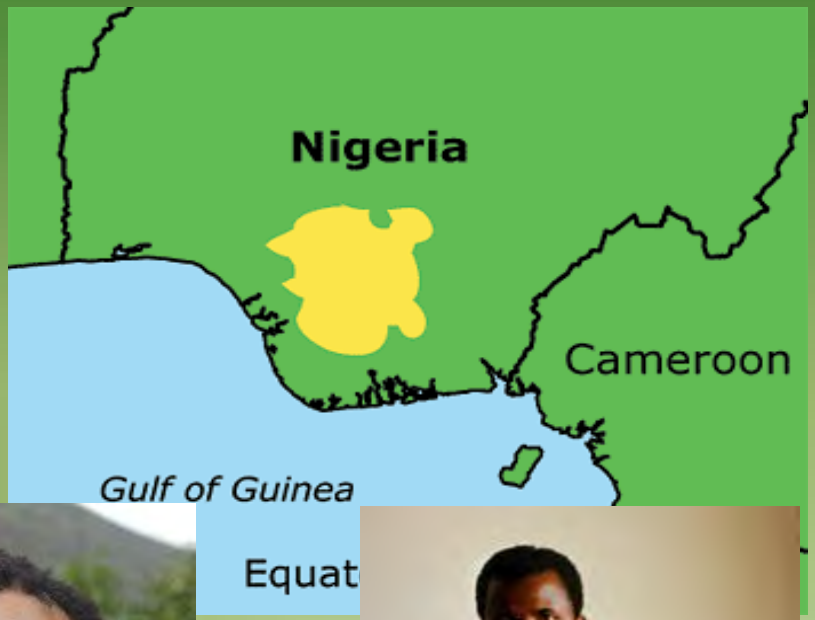
Nigeria

Hausa/Fulani

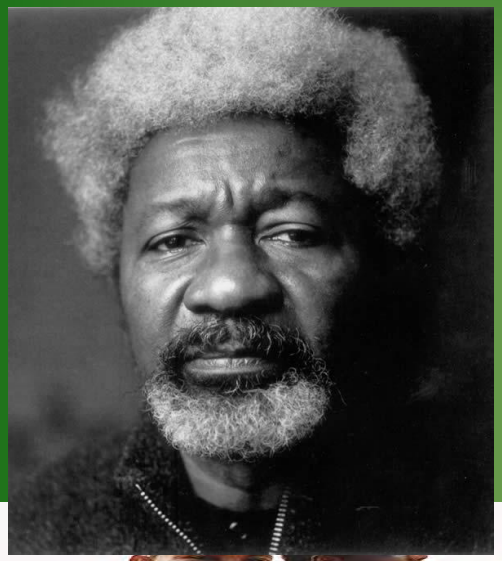


Nigeria

Igbo



Nigeria
Yoruba



Religion

Islam

- North
- 48.8%, (Majority Sunni)

Christianity

- South
- 49% (Majority Protestant)

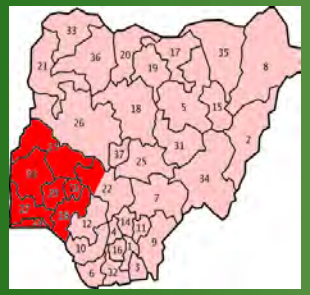
Traditional Religions

Traditional Yoruba Religion

Ifa divination oral tradition

Concept of Destiny - explanatory models for mental illness

- Ayanmo narratives ("That which has been selected as part of ones self")
- Choosing ones ori (or head) before birth (qualities like aptitude, personality, life outcomes, possibility of madness)
- Either with Assistance by Ajala (God's helper) or "going at it alone"



Morakinyo, "Ayanmo Myth,"(1983)

Traditional Yoruba Medicine

- Babalowos – practitioners, healers
  - Organized within professionalized societies
  - Specialized in certain areas – psychosis
    - Rauwolfia (Row-wool-fia) plant – antipsychotic properties
- Comprehensive therapies for illness – ritual, consultation, herbal methods

Abimbola, "Exposition of Ifa" (1976)

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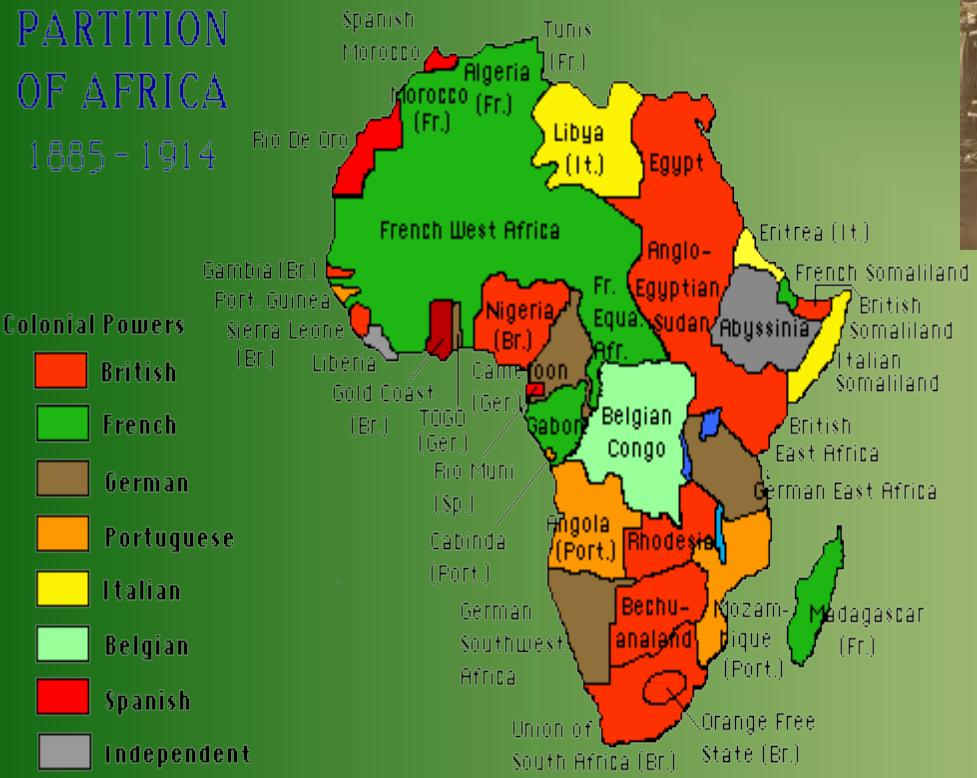
British rule: Late-19th century

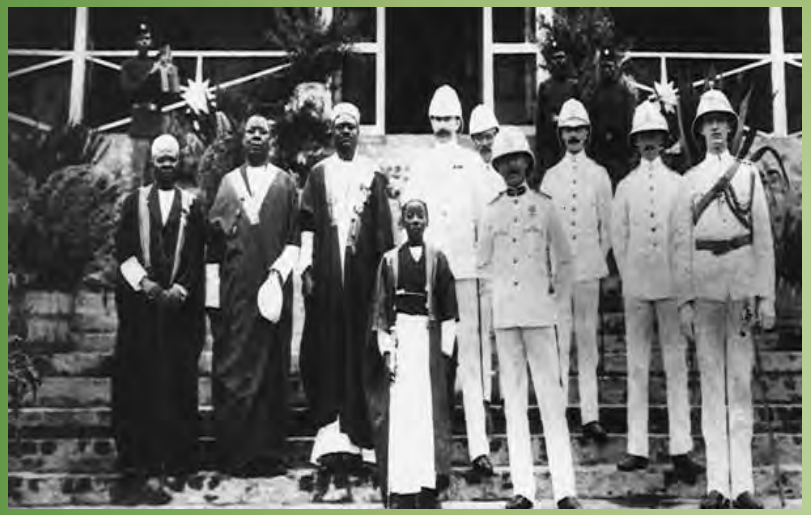
- Anti-slavery era
  - Protection/Development



- Berlin Conference
  - European powers
  - Partitioned into 41 colonial states
    - 2,000 ethnic groups

1885: Colonial Era

- Initially owned and run under management of private companies
- 1901: Bought from Royal Niger Company
  - 800,000 pounds
  - Official British Protectorate



Unilever

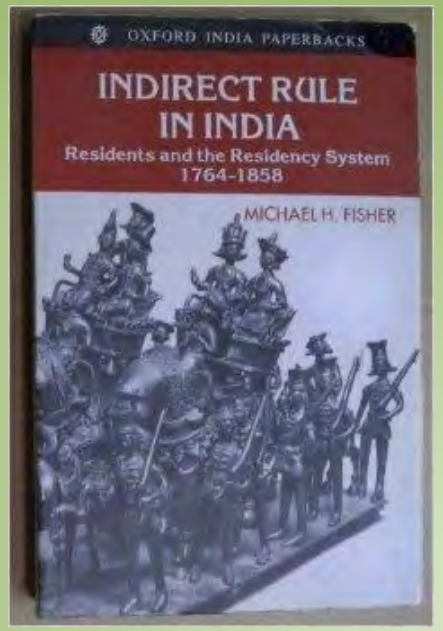
1900: British Colonial Era

- Divided administratively into North and South until 1914
  - South: Diverse, Heavy Christian missionary influence. more developed, education
    - Imported western education, healthcare, social services
  - North: Homogenous, Preserved Tradition, Islamic institutions

Indirect Rule

- Northern (rulers/emirs) continued to rule
- Indirect Rule: Day-to-day governance in hands of traditional rulers , but at the cost of taxation, military services in hands of the British
- Throughout colonial Africa and Asia

Frederick John Dealtry Lugard (standing center), the British colonial administrator of Africa, accompanies a delegation of West African kings on a visit to the London Zoo in 1934



Indirect Rule and Asylums

- Why relevant?
- Maximize profits
- Limited public service expenditure
  - Impact on psychiatric institutions
    - Also justified by “Detribalization”
- Asylums – For public safety
  - mainly custodial in nature
    - Minimal therapeutic services

Sadowsky, Imperial Bedlam (1999)

“Detribalization”

- A staple term within colonial psychiatry
- Psychopathology secondary to becoming “modernized”
- Views from Asylums/Prisons – very narrow, extreme ends
  - Generalized to all exotic/non-westerners

Heaton, “Black Skin, White Coats” (2013)

Colonial Asylums

- Yaba Asylum – in Lagos, Nigeria
- Calabar Asylum , SE Nigeria
- Lunacy Ordinance Act of 1906
  - Empowering regional governors to build asylums
  - Emergency detainment
- Indirect Rule/Detribalization influence
  - Undervalued, overcrowded
  - Makeshift prison extensions
- Understaffed
  - But three British Aliens(ist) did visit: Bruce Home (1928), Cunyngham Brown (1938), J.C Carothers (1955)

Sadowsky, Imperial Bedlam (1999)

Minimalism and Ethnopsychiatry

- Influence on Colonial gov't officials
  - Minimalist development approach
  - Ethnopsychiatry – comparing non-Western psychology to European standards
    - Natural hierarchy of human psychological
      - Express psychological symptoms – mature/sophisticated
      - Somatic symptoms – immature/primitive

Heaton, "Black Skin, White Coats" (2013)

First two Independent Observers:

Bruce Home (1928), Cunyngham Brown (1938)

- Home: 1928 report titled: 'Insanity in Nigeria'
  - "Rapid modernization" related to mental illness (South > North)
- Brown, 1938: Repudiated "Detribalization"
  - True prevalence of mental illness hidden
  - Stressed diversity within Nigeria
    - Weak comparison to Europeans
- Recommendations: Increased beds, curative and rehabilitation services
  - In the end, inertia and indirect rule carried the day

Sadowsky, Imperial Bedlam (1999)

J.C Carothers

- 1950s: Conditions similar to predecessors
- First colonial ethnopsychiatrist with previous African experience
- Spent multiple years as medical officer in Kenya, consultant for E. African Command in WWII
- WHO: ‘The African Mind in Health and Disease: A study in Ethnopsychiatry’ in 1953

Heaton, “Black Skin, White Coats” (2013)

J.C Carothers (1955)

- Nigerian report written in 1955
- Surveyed in context of the decolonization of Nigeria
  - Preparation for an independent state
- Emphasized “Degrees of detribalization”. East >West
- Stressed diversity of Nigerian culture
    - Differences in psychological make-up

- All three observers reinforced indirect rule/Detribalization
  - Suggestive reforms: seen as counterproductive, waste

Heaton, “Black Skin, White Coats” (2013)

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1940-59: Decolonization

- Increased development planning
  - Increase in infrastructure:
    - Education - 1948 – University College, Ibadan
    - Healthcare, Social Services
- Transformation of cultural psychiatry: search for "universals" in psychology
  - Mental health infrastructure atrocious with noticeable criticism (politicians, media)

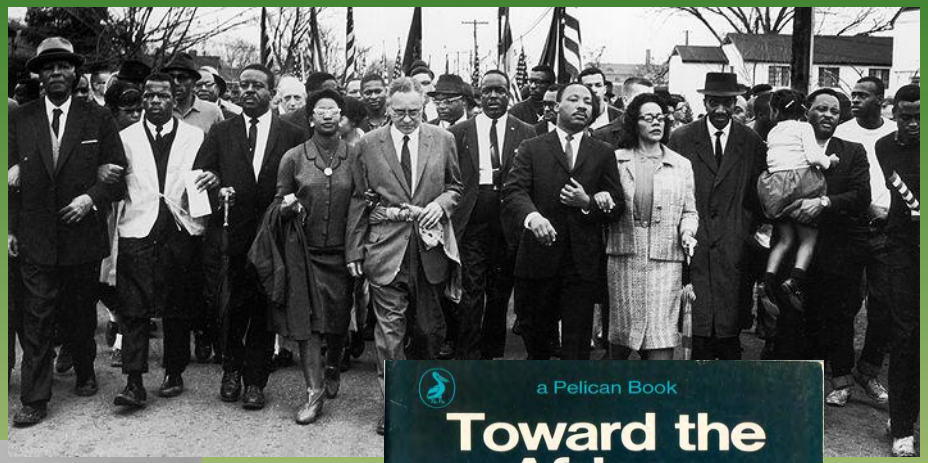
SPECIALREPORT II

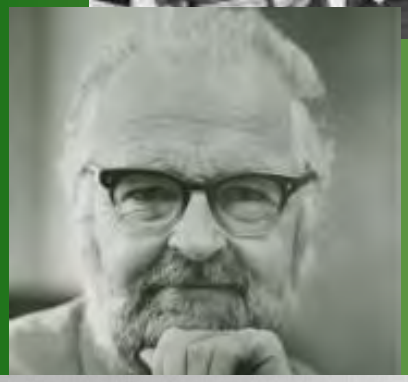
For a sound mind, a long way off

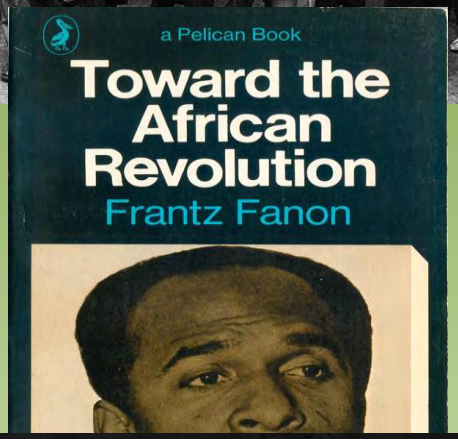
Everything seems not just right for mental care in the country – from inadequate personnel, lack of infrastructure, little funding, the litany of lack is legion yet the silent disease is eating up many more people daily.

Oct 1st 1960: Independence

1950-60s: Around the World







Dr. Thomas A. Lambo

- Yoruba Nigerian, First African psychiatrist
- Trained in the UK for medical school
- Influences:
  - Maudsley psychiatric institution in London
  - cultural anthropology (i.e Dr. Margaret Mead)

- 1954: Medical director of Aro Mental Hospital
  - Strong relationships with hometown community formed
- Established the Aro Village system (1954)

Heaton, "Black Skin, White Coats" (2013)

The Aro Village system (1954)

- Holistic community based therapeutic approach
  - Emphasizing outpatient/village therapy
  - Integrated “modern” psychiatry with local cultural modalities
  - Arrangements made with local chiefs and elders
  - 24hour nursing care within the village
  - ECT, Insulin coma therapy, psychopharm available
  - Community projects and activities throughout
- Collaboration with traditional healers
    - Firmly embedded within the culture

Asuni, African J. Psychiatry (1979)

Dr. Raymond Prince

- Canadian born, trained psychiatrist
  - Professor, McGill University
  - Arrived at Aro Hospital in 1957

Traditional Healers and Psychotherapy

- Finding allies in Traditional Healers
  - "Western psychiatric techniques are not in my opinion demonstrably superior to many indigenous Yoruba practices"
- Dr. Prince: Why so effective?

Heaton, "Black Skin, White Coats" (2013)

Traditional Healers and Psychotherapy

- **Four Factors** in Healer-Patient relationship to promote treatment efficacy:
- Each enhanced their revered position in Yoruba culture.
- 1.) Patient's belief in the unlimited power of the healer
- 2.) The Healers impressive performance. His Intuition. Making "blind" diagnoses
- 3.) Use of sacred, gestures, magical modalities, paraphernalia
- 4.) Patient's anxiety contrasted by the Healers confidence
  - Patients improved because they believed

Heaton, "Black Skin, White Coats" (2013)

1950-60's: Transcultural Psychiatry

- Searched for "Universals" amongst cultures worldwide
  - Effects of culture on mental illness
- Regardless of race, ethnicity , culture
  - High levels of stress will produce similar psychological disruptions.

Heaton, "Black Skin, White Coats" (2013)

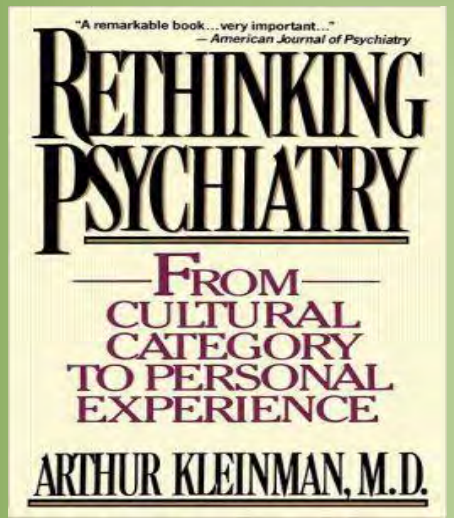
1967-1970

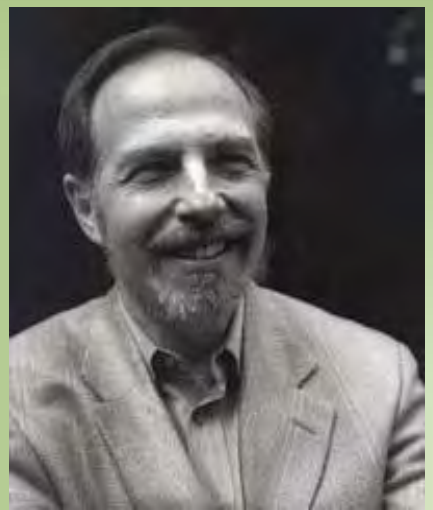
Biafran Flag

- Increased criticism of “Universalism”
- Coinciding with Nigerian Civil (Biafran) War (1967)
  - Forced unification of a ethnicities inevitably erupts

1970-90s: Cross Cultural (comparative) Psychiatry

- Emphasizing cultural variations of mental health
  - Increased Utility of medical anthropology
  - Arthur Kleinman and Comparative psychiatry: embraced "the ways culture influenced the perception, classification, process of labeling, explanation, experience of symptoms, course, decisions regarding, and treatment of sickness".
- Western-disease models were culturally bound





Kleinman, Social Science and Medicine (1977)

Culture-Bound Syndromes: Ode Ori

- Yoruba-bound disease
- Ode Ori ("hunter of the head")
  - Dx by Traditional healer
  - Organism placed by supernatural powers. Able to migrate
- 1970-80's: Increased presentation by Nigerian physicians (Euro-trained)
  - Unique somatic and psychological

Makanjuola. Acta Psychiatrica Scandinavia (1987)

Ode Ori

Table 1

Frequency of various somatic complaints in the 30 patients

Symptom	Number of patients
Crawling sensation	25
Noises in ears	22
Palpitations	19
Peppery sensations	10
Darkened vision ("oju ṣiṣu")	10
"Dizziness" ("oyi")	9
Headaches	7
Other pains (apart from headache)	5
Itching or tickling sensation	3

Table 2

Frequency of the more common present state examination (PSE) symptoms and signs in the 30 patients

PSE Item No.	Symptom/sign	Number of patients
23	Depressed mood*	25
5	Tension pains	21
1	Adverse evaluation of physical health**	20
35	Delayed sleep	20
11	Free-floating autonomic anxiety	18
6	Tiredness or exhaustion	16
34	Loss of weight due to poor appetite	13
4	Worrying	12
10a	Hypersensitivity to noise	12
37	Early waking	12
10	Subjective feeling of nervous tension	11
22	Loss of interest	11
121	*Observed depression*	11
8	Restlessness	10
13	Autonomic anxiety due to delusions, etc	10
28	Social withdrawal	10
40	Irritability	10
74	Delusions of persecution***	9 (8)
24	Hopelessness	8

Makanjuola. Acta Psychiatrica Scandinavia (1987)

Ode Ori

- 1987 – Dr. Roger Makanjuola
- Retrospective study (1982-1985)
- 30 Yoruba patients, 5 M, 25 F, 16-80 years, various socio-economic backgrounds
  - Initially seen by traditional healer -> Ode ori
  - Seen by PCP/Psychiatrist – Diverse range of dx
  - Affective/anxious symptoms tx, but somatic remained

Table 3
Primary DSM III diagnosis* in the 30 patients

Diagnosis	Number
Major depressive episode	10
Schizophrenia	4
Generalised anxiety disorder	4
Atypical anxiety	3
Atypical psychosis	2
Dysthymic disorder	2
Atypical depression	2
Schizophreniform disorder	1
Manic episode	1
Agoraphobia	1
Total	30

Makanjuola. Acta Psychiatrica Scandinavia (1987)

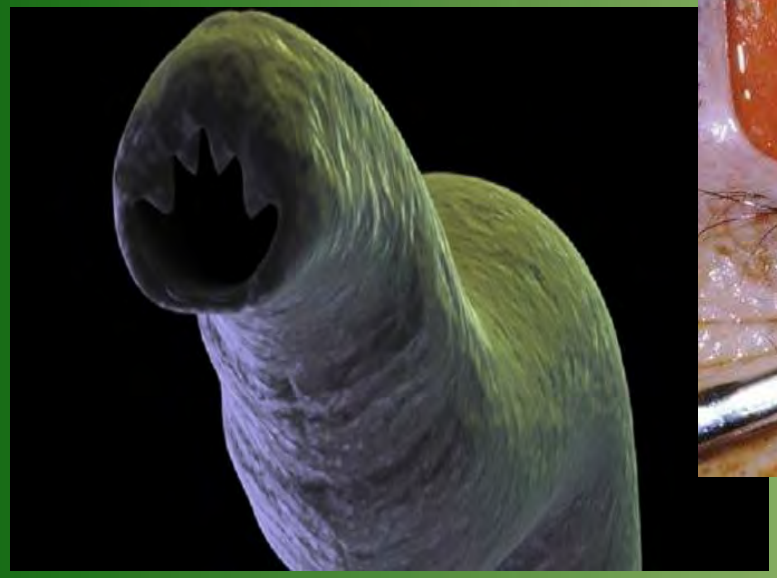
What could these Somatic symptoms represent?

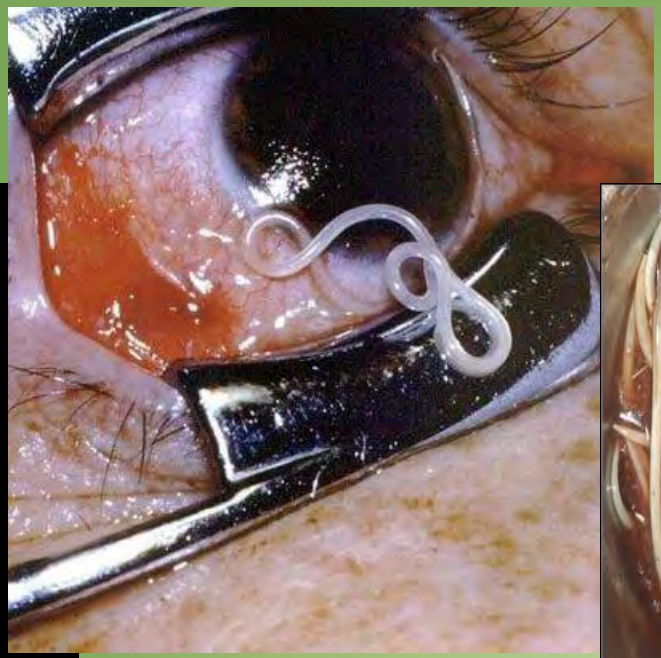
- Residual Affective/anxiety symptoms from Affective spectrum
- Single underlying disorder itself….Ode Ori?

..or……

.....Neglected Tropical Diseases

- Roundworm (*Ascaris Lumbricoides*)
- Hookworm (*Necator Americanus*)





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Economy

- Ranks 30th in world in GDP (2012)
- Vast Natural/mineral resources:
  - Underutilized
  - Poor mining industry, thus…….

www.worldbank.org. January 2011.

Economy: Oil

- Money maker
- World rank: 12th producers, 10th reserves, 8th exporter
- 40% of GDP, 80% of government earnings

U.S. EIA, Nigeria Analysis 2013

Economy

7%/year economic growth rate since 2000

"Nigeria - Country Brief", World Bank 2012

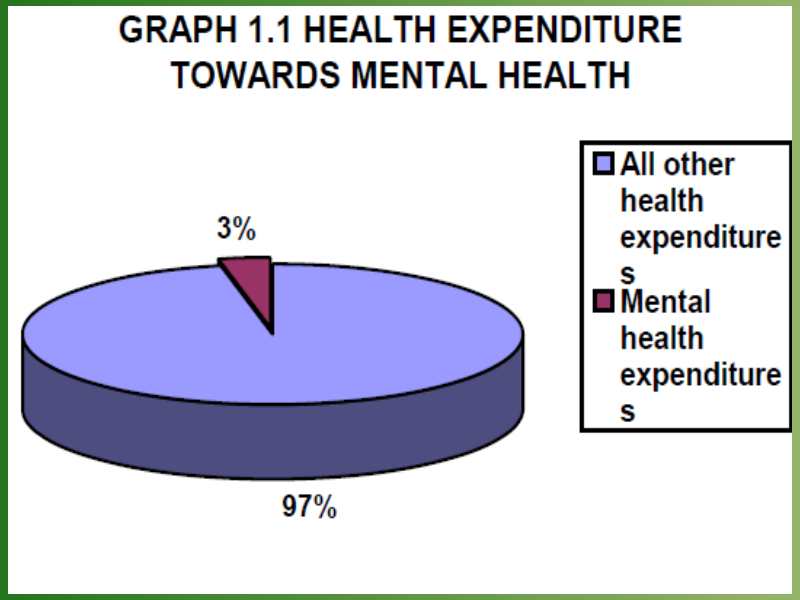
Economy

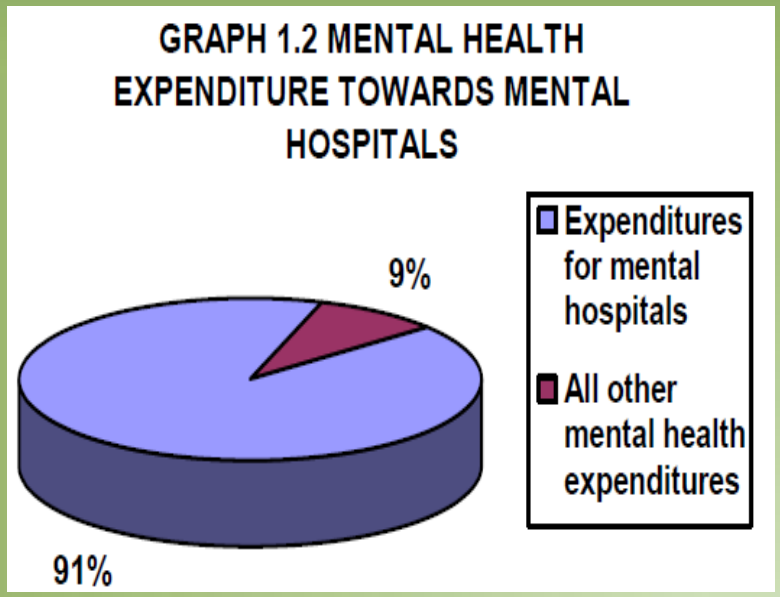
- Wide income inequality gap
- Over 50% live in poverty

"Nigeria - Country Brief", World Bank 2012

Economy and Mental Health Services

- Health Budget is 4.6% of GDP
  - About 3.3% towards mental health
    - 91% for gov't run mental hospitals

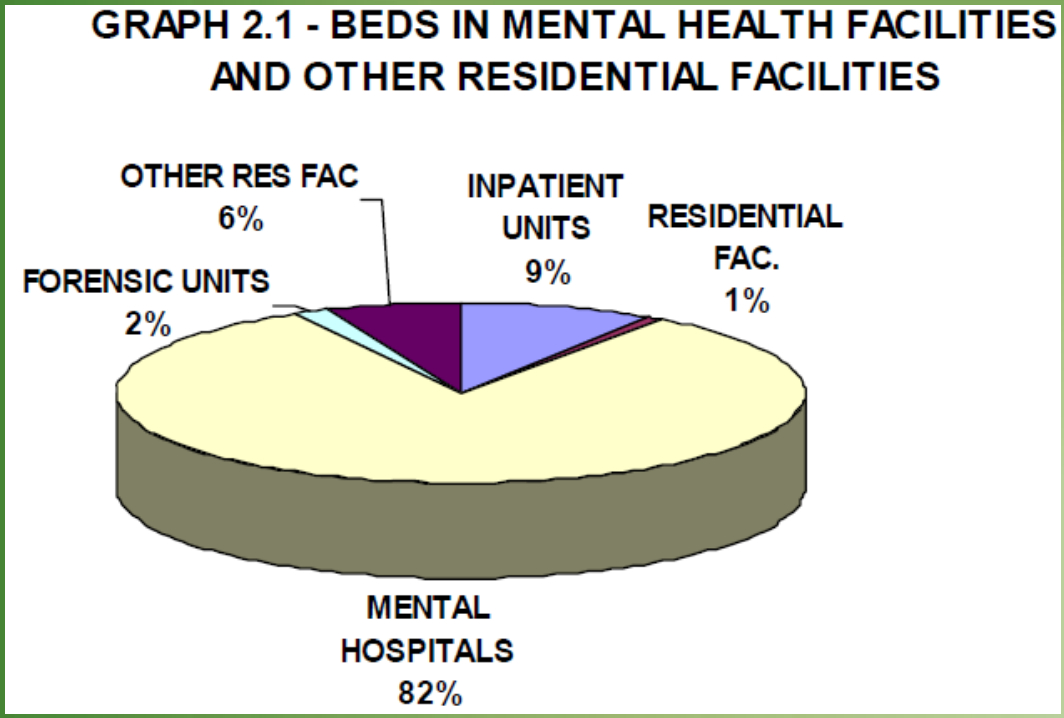




WHO-AIMS Report, Nigeria 2006

Mental Health in Modern Nigeria
(statistics)

- Majority of beds are provided by mental (State-run) Hospitals



WHO-AIMS Report, Nigeria 2006

Mental Health Education

- Within medical schools
  - 3% of training hours towards mental health education
- Graduate medical training
  - 8 (0.03/100,000) out of 3,200 graduated as psychiatrist
  - Brain drain: 25% migrate within 5 years of training completion

WHO-AIMS Report, Nigeria 2006

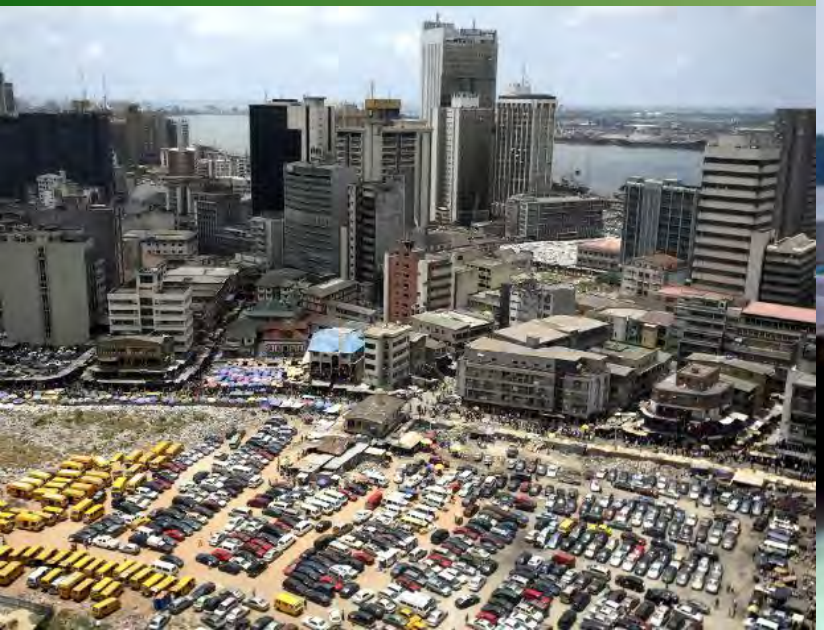
Mental Health Education/Stigma

The State of Readiness of Lagos State Primary Health Care Physicians to Embrace the Care of Depression in Nigeria

- 41 PCPs in 2 day workshop on Tx and Recognition of common mental disorders
  - 83%: Depression, a way people with poor stamina deal with life difficulties
  - 80%: Difficult differentiating unhappiness vs. clinical depressive disorders
  - 51: Biological abnormalities are not the basis of severe depression
  - 61%: PCPs are not useful to support depressed patients
  - 85% : Patient do not need to see a psychiatrist if antidepressants not needed

Ola . Community Ment Health J. 2014 Feb;50(2):239-44

"It is easier to see new buildings and new roads as evidence of progress,…but unfortunately delinquency, prostitution, drug addiction and other social disasters accompanying 'progress' are often tucked away from full view" – T.A. Lambo



Thank you

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