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MADU

AFRICAN TRADITIONAL HEALING
PSYCHOTHERAPEUTIC INVESTIGATION



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TRADITIONAL HEALERS APPROACH TO THE TREATMENT OF PUERPERAL PSYCHOSIS

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Abstract:

This paper presents an African (Nigeria) traditional healer's approach to the treatment of puerperal psychosis. The authors interviewed the traditional healer. Result shows that such patients are treated in 4 stages:

Stage 1: Observation of abnormal behaviours of patient and immediate withdrawal of the baby from the patient, especially if danger for the baby is foreseen by the traditional healer.

Stage 2: Oral administration of a mixture of some sedative herbs (*Epo mango, Atare, Kan, Ewe Eripo* - all mixed with pap).

Stage 3: If the origin of the puerperal psychosis is seen by the traditional healer to be a broken taboo or adultery on the part of the patient, the traditional healer takes her to a flowing stream, washes her head with black native soap, while he sings some Incantations. Thereafter, oracle consultation and sacrifice to the gods will follow.

Stage 4: When patient starts to get better, she is encouraged to start to breast feed the baby and to socialise with the society.

The authors conclude by stressing the importance of the knowledge of the cultural beliefs, involvement of the relatives, involvement of some psychotherapeutic components, and reintegration programme in the treatment methods.

Introduction:

In Nigeria today, just as in many other African countries, traditional healing practices exist side by side with modern orthodox practices (Lambo, 1960 and 1970). Many patients use both the native and modern medicines even when on admission in a hospital. This pattern of behaviour can be attributed to the ambivalence of the indigenous Nigerians about western methods of treatment (Peltzer, 1995).

The present study is on puerperal psychosis - one of the various ailments known in traditional African context to be effectively handled by the African traditional healers. Puerperal psychosis, according to the western (orthodox) healer, is the type of psychosis that normally occur immediately after child birth. It is also called the Post-Partum Psychosis. The aetiology of the ailment is a general predisposition to psychosis of the patient and other factors specifically related to child birth. Under the general disposition factor, factors such as negative family history, poorly adjusted pre-morbid personality and previous history of psychosis disorder, both after child delivery and other times may be included.

Under the factors relating to child birth, factors such as poor psychological adjustment to pregnancy, stressful pregnancy and child birth, complications during pregnancy and/or delivery, changes in hormone during labour, and some other psycho-dynamic factors are included.

The clinical presentation is normally in form schizophrenia, depression and/or mania (Makanjuola, 1982). The management of this patient, from the orthodox medical point of view, is normally the use of anti-psychotic drugs - usually the neuroleptic and anti-depressants. Lithium, Benzodiazepines, Propranolol and Haloperidol are normally avoided (Makanjuola, 1988). The aetiology of the illness and its treatment methods, from African traditional points of view, have not been documented.

Method:

The authors went to Chief T. A. Ayodabo, the Oyo State president of the Nigerian Traditional Healers Association and the proprietor of the Temtope Naturalists Hospital Ibadan, to interview him on the treatment of puerperal psychosis. The hospital is mainly a maternity hospital, but also cases related to child birth (like puerperal psychosis) are also handled there.

No patient of puerperal psychosis was admitted to the hospital at the time of the interview, so no case could be observed or used for illustration. Moreover, a case of puerperal psychosis cannot be known in advance. Therefore the authors could not be invited to be present right from the beginning of the break-out of the illness. The interview, though non-structural, concentrated more on the origin and treatment of the illness. Writing materials were used for taking notes. The interview lasted for about three hours.

Result:

According to the traditional healer, puerperal psychosis, known in Yoruba language as *abisinwin*, may be caused by the following:

(a) Breaking of taboo by the patient (b) Adultery, (c) Predisposition to mental illness, (d) A combination of some or all of the above. The treatment usually also differs depending on the origin of the illness.

Below are the stages for the treatment. Stage 1, 2, and 4 are meant for cases where breaking of taboo or adultery is not involved in the origin of the illness. That means, in such a case, only the stress of child-birth triggered of the illness. Stage 3 is used in addition to stages 1, 2, and 4 in all cases where breaking of taboo or adultery is seen by the traditional healer as the cause or part of the cause of the illness.

Stage 1: Normally, after every child birth, the traditional healer intermittently observes the behaviour of the woman. As soon as he notices any abnormal behaviour or psychotic symptom by the woman, the child would be removed or kept far from the woman. She may harm the child, since she is mentally incapable of caring for the child. A family member of the patient or an assisting nurse would keep the child away from the mother, take care of him or her, but at the same time should be ready to bring the child to the mother when the psychotic symptoms have subsided. If at a favourable time the mother does not see her child, it may worsen her ill-health.

Stage 2: This is a sedative stage. A concoction containing the following ingredients or items is mixed and given to the patient once every morning, afternoon, and night. (a) Epo Mango (back of mango tree), (b) Atare (African pepper), (c) Kan (Potash), (d) Ewe Eripo (Eripo leaf). The above items are ground together and mixed with cold pap for the patient to eat. A portion of ordinary food or soup plate is given to her in the mornings, afternoons, and evenings. While she is eating it, the traditional healer sings some Incantations to her hearing. (The healer, however, was not ready to sing the Incantation just for the study purpose.)

Stage 3: This stage is included in the healing process only when the traditional healer traces the origin of the illness to broken taboo or adultery on the part of the patient. According to him, in such a case, the patient unconsciously starts to talk about what she committed. At times also she starts to demonstrate or act out how she broke the taboo or how she was involved in adultery. Being in a psychotic state, patient feels free to talk or act them out.

In such a case, in addition to the first two stages, the traditional healer takes her to a flowing stream and washes her head with black native soap. While doing that, he also sings some Incantations (which again he did not want to sing for us just for the study). Thereafter, an oracle would be consulted to find out what type of sacrifice would be made. The sacrifice would then be made to appease the gods of the land.

Stage 4: When the patient starts to feel better, she is encouraged to breast feed the child and cuddle him or her. She is also encouraged to interact and associate normally with her family members (who would usually be coming to visit her).

According to the traditional healer, the average duration of time of treatment is 5 weeks. When she does not show any symptom of psychosis anymore, she is discharged and free to go home with the child. We were meant to understand that only about 5 per cent of the treated cases, especially those who had the disposition to the illness, relapse after being subjected to extreme stress at home.

Discussion and Conclusion:

The aetiology of puerperal psychosis and its treatment method according to the traditional healer brings out clearly the importance of the societal belief system in the African system of therapy. Taboos broken or adultery committed which were hidden or suppressed to the unconscious continue to work on the pregnant women. The stress and tension being experienced in suppressing them, when added to the normal tension of child-birth can become too much for the women and therefore, can trigger off the illness. The traditional healer on his own part, not only includes Incantations (which have been known to be a form of hypnosis, Madu and Adejumo, 1986) into the treatment methods, but he also takes the patient to a stream to 'wash away', so to say, her 'sins'. This is also followed by a sacrifice meant to appease the gods. All those symbolic gestures might be meant to give the patient the impression that she has been 'cleansed' or 'forgiven'.

Many African traditional healers employ both psycho-social and medical (herbal) methods in their treatment modality (e.g., Madu and Ohaeri, 1989). That gives the impression of comprehensiveness, unlike some modern therapy form that are one-sided.

This traditional healer, just like many other African traditional healers, involve the relatives of the patient actively in the treatment of the patients. Here,

they play the very important role of taking care of the child when the mother is not able to do so adequately and in nursing the patient. Normally also they support the patient both emotionally and financially. They are also very helpful to the healer in finding out the origin of the illness, if interviewed. These are invaluable aspects of the African culture that are worthy of emulation by other cultures where their system of treatment is very individualistic.

When the symptoms of the illness have disappeared, the traditional healer tries to prepare the patient for reintegration into her society by encouraging her to have the normal African mother-child relationship with her baby and also to interact freely with the society. This would reassure her that she is normal again and accepted as normal by the society. This would make her not to withdraw from the society, but gradually to go about her normal day to day activities.

Though this study has its shortcomings - information gathered only through interview with the traditional healer; no concrete case observed; the Incantations being used not documented; and the chemical substances of the herbs or ingredients not clearly known; - the article adds to the existing knowledge about traditional healing or ethnotherapy in Africa. It also shows the need for the co-operation between the traditional healers and orthodox therapists.

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