

## PSYCHIATRY AMONGST WEST AFRICAN TROOPS.

By Captain N. DEMBOVITZ,  
*Royal Army Medical Corps.*

[Received November 24, 1944.]

### INTRODUCTION.

It is important in psychiatry to know something of the background of the patient. In dealing with West African troops it is essential to have a working knowledge of the social life, habits, beliefs and customs of the tribe from which the patient comes, in order to be able to assess the significance of any unusual behaviour or thought. To the European, fresh from home, many West African ideas are so strange that the difference between the normal and the abnormal is imperceptible; but every officer serving with a West African unit soon learns a great deal about the nature of his troops and can detect significant variations from the normal.

In a short article it is clearly impossible to describe the characteristics of each of the numerous tribes whose men furnish soldiers for the R.W.A.F.F. There are, however, certain aspects of personality which are common to nearly all West Africans and these will be given later. Of course, there are large variations from the average and special peculiarities in every one of the Negro peoples and due allowance must be made in individual cases. For example, while the average level of intelligence is low, there are large numbers of West African lawyers, judges, doctors and journalists, some of whom compare favourably with their European counterparts.

From a psychiatric, as well as from a physical, cultural or anthropological viewpoint, natives of West Africa may be divided into two great groups. The first compose the Hausas, Fulanis, and Pagan tribes of the Northern Territories of the Gold Coast and Nigeria. The other consists of a large group of linguistically separate tribes inhabiting the coastal areas.

### NORTHERN TERRITORY MEN.

These are tall, dignified and courageous people and make up most of the fighting battalions. They have some Arabic ancestry and the dominant Fulanis and Hausas are Mohammedans, while the indigenous tribes remain pagan. They nearly all speak Hausa. They live in villages or townships under chiefs and they are good farmers, stock raisers, traders and artisans in leather and cloth. The tribesmen have a long tradition of savage warfare and are considered excellent soldiers under British leadership.

Northern Territory men, on the whole, are honest, cheerful and uncomplaining. Both the Muslims and pagans are content with their lot and do not readily learn English or embrace Christianity, for they consider their own language and religion all that is necessary for a good life and a satisfactory death. They seem to be rather less intelligent than the coastal people, but more than compensate for this by an increased willingness to try and a greater pride in being soldiers. They are amenable to discipline and present few special psychiatric problems.

They believe in Juju and in the legend that a man can turn himself into an animal and ravage the country. But they are much less concerned with magic practices than the Southerners.

### THE COAST AFRICANS.

These make up the supply and auxiliary services of the R.W.A.F.F. They come from many different tribes, each with its own culture. The tribes are traditionally at war with each other, and speak mutually incomprehensible languages, so that pidgin English has come to be the lingua franca. There is a vast range of social organizations from the Stone Age onwards, through mediæval feudalism to a little twentieth century industrialism, under

British control. The primitive arrangement has been complicated in the past century by the irregular impact of British trade and European religion.

At heart, most of the Coast boys, whether professing Christianity or not, are pagan and the greatest single belief throughout the colonies is the Juju—the conferring of the magic power for good or evil on an inanimate object by a ceremony. It is an unshakable belief for most of the troops and it is therefore not surprising to find it invoked in every mental upset. If a man is depressed, he attributes the illness to the work of an offended Juju who has been insufficiently propitiated. If he runs amok with a machet, it is because the Juju is inside him; if he becomes deaf, dumb, blind or paralysed, it is because an enemy has put a Juju on him. Even the acquisition of gonorrhœa is laid at the door of an angry Juju.

The folk-lore of the coastal areas is an anthropological gold-mine. Common to all the different legends is an implicit belief in the power of the dead over the living and in the existence of various supernatural and dangerous forms of life in the bush. The Ashanti describe dwarfs whose feet point backwards and who live in the bush under their own kings. These dwarfs may capture one of the local people, keep him for a few days or weeks, and then release him. Even in the popular accounts the wee people do little harm but all the villagers are very frightened of them. The bush in Southern Nigeria is peopled by ghosts. The Gambians see non-existent wolves. It is important to realize that to the Africans these popular bogies are as concrete as themselves and, in spite of European teaching, the belief in their reality is very firmly held.

Life in the coastal regions is simple. Agriculture is carried out by burning down a patch of bush each planting time and leaving the exhausted soil after each harvest. It is an "epoch behind the cow" in many cases. The people are contented and neither seek nor welcome any change. There does exist a movement in the big towns for social progress but it does not appear yet to correspond to the wishes of the population.

Secret societies are common. They range from rather silly mutual benefit associations to serious and powerful anti-social organizations which terrorize the countryside. The notorious Human Leopard Society of Sierra Leone was one of the latter. The existence of such secret societies may explain the extraordinary evidence which the troops sometimes give about each other. A witness belonging to the same brotherhood as the accused will commit incredible perjuries to secure an acquittal. A member of a rival organization will, just as brazenly, testify in an opposite direction.

Cannibalism and human sacrifice were important aspects of Coast life until fairly recently. Although these savage customs are dying out, there are still occasional cases reported. It is of some interest to note that the culprits are frequently not bush villagers but educated townsmen.

Facial scars are visible evidence of the barbarous nature of some West African customs. They are present in the Northern Territory boys as well as in the Southerners.

#### PERSONALITY.

The main differences between the Northerners and the Southerners have already been discussed.

The average uneducated West African at home is a simple, cheerful, unassuming and unambitious fellow, who is content to do a little work and to allow his wives to do as much as they can. He enjoys his food and his sex life. He likes to sing and dance and to spin yarns to the village circle. He has a robust sense of humour and is easily moved to laughter especially on hearing of the misfortune of others.

Although easy-going in most things, he reacts very sharply to any attack upon his rights. The Gold Coaster is an accomplished poisoner but, with the spread of European ideas, he has taken to litigation instead and African professional pleaders flourish.

He is closely tied, emotionally, to his parents and, to a much lesser extent, to his wives. His brothers, either genetic or geographical, are also very close to him.

Nature is to him a terrible force, which must be propitiated, and witch doctors of all sorts are paid and respected and feared. He obeys all the laws of his Juju meticulously and

carries out the appropriate ceremonies without question. He is highly superstitious and will not go into the bush alone at night if he can possibly avoid it.

He is easily excited and readily joins in with any mob that appears. At a fire, for example, he will turn up screaming and jumping with excitement and will be vociferously disappointed if it is out before he gets there. He will join in any dispute that presents itself and will become a protagonist with a fine disregard for the facts of the case.

As a soldier in his own country he delights in his uniform, sings merrily on route marches and organizes his own simple pleasures. His needs are small, and as long as he gets his sleep, his food and his mammi, he is perfectly contented. The educated boy tends to be less contented with his lot than is his untutored fellow, and he is fond of making a parade of his learning, especially in his inaccurate use of high-flown polysyllables.

In India the troops make a reasonable adjustment to a strange land and are no more nostalgic than British troops. They find the absence of their women a problem which they solve as conscience dictates. Their reactions are perhaps a little more acute than they are at home. They become sulky and morose more readily; they pretend not to understand an order more frequently; they laugh less and grumble more; they are more excitable and more easily provoked to a display of anger or violence.

It is obviously unfair to assess the intelligence of Africans on a European basis. Most of them score about 20 in the Raven Matrix Test (S.G.V.), but this is not an appropriate measure of their real intelligence. However, the general impression is that they are about as intelligent as a European boy of 10 years. Their general (unspecialized) intelligence is low but their special intelligence and aptitude for such things as driving, fitting, finding the way and picking up bits of foreign languages is fairly high.

Emotionally, they may be safely compared with schoolboys.

#### MANAGEMENT.

Coming from the setting described, the African must be expected to present a special problem in management. Because he is less intelligent and less stable than the European, he must be handled tactfully. Orders must be made very clear to him and he must not be given too many instructions at the same time. In his desire to please, he may pretend to understand orders which, in fact, he has not grasped at all, and thus annoy or amaze his superior.

Because he resents any trace of unfairness or discrimination to a degree unknown in Europe, he must never be allowed to feel that he is being treated any differently from his fellows, for he is very apt to sulk for days over some imagined slight. He responds very well to flattery of the most naive sort and a few elementary pep talks do a lot to make him feel a proud fellow. Probably the highest compliment he knows is to be called "a fine, fine soldier."

Verbal abuse he tolerates extremely badly and he never forgives the European who makes a slighting reference to his colour or his legitimacy. His usual response, either stated or implied, is that if he is a stupid man (or whatever he may have been called) then he will behave like one.

If he commits a crime, and is punished for it, he accepts the award in good part and does not bear a grudge. But he is prone to mistake leniency for weakness. Trying an African on a charge is a difficult business because his testimony and that of an African witness is unlikely to be in keeping with the spirit of the oath. Even then an Awarding Officer must find his own solution to this problem; as far as possible a judicial appearance of a square deal must be given.

Contented African troops are quite delightful people, but discontented ones are not only vexatious but also dangerous.

#### MENTAL ILLNESS.

The number of cases of frank mental illness among A.O.R.s is not small, and there is frequently a large psychological factor complicating the picture in physical illness.

*Hysteria* is the hall-mark of psychiatry in Africans. Cases of gross, low grade, hysterical deafness or paralysis are common and hysterical exaggeration and prolongation of symptoms are the rule rather than the exception. For this reason, African patients should be discharged from hospital as soon as possible, for a hospital provides a perfect compendium of symptoms from which the hysteric may choose his own.

Hysterical twilight states, fugues, stupors, fits and excitements are seen in A.O.R.s under arrest and the Ganser syndrome is no longer rare. One feels that the conscious element in all these hysterical conditions is a large one, and the response to psychotherapy, either with or without the use of pentothal hypnosis, is only moderate. Harsh measures are rather less successful than the more orthodox ones, for they succeed in producing only more elaborate symptoms.

Frank malingering in the form of fictitious ulcers, conjunctivitis and aural or urethral discharges sometimes occur.

All other psychiatric conditions must be seen as medallions set upon the basic pattern of hysteria. The hysterical mechanism is so readily employed that conversion symptoms colour not only neurotic depressions and anxiety states but also true psychoses.

*Mental defectives*, as may be expected, are universally hysterical. Tests for mental deficiency in Africans are similar to those in Europeans but special allowance must be made for the absence of educational facilities and the language difficulty. In general, a C.O.'s report that the patient has been unable to master the elements of infantry training is the most significant pointer. An inability to count up to twenty in his own language or to give the name of his unit, or to say in which country he is, will be diagnostic. It will be seen that an A.O.R. is required to be pretty backward before being considered defective for quite dull-witted men can make satisfactory soldiers if properly led.

*Psychopathic personalities* make up a fair number of those who have to be boarded home. Those with antisocial trends are more of a problem than the case of European psychopaths, because they resort to violence more readily and are, of course, much stronger physically. An angry and violently destructive psychopath may require ten big African infantrymen to subdue him and will probably leave his finger or tooth marks on all of them. Psychopathic liars and swindlers are usually educated Coast boys and they should be got rid of as soon as detected before they organize a gang of their own.

*Running amok* is a popularly known form of abnormal behaviour. The picture is one of a man quite suddenly seizing a machet or a tommy-gun or a rifle and rushing around slaying all he meets. These cases usually have a rapid and fatal ending but occasionally one gets to hospital. It would appear that running amok is a symptom common to acute mania, catatonic schizophrenia, epilepsy, acute trypanosomiasis, psychopathic personality and possibly to other conditions such as cerebral malaria also.

Pseudo running amok is seen in excited hysterics. They are always careful not to injure anybody and, when cornered, they go quietly, in sharp distinction to the true berserk who fights to the end.

*Hallucinations* are of much less significance than in Europeans. Normal Africans see and speak to their dead parents. The presence of accusing voices, or terrifying dwarfs, does not necessarily imply a serious mental illness, for they occur in simple depressions and anxiety states and, of course, in hysteria. The prognosis of a psychoneurotic condition is not affected by hallucinations occurring in an otherwise normal consciousness. The hallucinations in schizophrenics are no different from those in neurotics but the presence of affective poverty and thought disorder prevents an error in diagnosis.

*Trypanosomiasis* is the cause of about 10 to 13 per cent of acute mental illnesses. Frequently there are no prodromal symptoms and few, if any, enlarged glands. The diagnosis is made by an examination of the C.S.F. which shows an increase in cells (about 30 to 100 per c.mm., and protein (60 to 100 mgm. per cent). The globulin is increased. Trypanosomes are found in only 4 per cent of cases of the disease, but the increase in cells, protein and globulin is pathognomonic in the absence of a positive W.R. The onset of the disease may



be an acute violent outburst and is usually diagnosed, before lumbar puncture, as acute mania or catatonic schizophrenia. Treatment with tryparsamide (2 grams intravenously every four or five days until 32 grams have been given, as the first course) produces rapid improvement within three or four weeks, but recovery is incomplete. The patient is usually left as a simple withdrawn dement. Because of the frequency of trypanosomiasis a routine lumbar puncture should be performed on every psychotic. The classical picture of sleepiness and fever is rarely seen.

"*Recurrent Confusional State*" is a special condition found in Africans. There is a history of restlessness, confusion, violence and wandering coming on in attacks of about one month's duration at a particular season for each case every year. In the villages the patient is tied to a tree by his friends until his attack is over and he is fit to go back to work. There is no mental deterioration of any sort between the attacks and no known pathology. The Africans know that certain of their comrades "go crazy" each year in January, or at "the time of the rains", or "at the time of the dancing," or "at the time we serve our Juju." The attacks are probably best thought of as hysterical although they do not appear to benefit the patient in any way, and occur in men not otherwise more hysterical than their brothers. No treatment has yet been effective in cutting short these attacks but they cease spontaneously in their natural time. West African troops abroad tend to pass into a Ganser state at the conclusion of their attack.

#### TREATMENT

Early treatment by strong positive suggestion in hysteria is essential. The prognosis rapidly becomes worse with the duration of the symptoms and as the conscious element becomes marked. Although Africans are highly suggestible, they do not respond at all well to ordinary hypnosis or pentothal hypnosis induced by Europeans. The removal of a symptom is usually rapidly followed by the appearance of another. Hysterical deafness is particularly difficult to cure, but blindness often clears up dramatically if the patient has to find his own way to his food.

Simple anxiety states respond well to ordinary reassurance and sedatives. A close watch must, however, be kept for the appearance of conversion symptoms, which all too readily occur in hospital.

In psychoneurotic conditions the precipitating factor is commonly obvious and often trivial. An imagined insult, an undeserved sentence, a loss of money, may each be the sole precipitating factor in an apparently severe condition. If the initial problem can be satisfactorily tackled, the illness clears up dramatically.

The management of psychotics is along the orthodox lines, but a greater degree of restraint is necessary in violent cases. It is essential to have many strong guards available if accidents are to be avoided, for an excited African schizophrenic bears a strong resemblance to a caged wild animal. Drug restraint is moderately effective, but large doses are required. Frequently up to gr. 1 of morphia and gr. 1/25 of hyoscine are necessary to produce sedation. Paraldehyde up to 10 drachms is also useful if the patient can be induced to drink it.

Suicide is very rare, but homicidal attacks by patients with paranoid states, or catatonic schizophrenia, are not uncommon. It should be remembered that "reversion to a more primitive level" means in Africans a reversion to savagery. Special care should, therefore, be taken to ensure that no possible weapon is available to psychotics or is given to them by well-meaning persons.

Occupational therapy produces good results in many quiescent psychotics who also take kindly to squad drill and to marching.

I wish to thank Brigadier E. A. Bennett for permission to forward this article for publication.

[NOTE.—The Ganser Syndrome, or "syndrome of approximate answers," is where the patient gives bizarre replies to questions and performs simple actions clumsily. It has been described in hallucinatory states and in hysterical "pseudo-dementia."—Ed.]