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Towards a Culturally Sensitive Psychiatry: Lessons from Thomas Adeoye Lambo

by

Alapa Odugbo

Under the Direction of Andrew Walker-Cornetta, PhD

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

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ABSTRACT

Thomas Adeoye Lambo (1923 – 2004), a Yoruba Nigerian psychiatrist who received his training in London, initiated a culturally responsive psychiatric treatment in Aro village of Abeokuta, Southwestern Nigeria, in 1954. All through his career, Lambo worked to harness traditional socio-cultural resources for the treatment of mental illness and incorporate them into his medical work. This thesis explores Lambo's understanding of various Nigerian or on broader scale, African religious beliefs regarding mental illness and how they influenced his clinical practice in Aro village. It considers Lambo's legacies and asks how his works might inform contemporary approaches to addressing mental illness concerns within present day Africa.

INDEX WORDS: Religion, Mental Illness, Indigenous African Settings, Psychotherapy, and Psychiatry.

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May 2024

DEDICATION

I humbly dedicate this thesis to God Almighty and to His Son, our dearest Lord and Savior, Jesus Christ, for the gifts of my wonderful family, mentors, and friends, without whom this academic journey would have been anything but achievable.

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Dr. Andrew Walker-Cornetta merits immeasurable gratitude for his remarkable and adroit guidance throughout this endeavor, which facilitated my transcendence of perceived limitations and engendered profound personal intellectual growth. The knowledge that I have acquired from him is truly priceless and will undoubtedly serve as a distinctive reference point throughout the entirety of my life journey. I would also like to sincerely thank Dr. David Bell and Dr. Kali Cape for their invaluable contributions and unwavering support as members of my thesis committee. I equally thank my other professors – Dr. Monique Moultrie, Dr. Molly Bassett, Dr. Ashlyn Strozier, and Dr. Octavio Carrasco and Ms. Lauren Cooper, for their constant encouragement and support.

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1 INTRODUCTION

This study explores the legacy of Dr. Thomas Adeoye Lambo, a Nigerian psychiatrist whose practice and research works facilitated the fusion of indigenous therapy and techniques with biomedical treatments for mental health ailments in Africa. The study examines the significance of religious and cultural beliefs in Lambo's practice while offering insights on how his approach can guide efforts towards addressing mental illnesses within contemporary spiritually and religiously impacted African settings.

Dr. Lambo (1923 – 2004) was the first Western-trained psychiatrist from Nigeria. Throughout his career, Lambo espoused the view that mental health as well as psychiatry's relevance were relative and dependent on contextual factors. Recognizing how Nigerian social-religious contexts and networks informed the experience and treatment of mental illnesses, he insisted on medical pluralism in contrast with the one-size-fits-all Western approach in his practice. In 1954, he initiated in Aro, Nigeria, the Aro Village System - a culturally sensitive treatment approach that combined native and Western psychiatry. The success of the Aro Village System elevated him to the rank of an intellectual luminary in Nigeria and a prominent figure in global health governance and psychiatric research.¹

¹ Thomas Lambo, "Neuropsychiatric Observations in the Western Region of Nigeria," *British Medical Journal*, 1956, 1389 - 1391; Jock McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2 – 4; Matthew Heaton, "The Politics and Practice of Thomas Adeoye Lambo: Towards a Post-Colonial History of Transcultural Psychiatry," *History of Psychiatry*, Vol. 29, No. 3 (2018), 315 – 330; Emmanuel Akyeampong, "The Historical Overview of Psychiatry in Africa," in *The Culture of Mental Illness and Psychiatric Practice in Africa*, 1st ed. Emmanuel Akyeampong, Allan G. Hill, and Arthur Kleinman (Indiana: Indiana University Press, 2015), 27 – 29; Mark Carlson-Ghost, "Thomas Lambo and African Community Psychiatry," <https://www.markcarlson-ghost.com/index.php/2023/02/22/thomas-lambo/>, Retrieved September 15, 2023; Carlson-Ghost, "Thomas Lambo and African Community Psychiatry"; Thomas Alden, "A Nigerian psychiatrist employs traditional techniques of so-called 'witch doctors': free association, group therapy and behavioral modification," *Omni*, Vol. 14, No. 5 (1995), 153

Numerous scholars have examined Lambo's legacies for various reasons. The historian, Matthew Heaton, has argued that Lambo's project primarily aimed to dismantle colonialist psychiatric knowledge via his emphasis on comparative and collaborative research. He suggests that, despite his training in British universities, Lambo kept a critical distance from "Western" psychiatry throughout his career, even as he adopted it. This distance had two motives, according to Heaton: first, Lambo aimed to confront and contest overtly racist aspects in the existing body of knowledge about the African mind that was developed and spread by European specialists throughout the colonial era. Second, that Lambo wanted to increase the availability of psychiatry services, which the colonial authorities had purposefully neglected throughout the first part of the 20th century. Heaton characterizes Lambo's project as one of decolonizing psychiatric knowledge, one that made the practice of psychiatry "more legitimate and palatable to citizens of an emerging nation" but that also took indigenous African beliefs about health seriously as form of knowledge.²

In a similar vein, Ana Antic, a socio-cultural historian has argued that during the postcolonial era, critical voices such as Lambo's arose to challenge colonial legacies pertaining to global psychiatry. According to Antic, these individuals posited that geographical and contextual differences among humans made it impossible for Western psychiatric theories and methods to address varied needs globally. As such, they sought culturally sensitive definitions for mental

– 154; Matthew Heaton, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry* (Ohio: Ohio University Press, 2013), 51 – 61.

² Heaton, "The Politics and Practice of Thomas Adeoye Lambo: Towards a Post-Colonial History of Transcultural Psychiatry," 316; See, Heaton, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry*, 56 – 61.

disorders while also contextualizing Western psychiatric practices in an effort to achieve a shared human experience.³

This existing scholarship has been invaluable, but a crucial aspect of Lambo's thought has been missing from it, namely, how thinking about religion motivated his work. Certainly, Lambo sought to challenge colonial legacies about the African mind, but not merely in political ways that supplanted conventional psychiatry. By providing a reliable portrait of the age-long religion-oriented therapy systems in Africa, Lambo suggested that psychiatry and its universalizing claims about the human mind and its potential disorders were required in refuting racist assertions about African inferiority and difference. For Lambo, therefore, the use of psychiatric categories was a means of defending African humanity. However, he also believed that Western psychiatry was not an adequate technique, particularly given contextual variables in all human settings. To treat illnesses such as schizophrenia that he believed to be universally shared, cooperation between various epistemologies—what he called the "religious" or "traditional" and the "scientific"—had to be facilitated. Although researchers such as Heaton have highlighted the first point, I concentrate on the second here, contending that this was a crucial component of Lambo's anti-colonial activity.

My project asks: what ideas about religion and cultural beliefs shaped Lambo's work? How did those ideas translate to his collaboration with so-called "traditional" healers and inform his understanding of biomedicine? It uses historical methodology in focusing on Lambo's publications from the late 1950s to the 1980s.

The thesis has four sections. The first section explicates the dynamics and history of

³ Ana Antics, "Decolonizing Madness? Transcultural Psychiatry, International Order and Birth of a 'global psyche' in the Aftermath of the Second World War," *Journal of Global History*, Vol. 17, No. 1 (2022), 20 – 22; See, See, Heaton, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry*, 51 – 60.

ethnopsychiatry under colonial regimes in Africa. The section also explains why and how transcultural psychiatry emerged and what it sought to achieve, highlighting the roles of Lambo as one of its pioneers, especially his efforts in establishing the Aro Village System. The second section examines Lambo's perspectives on how religious beliefs form a vital part of native psychotherapy as well as the different ways that this tool is utilized in addressing mental health concerns in indigenous settings. In my conclusion, I draw lessons from Lambo in maintaining that the surge in mental disorders in Africa today requires more than ever prompt incorporation or a regulated traditional psychiatric practice.

It should also be noted that the term "preliterate" employed throughout this study is not intended pejoratively but rather depicts indigenous African contexts before the advent of formal or Western education entailing literacy skills. It should also be noted that Lambo had no compunction speaking broadly and generally about "the African." I note in what follows that often his observations were limited to more specific groups of people, namely the Yoruba, but Lambo was confident they would have wider resonance.

Similarly, Lambo largely referred to native mental health treatments methods as a form of psychotherapy involving talk therapy, confessions, and dream reading shrouded in and impacted by magico-religious rites and beliefs viewed as institutionalized or normal ways of promoting human wellbeing.⁴ Because this art also involved the use of medications such as herbal and other treatment substances, it embodied distinct characteristics of psychiatry as well as psychotherapy defined in a Euro-American sense. Thus, Lambo referred to it largely as psychotherapy but

⁴ Thomas Lambo, "Psychotherapy in Africa," 1973, 311 – 315; Also see, Thomas Lambo, "Psychiatry in the Tropics," *The Lancet*, 1119 – 1121.

consistently interchanged it with psychiatry, which in the Western sense entails both talk therapy and medications as opposed to psychotherapy, a discipline strictly confined to varied forms of talk therapies involving no medications.

2 PRECOLONIAL AFRICA, ETHNOPSYCHIATRY, INDEPENDENCE AND THE RISE OF TRANSCULTURAL PSYCHIATRY

Ethnopsychiatry emerged in nineteenth-century Africa as an instrument of colonialism. The various colonialist projects capitalized on the tools of psychiatry to exert control and disempower indigenous populations. This often looked like literal containment through the incarceration of resistant individuals in asylums. At other times, diagnoses related to the psyche were applied to justify European domination by portraying “the African” as incapable of self-government. This manifested itself either as attribution of mental illnesses or subtle insinuations that Africans were incapable of psychosis. Ethnopsychiatry was the name for this particular project, the efforts to define and manage the "native" mind. It was developed by Europeans, many of whom lacked experience in the subjects of their writing but proceeded to depict in their research non-Western people as inferior to Westerners in terms of cognitive ability and mental capacity.⁵

⁵ Emmanuel Akyeampong, “The Historical Overview of Psychiatry in Africa,” in *The Culture of Mental Illness and Psychiatric Practice in Africa*, 1st ed. Emmanuel Akyeampong, Allan G. Hill, and Arthur Kleinman (Indiana: Indiana University Press, 2015), 24. See also, Thomas Lambo, “The Role of Cultural Factors in Paranoid Psychosis Among the Yoruba Tribe,” *The Journal of Mental Science*, Vol. 101, No. 423, (1955), 240; Charles Swift and Tolani Asuni, *Mental Health and Disease in Africa*, 1st ed. (New York: Longman Group Limited, 1975), 35 – 37; Henricus Cornelius Rumke, “What is Mental Health,” in *First Pan-African Psychiatric Conference, Abeokuta Nigeria, 12th to 16th November 1961*, 1st ed. Thomas Lambo (Ibadan: Government Printer), 123 – 126; and Alexander Leighton, “Yoruba Concepts of Psychiatric Disorder,” in *First Pan-African Psychiatric Conference, Abeokuta Nigeria, 12th to 16th November 1961*, 1st ed. Thomas Lambo (Ibadan: Government Printer, n.d.), 138 – 139; Jock McCulloch, *Colonial Psychiatry and ‘the African Mind’*, 1st ed. (Great Britain: Cambridge University Press, 1995), 1 – 2; Jock McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2 – 4; Nicholas Carlson, “Ethnopsychiatry and Theories of ‘the African Mind: A Historical and Comparative Study,” 1 – 2; Tigani El Mahi, “Techniques of Ethnopsychiatry in Relation to the Cultural Background of some Countries in Africa” in *First Pan-African Psychiatric Conference, Abeokuta Nigeria, 12th to 16th November 1961*, 1st ed. Thomas Lambo (Ibadan: Government Printer), 118; Thomas Lambo, “Traditional African Cultures and Western Medicine (A Critical Review),” in *Medicine and Culture*, 1st ed. F.N.L. Poynter (Great Britain: Frank Cottrell Ltd., 1969), 205.

Leading figures in ethnopsychiatry during the colonial era included Dr. John Carothers and Lucien Levy-Bruhl. From 1938 until 1950, Dr. Carothers was the director of Nairobi's Mathari Mental Hospital. Dr. James Cobb, the British physician who had previously overseen the facility, was forced to retire in August 1938 due to scandals and replaced by Dr. Carothers.⁶ Dr. Cobb battled mental health problems such as drunkenness and was infamous for showing off his patients to visitors in a demeaning manner. He was also suspected of mistreating the lions he kept in the facility. However, because of his ties to the British Crown, Dr. Cobb enjoyed protection for a while before his forceful retirement in 1938 and replacement with Dr. Carothers.⁷

Post-colonial psychiatric researchers such as Jock McCulloch and Nicholas Carlson note that Carothers assumed this prestigious position without any qualifications in psychology or psychotherapy.⁸ In his work, Carothers relied heavily on sweeping generalizations about a supposedly common African culture, constructed stereotypical images of indigenous Africans, and held the assumption that the indigenous African psyche was akin to that of a child and that beyond adolescence it remained stagnant without experiencing any growth.⁹ He served as the head of Mathari hospital in Kenya for twelve years and published literature during his tenure and after his

⁶ Paukwa, "The History of Mathari National Teaching and Referral Hospital," Accessed December 11, 2023, <https://paukwa.or.ke/the-history-of-mathari-national-teaching-and-referral-hospital/>; McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2 – 4.

⁷ Ibid.

⁸ McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2 – 4; Also see, Carlson, "Ethnopsychiatry and Theories of 'the African Mind: A Historical and Comparative Study," 1 – 3; Akyeampong, "The Historical Overview of Psychiatry in Africa," 24 – 26; McCulloch, *Colonial Psychiatry and 'the African Mind'*, 1 – 2; and Lambo, "Traditional African Cultures and Western Medicine (A Critical Review)," 206.

⁹ John Carothers, "The African Mind in Health and Disease: A Study in Ethnopsychiatry," 1 st (Geneva: World Health Organization, 1953), 106; Also, see Akyeampong, "The Historical Overview of Psychiatry in Africa," 24 – 26; and McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2 – 4.

return to England in 1950, earning him recognition as an authority on indigenous African mental illnesses.¹⁰

Similarly, the renowned psychiatry “expert” Lucien Levy-Bruhl was famous for his career-long conjectures regarding “prehistoric” mindsets. Bruhl mostly made assumptions about mental health problems in Africa “upon the basis of second-and-third-hand accounts.”¹¹ Bruhl played a significant role in informing the development of anthropological theories regarding indigenous African psyche. Bruhl’s major theory claimed that individuals from Africa were incapable of profound contemplation and failed to grasp fundamental principles like causal inevitability and necessity.¹²

Ethnopsychiatry quickly fell into disrepute as postcolonial projects took hold across the continent. In the wake of independence, its functions as a colonial project and the dubious practices of its leading proponents became transparent, creating something of a vacuum, or at least a host of questions about the possibilities for mental health's treatment in African contexts.¹³

The close of the 1950s witnessed remarkable advancements in scientific and medical services aimed at addressing mental illnesses in Africa. The Nigerian historian, Emmanuel Akyeampong observes that this period coincided with “decolonization and African independence,”

¹⁰ McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2 – 4; See, McCulloch, *Colonial Psychiatry and ‘the African Mind’*, 1 – 2; and Akyeampong, “The Historical Overview of Psychiatry in Africa,” 26.

¹¹ McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2.

¹² Lambo, “Traditional African Cultures and Western Medicine (A Critical Review),” 206 - 207.

¹³ McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 2 – 4; Henry Ellenberger, Emmanuel Delille, and Jonathan Kaplansky, *Ethnopsychiatry*, 1st ed. (Canada: Mc-Gill Queen’s University Press, 2020), 118 and 521.

which triggered a new era in African psychiatric practice.¹⁴ The era marked the inception of what became known as transcultural psychiatry.¹⁵ This new disciplinary practice and ethos emerged to replace ethnopsychiatry by distancing itself from the discipline's history and by attempting to develop what Akyeamong classified as "a conducive and familiar African environment for the treatment of mental illness."¹⁶

2.1 THE ARO VILLAGE SYSTEM

In many ways, the example par excellence of this new approach to psychiatry on the continent was the Aro Village System, established in 1954 by Thomas Lambo. Aro is a village in Abeokuta, Southwestern Nigeria, where the Lantoro Asylum established by the British in the early 1940s had once existed. The Lantoro Asylum was one the largest in Africa. It doubled as a prison and mental health facility, and served the purpose of disappearing mentally unstable people from public spaces because they were considered public threats. The Aro day psychiatric hospital started by Lambo replaced the Lantoro asylum and there Lambo utilized his expertise to combine native Yoruba psychotherapy resources with Western psychotherapy. This innovative technique, known as the Aro Village System, served as Lambo's critical endeavor to contextualize, expand, and enhance psychiatric services in Nigeria. Lambo's work at Aro found its earliest roots in his work as medical student in London, conducting research among Nigerian emigres. He discovered that many of the students in his research attributed supernatural powers and spirits to various aspects

¹⁴ Akyeamong, "The Historical Overview of Psychiatry in Africa," 27; Also see, McCulloch, *The Empires New Clothes: Ethnopsychiatry in Colonial Africa*, 3. Heaton, "The Politics and Practice of Thomas Adeoye Lambo: Towards a Post-Colonial History of Transcultural Psychiatry," 316.

¹⁵ Heaton, "The Politics and Practice of Thomas Adeoye Lambo: Towards a Post-Colonial History of Transcultural Psychiatry," 316.

¹⁶ Akyeamong, "The Historical Overview of Psychiatry in Africa," 27.

of their lives. Specifically, these students viewed mental illness as conditions with spiritual causes and remedies. This experience became the basis of his insistence that incorporating indigenous treatment resources into any psychiatric intervention would be imperative for its success back home.¹⁷

Upon returning to Nigeria, Lambo enlisted the services of traditional healers to collaborate with conventional psychiatric staff in Aro. This facilitated a more comprehensive analysis of the traditional healers' methods in psychiatric treatments, while affording patients who favored such approaches extended periods of engagement with them. Such an arrangement served to highlight not only the uniqueness of African traditional healers but also their deep repository of herbal and psychotropic remedies. Lambo also ensured that patients received "social psychiatric treatment" through expert guidance from staff members and appropriate medication for their disorders.¹⁸ The latter service, he claimed, was "more of psychological than of practical value because in comparison to native psychotherapy it yielded insignificant results."¹⁹

When Lambo assumed office as chief psychiatrist of Aro Mental Hospital in 1954, Lambo discarded the hospital's prevailing practice of treating mental disorder by confining patients in asylum-like settings which mirrored European medical practices and served as a colonial legacy. Instead, he chose to implement an outpatient and community-based treatment approach.²⁰

Through this innovative strategy, Lambo successfully convinced residents of four neighboring villages of Aro to rent rooms to patients. He emphasized that each patient must be accompanied for treatment by a family member who would assume responsibilities such as

¹⁷ Ibid, Akyeampong, "The Historical Overview of Psychiatry in Africa," 27 – 33.

¹⁸ Ibid.

¹⁹ Lambo, "Neuropsychiatric Observations in the Western Region of Nigeria," 1389.

²⁰ Ibid.

cooking, laundry, and general support. Lambo solicited the help of farmers near Aro facility to employ some patients as laborers, allowing them to pay for additional services like housing. He believed that the village environment and its advantages of social engagement would facilitate a swift adjustment and successful reintegration into society for patients compared to an in-patient hospital setting.²¹

This treatment approach allowed Lambo to observe his patients' symptoms and responses to specialized treatments, leading him to affirm in several publications that schizophrenia, affective psychoses, and psychoneuroses were prevalent among his patients, but that schizophrenic patients generally exhibited rapid recovery rates with enhanced therapeutic responses while lacking chronicity. Lambo attributed these positive outcomes to favorable social and environmental factors.²²

Lambo's success with Aro's patients garnered widespread acclaim, elevating him to the rank of an intellectual luminary in Nigeria and a prominent figure in global health governance and psychiatric research. Most of his discoveries on indigenous mental health issues were verified by the World Health Organization.²³

In what follows, I look at Lambo's publications to show how his thinking about religion was essential to the development of Aro and what he hoped to accomplish there.

²¹ Ibid., Carlson-Ghost, "Thomas Lambo and African Community Psychiatry"; Thomas Alden, "A Nigerian psychiatrist employs traditional techniques of so-called 'witch doctors': free association, group therapy and behavioral modification," *Omni*, Vol. 14, No. 5 (1995), 153 – 154.

²² Ibid.

²³ Ibid, See, Heaton, "The Politics and Practice of Thomas Adeoye Lambo: Towards a Post-Colonial History of Transcultural Psychiatry," 315 – 332.

3 THE PLACE OF RELIGIOUS AND CULTURAL BELIEFS IN LAMBO'S TRANSCULTURAL PSYCHIATRY

The Aro Village Model was grounded in the idea that Western psychiatry only works when it is contextualized and integrated into the existing cultural contexts. Patients' opinions and beliefs regarding treatment modalities, Lambo averred, should serve as a foundational component for addressing experiences of mental illness and cultivating confidence in such treatment.²⁴

Lambo warned against dismissing traditional healing as a nonsensical system originating from chance or subjective experiences. Instead, he observed that it should be viewed as a dynamic and meaningful component of a living culture that can withstand changes despite its fundamental differences from Western cultural norms.²⁵ He sought to enact at Aro a feasible compromise that incorporated what he considered to be a valuable "cultural heritage" into modern medicine.²⁶

One of the reasons for pursuing this compromise was that Lambo believed that psychotherapy and traditional healing practices actually shared a lot in common. One way in which this was true was his observation that divine healers had sophisticated knowledge of the efficacy of various plants and medicines.²⁷ According to him, traditional medicine initially served as a religious instrument entrusted to priests, diviners and healers who were renowned for their exceptional proficiency in providing healthcare services to their communities using plants, animals, and specific elements or techniques depending on the various aspects of their

²⁴ Ibid, also see, Thomas Lambo, "A World View of Mental Health: Recent Developments and Future Trends," *American Journal of Orthopsychiatry*, Vol. 43, No. 5 (1973), 709.

²⁵ Ibid, 207.

²⁶ Edwin Ackerknecht, "Problems of Primitive Medicine" in Lambo, "Traditional African Cultures and Western Medicine (A Critical Review)," 203.

²⁷ Lambo, "Traditional African Cultures and Western Medicine (A Critical Review)," 204.

backgrounds²⁸ These traditional healers were predominantly esteemed men and women who acquired invaluable secret knowledge of the art of healing and its magic "through self-denial, dedication, prolonged meditation and training" – and many more other religious activities.²⁹

Given that these individuals possessed unique lifestyles and personal attributes as well as remarkable critical thinking abilities when it comes to explicating human problems, they were regarded as "experts in almost every facet of individual and community life."³⁰ Instead of obtaining medical expertise and skills from formal establishments, they utilized religious inspiration sourced from depending on instructions from their ancestral spirits. By doing so, they conserved and conveyed the customs and legacy of those who solicited their assistance.³¹

According to Lambo, distinctive behavioral patterns exhibited by individuals prompt the traditional healer to determine via spiritual means whether such changes are indicative of good health or pose a threat to their ability to survive. Such behaviors may be attributed either to supernatural, superhuman, or human sources resulting from factors such as drug consumption, heredity, contagion, destiny violations, cosmic forces, and physical or psychological traumas.³²

The primary objective of healers in treating mental illness cases was to identify the immediate and long-term causes followed by the appropriate treatment methods³³ This involved

²⁸ Ibid, 203 – 204.

²⁹ Lambo, "Psychotherapy in Africa," 312.

³⁰ Ibid.

³¹ Elialilia and Musisi, "The Role of Traditional Healers in Mental Health Care in Africa," 249.

³² Leighton, Lambo, Hughes, D. Leighton, Murphy, and Macklin, *Psychiatry Disorder Among the Yoruba: A Report from the Cornell-Aro Mental Health Research Project in the Western Region, Nigeria*, 113 – 115; Swift and Asuni, *Mental Health and Disease in Africa*, 35 – 37.

³³ Lambo, "Psychotherapy in Africa," 312.

determining any potential issues regarding social compatibility with God, spirits, and fellow humans.³⁴

Lambo reasoned that traditional treatments for mental illnesses in indigenous African settings were rooted in the holistic conception of individuals - encompassing both physical and spiritual aspects³⁵ - as a means of comprehending life's entirety.³⁶ These settings regarded bodily and psychological dichotomy as foreign,³⁷ thereby avoiding the distinction between body and mind diseases or their treatment as separate cases.³⁸ Rather, they based the psychodynamics of diseases on witches' roles and supernatural factors,³⁹ alongside the possibility of inheriting such illnesses if they persisted within one's family lineage.⁴⁰ For Lambo, this highlighted how, for the people he studied and treated, health was not an isolated phenomenon but rather a component within Africa's entire magico-fabric.⁴¹

For complete personal healing, religious practices such as individual confession of sins may be necessary. However, group therapy was also essential and often involves the active participation of the entire family in therapeutic activities which include "singing, dancing, and group confessions."⁴² These practices were integral components of traditional treatment centers'

³⁴ Lambo, "The Concept and Practice of Mental Health in African Cultures," 465.

³⁵ Lambo, "Services for the Mentally Handicapped in Africa," 20 – 21.

³⁶ Lambo, "Psychotherapy in Africa," 312.

³⁷ Lambo, "Services for the Mentally Handicapped in Africa," 21.

³⁸ Ackerknecht, "Problems of Primitive Medicine" in Lambo, 203.

³⁹ Lambo, "Neuropsychiatric Observations in the Western Region of Nigeria," 1379 – 1385.

⁴⁰ Leighton, Lambo, Hughes, D. Leighton, Murphy and Macklin, *Psychiatry Disorder among the Yoruba: A Report from the Cornell-Aro Mental Health Research Project in the Western Region, Nigeria*, 113 – 115.

⁴¹ Lambo, "Traditional African Cultures and Western Medicine (A Critical Review)," 201 – 204; See, Elialilia and Musisi, "The Role of Traditional Healers in Mental Health Care in Africa," 247 – 252; and Lambo, "Psychotherapy in Africa," 311 – 315.

⁴² Lambo, "Services for the Mentally Handicapped in Africa," 21.

therapeutic repertoire and functioned as potent psychotherapeutic interventions in conjunction with religious rituals and ceremonies.⁴³

During an interview with Thomas Alden, an American writer and Professor of Literature, Lambo explained the intricate and pragmatic procedures involved in African traditional healers' psychotherapy practices which are deeply rooted in religious convictions and beliefs. According to Lambo, when a traditional healer is tasked with curing an individual, they employ leaves obtained from specific trees. The process begins early in the morning when the healer visits the designated tree to gather these leaves,

"...chanting incantations and invoking the spirit of the tree. He will also use a great deal of psychotherapy. He will look into the coals of fire to analyze your dreams. He will sacrifice chickens and goats and use their blood to wash a man's head."⁴⁴

Lambo recounted an incident in which a young man experiencing schizophrenic episodes was brought to a traditional healer with his limbs tightly bound by ropes. The healer requested that the restraints be removed prior to administering ground leaves, which induced a two-day slumber. On the ninth day, the young man made a full recovery and was discharged. Lambo highlighted two important lessons from this case. Firstly, he noted that normally Western treatment methods would have required at least six months for the case. Secondly, that native healers were able to manage hundreds of similar acute cases without resorting to Western medication. Upon examining the leaves administered by the native healer, Lambo discovered that they contained "a strong dose of

⁴³ Lambo, "Neuropsychiatric Observations in the Western Region of Nigeria," 1389.

⁴⁴ Alden, "A Nigerian psychiatrist employs traditional techniques of so-called 'witch doctors': free association, group therapy and behavioral modification," 152 – 153.

tranquillizers and psychotropic chemicals.”⁴⁵ This explains the native healers’ capacity via spiritual aiding to identify the requisite herbal cure of mental disorders. Which is to say, some of these practices and treatments worked in the same way as “medical” ones, from which psychiatric practitioners could learn.⁴⁶

Another way by which traditional healers’ techniques mirrored those of psychotherapists, included their provision of opportunities for confession, expression, dream reading, the resolution of interpersonal conflicts, and stress relief. These practices worked similar to and often better than “Western” interventions. Specifically, dream reading was a central aspect of the religious practices constituting traditional psychotherapy. As seen in the case of the young man discussed earlier, the first step taken in his healing process was to read his dream. This was because indigenous Africans viewed dreams as objective reality. As such, when deceased individuals appear in dreams, their presence takes on "a quality with deep psychological significance, actual and imagined."⁴⁷ Correctly interpreted, these dreams not only offer retrospective value rooted in ancestor worship but also hold considerable prospective significance by indicating the direction towards which healing can be attained.⁴⁸

Lambo illustrated his point with several cases, one of which relates to a Cambridge-educated Nigerian civil servant who received a promotion for outperforming numerous contemporaries. Shortly after this promotion, the man encountered an uncommon motor accident and subsequently developed severe anxiety and mild paranoid ideation, suspecting that his

⁴⁵ Ibid.

⁴⁶ Lambo, *African Traditional Belief, Concepts of Health, and Medical Practice*, 9.

⁴⁷ Lambo, “Psychotherapy in Africa,” 320.

⁴⁸ Ibid.

colleagues were spiritually conspiring against him. He was bedridden and perturbed until one night his grandfather appeared to him in a dream, requesting a goat sacrifice. Once this request was promptly fulfilled, the man swiftly recuperated from his condition. Lambo added that even though this man refrained from discussing such matters due to perceived conflicts with his educational background, he confidentially acknowledged the existence of metaphysical realities.⁴⁹

As in the case of this civil servant as well as the young man discussed, the "therapeutic and buffering value" provided by reading their dreams helped in their healing process. Dreams served as key religious therapeutic elements that minimized depression and other psychological disorders among indigenous people. They provided and assured total wellness through revelations pertaining to one's spiritual relationship status and instructions on how to make amends if a health problem as attributed to or caused by a strain in such relationship.⁵⁰

The other ways that Lambo made the case for the combination of "traditional" and "western" treatments emphasized what he understood to be the distinctiveness of African beliefs and life ways. He insisted that African society was maintained through what he called a magic-religious fabric, that resisted abstracting an individual ailment or person as subject to medical treatment. Therefore, to be effective in treating apparent psychosis, medical professionals should aim alongside traditional healers to try to restore the individuals' place in that fabric. What were normative Western practices of institutional isolation (asylums) obviously ran at cross purposes with this. Hence, at Aro, treatment was practiced collectively with families and healers.⁵¹

⁴⁹ Ibid.

⁵⁰ Lambo, "Neuropsychiatric Observations in the Western Region of Nigeria," 1390.

⁵¹ Ibid, 325.

In illustrating how social networks operate in a spiritual sense, Lambo explored the triad phenomena of rituals, supernaturalism, and ancestral worship. He explained how these beliefs, and the practices they engendered played diverse roles in the psychological functioning of indigenous Africans, shaping their thought patterns such that “their various doctrines appear probable, harmonious and consistent.”⁵² A crucial aspect of these beliefs is the ritual of sacrifice which bound people to deities - an enduring element within popular early traditions. This sacramental rite often involved expiatory acts like killing and consuming a tutelary animal as a means of self-deification, indicating the tribal totemic protective withdrawal with associated consequences such as catastrophic disease outbreaks.⁵³

Lambo coined the phrase “malignant anxiety” denoting an emotional state characterized by persistent and intense worry about potential harm from either real or perceived malevolent entities or situations. He acknowledged that African mentalities are profoundly influenced by ancestral beliefs, which have a strong connection with African families. Ancestors prompt proper societal and moral behavior by instilling faith in the existence and all-powerful nature of idealized benevolent entities. They are deceased heroes who function as “forces of extra social life.”⁵⁴ They serve as vigilant protectors of established social structures, with whom one must maintain a positive association for complete well-being. While many people may deem these beliefs irrational, Lambo asserted that they are crucial touchstones for addressing mental life concerns and psychotherapeutic interventions within African cultures. The ancestors for instance, see all things, can inflict mental illness, and tell when it will come, from where and why and what ways

⁵² Ibid, 318.

⁵³ Ibid.

⁵⁴ Ibid, 314.

to explore in averting or curing it.⁵⁵ Given this, Lambo reinforced the idea, that ancestors and the religious practices they engender do not serve as causes of mental illness but as viable paths to solutions. His major takeaway is that religious experience, faith, and affectivity are deemed fundamental components for efficacious psychotherapy across much of Africa.⁵⁶

Furthermore, Lambo submitted that ancestral and sacrificial rites are central to African religions, which establish a uniformity in primordial forms of thought and feeling. Such established uniformity significantly influences African fear and consciousness of their world in instilling morality and good values; ultimately becoming the foundation for discussing "an African viewpoint" without diminishing its complexities by considering its context in Western psychotherapy.⁵⁷

Watching how traditional healers attempted restoration in mental disorder cases, Lambo highlighted how what colonizers interpreted as magic and as misinterpretations of natural phenomena actually worked to restore balance. In a rational order medicine men could thus be recognized as "experts in almost every facet of individual and community life." For Lambo, magic served as a religious tool of healing when intended and properly utilized for noble causes. He argued that sorcery and enchantment were recognized as overt aggression agents in these contexts, exhibiting bilateral psychological impacts. He claimed that irrespective of whether an individual employs magic or not, they were persistently haunted by potential threats - "domestic friction and

⁵⁵ Ibid.

⁵⁶ Ibid, 321.

⁵⁷ Ibid, 312 – 313.

imagined hostilities that arise from his interpersonal relations provoke anxieties and fear which have their genesis in the belief his fellow men may do him harm in this mysterious way."⁵⁸

Drawing on Kempf Edward's research into indigenous treatment methods for mental illnesses in African contexts, Lambo noted that magic possesses extraordinary psychotherapeutic powers both for the practitioner and those who receive it. This is due to its function as a "psychological safety valve," which helps dissipate intense psychic tensions.⁵⁹ He argued that the use of magic as a treatment option for mental illnesses in these settings also highlights the spiritual dimension of such conditions - one that Africans in indigenous settings lack confidence in conventional or Western psychotherapy ability to adequately address. Moreover, traditional African treatment centres achieved remarkable success rates, especially when dealing with neuroses - complex mental conditions that conventional treatment centres are often unable to manage effectively.⁶⁰

Through these various arguments Lambo worked to not only show that "Africans" suffered mental illness too, which his research did demonstrate (as Heaton and others emphasize), but that African ways of knowing and healing deserved regard next to and in partnership with something like psychiatry. He reminded his audience that despite its scientific bona fides psychiatry was an imprecise art and could benefit from a more curious approach to other ways of imagining human wellbeing. In doing so, he went beyond simply rejecting racist assertions about the African psyche, calling for a collaborative project of realizing said wellbeing.

⁵⁸ *Ibid*, 1391.

⁵⁹ *Ibid*, 1389.

⁶⁰ *Ibid*.

4 CONCLUSION

Dr. Thomas Lambo offered us practical reasons why a plurality in psychotherapy in Africa was necessary in the past and required even today. His reflections on the crucial role that religion played in interpreting and addressing mental illness in Nigeria and Africa, helped reveal how this disease is clearly seen in those contexts as metaphysical - something whose biology depends on one's behavioral patterns in their social interactions with both the physical and spiritual worlds around them. Because these conditions were understood as spiritual, Lambo explained how religious practices continually serve as a vital medium by which mental illness might be addressed. This understanding led him to argue that mental health and psychiatric relevance are contextual concepts, and as such, they can bear useful benefits only when clearly and contextually defined and applied. Thus, via the Aro Village System, he contextualized psychiatric practice, reimagined its significance and reinterpreted its practicality within the religio-culturally sensitive setting of Nigeria. All through his career, his central argument was that neglecting, the roles that religion plays in a context retards psychiatry's progress in addressing the mental health concerns.

Given that Lambo's practice functioned to challenge colonial legacies that privileged human psychic differences on race in preference to cultural differences, his efforts were criticized by Nigeria's former colonizers – Britain, which still wielded significant influence in Nigeria as of the 1960s. Specifically, Lambo was criticized for experimenting with human lives and exposing the Aro community to deadly dangers prone to not confining schizophrenic patients (since the Western methods for treating such conditions required confinements of patients) but allowing them mingle with the community for curative purposes. His use of traditionalists whom his critics referred to as “witch doctors” led the colonial government to disassociate itself from his works and stifle his

efforts.⁶¹ In 1963, when Lambo moved to start the psychiatry department at the University of Ibadan, Nigeria, he was replaced at Aro with Asuni Tolani, who held reservations about the traditionalists' relevance especially in the treatment of psychoses and neuroses. By the 1970s, traditionalists were formerly excluded from the Aro Village System, bringing Lambo's approximately 16 years of transcultural psychiatry to an end. Yet neither Lambo nor the many other scholars who explored his works clearly state why the Aro Village System faded. Nonetheless, the Aro mental health facility still remains till date one of Nigeria's largest.⁶²

Today mental illness seems to be escalating with each passing day in Africa and tackling it is confronted by a range of difficulties. The World Health Organization's report in 2022, indicates that Africa suffers from inadequate funding for mental health concerns which makes it difficult to expand its mental healthcare force as there are less than two mental care professionals for every 100,000 persons in the region. These professionals are often psychiatric nurses and not doctors. Notably, the report demonstrates a high lack of attention towards mental disorder concerns by both the general public and key stakeholders such as health providers and government officials. It adds that resources allocated to address these conditions are often scarce and primarily concentrated within large psychiatric institutions located in urban areas. This leaves individuals at the community and primary care levels critically undesired.⁶³

⁶¹ Thomas Alden, "A Nigerian psychiatrist employs traditional techniques of so-called 'witch doctors:' free association, group therapy and behavioral modification," 153 – 154.

⁶² Akyeampong, "The Historical Overview of Psychiatry in Africa," 33 – 34.

⁶³ "World Health Mental Day 2022; Message of WHO Regional Director for Africa, Dr. Matshidiso Moeti," Accessed December 20, 2023, <https://www.afro.who.int/regional-director/speeches-messages/world-mental-health-day-2022>.

A similar report from Lancet Global Health indicates that limited research, inadequate hospital beds and outpatient facilities contribute to an alarmingly low proportion of Africans receiving treatments for mental health conditions. The report claims that there is a significant disparity between global and indigenous African visits to mental outpatient facilities, amounting to 1051 per 100,000 and 14 per 100,000 respectively.⁶⁴

A possible inference from these findings is that spiritual beliefs play crucial roles in shaping attitudes towards mental health in Africa. This might explain why mental health patients in the region are less likely to seek medical treatment for psychological conditions given that they perceive such afflictions as having spiritual origins and remedies and as conditions beyond the scope of modern medicine. It may as well explain the low interest among Africans in pursuing careers in mental healthcare due to cultural beliefs that prioritize traditional remedies over conventional treatments making mental health professions less lucrative in the region.

More so, the interpretation of mental disorder in Africa today entails its association with demonic possessions, witchcraft and spiritual attacks and divine retribution. This makes psychological disorders in the region a topic that is widely tabooed and stigmatized. Often, when an individual is mentally unstable, their entire family is deemed cursed and kept at bay. Thus, those suspected of suffering from mental illness are left unmanaged and frequently face avoidance, apprehension, and resentment. To avoid discrimination and social exclusion, numerous families conceal relatives who have been diagnosed with mental illnesses.⁶⁵

⁶⁴ The Lancet Global Health, "Mental Health in Africa," Retrieved December 20, 2023, <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2818%2930303-6>.

⁶⁵ Vikram Patel, Jane Mutambirwa, & Sekai Nhiwatiwa, "Stressed, Depressed, or Bewitched? A Perspective on Mental Health, Culture, and Religion," *Development in Practice*, Vol. 5, No. 3 (1995), 216 – 220; Also see, Mary Amuyunzu-Nyamongo, "The Social and Cultural Aspects of Mental Health in African Societies," *Commonwealth Health Partnership*, 2013, 59 - 61; and Samir Abi, "Psychiatric Problems: Metaphysical Explanations," Retrieved December

Given all these, Lambo's claims that the spiritual dimension of the context matters in Western psychiatry still holds meaning today. His works are therefore crucial reference points as biomedical needs and interest in cultural competence and overlooked beliefs towards tackling matters of human health and wellbeing increase more than ever today.

27, 2023, <https://www.dandc.eu/en/article/west-africa-traditional-or-religious-practices-are-often-preferred-method-treating-mental>.

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