

The Witchdoctors are not Wrong: The Future Role and Impact of African Psychology on Individual Well-Being

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ABSTRACT

The African indigenous epistemology has been impugned, despised, and denigrated since the advent of European colonialism. The Western or Eurocentric view has consistently and widely used the pejorative terms “witchdoctor” and “superstition” when describing, referring to, and in the majority of cases dismissing elements of African indigenous world view. The twin concepts of witchdoctor and superstition have been used to negatively portray virtually all elements of African epistemology in the process destabilizing, seriously compromising, and in some cases destroying African individual physical and mental well-being. The paper will argue that the discipline of psychology has the potential to play a very useful role in the lives of Africans. Modern psychology can achieve this by formally incorporating and integrating the positive non-African elements of individual psychology with those emanating from the indigenous African epistemology of individual behavior, world view, and conception of well-being. Specific examples will be cited to support this contention.

Introduction

The concept of “witchcraft” elicits some of the worst stereotypical, virulent, and extremely negative images in most people’s minds. This is almost identical to a conditioned reflex in behaviorism. When applied to Africa and Africans the term automatically evokes and reinforces images of “ignorance,” “backwardness,” “dark continent,” “primitive,” “uncivilized,” “superstitious,” “undeveloped”. In fact, the formal definition which will be explored later and characterization of witchcraft confirm these deeply ingrained and rooted popular negative conceptions. Some of the stories routinely reported in papers across the continent seem to confirm some of these negative images.

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A Swazi man learnt it the hard way, never to have a fling with a married woman. A few moments of sexual pleasure for the couple turned into a nightmare when they discovered, to their horror, that they had been locked in an inextricable embrace that lasted almost three days. ...Curiously this case was almost identical to a case reported when a Nigerian couple were found locked together after Magum spell had been cast on them. This is a well known act in the Nguni communities of Southern Africa, where a husband performs a certain ritual on his unfaithful wife, which normally results in two lovers getting dog-knotted and may eventually die if the husband does not come rescue them by performing another ritual. (New African, March 1993:27)

The Sangomas or witchdoctors of South Africa have frequently warned the African National Congress that it cannot win the liberation struggle without their support. At the recent ANC Congress when party members complained about the use of witchcraft in local politics, the Sangomas said that their powers had to be taken seriously. Chairman Oliver Tambo takes the witchcraft so seriously that he has spoken out, urging tribal chiefs and Sangomas to stop practising witchcraft. He also called on party members to refrain from it as it was tarnishing the ANC's reputation. (New African, November, 1991:25)

These and many other stories are frequently common in most African print media and every day interaction. The central argument of this paper is that the concepts of "witchcraft" and "witchdoctor", when applied to Africa, vastly distort the indigenous meaning, roles, and their related ideas and customary practices. Indeed, the term has been hijacked and totally misused and abused as applied to African epistemology. In spite of this negative reputation, however, the belief in witchcraft can be explored and put to good use in curing disease, especially with the dwindling and often non-existent modern medical facilities in Africa. The discipline of psychology could be in the forefront in empirically testing and validating the relationship between the belief in "witchcraft" among Africans and their overall health, including the curing of illness, and the maintenance of physical and emotional well-being.

This paper has three objectives. First, to define witchcraft and briefly explore its historical significance. Second, to explore the status and function of the witchcraft belief in contemporary Africa. Third, to explore why and how psychology should investigate

the role of the witchcraft belief in Africa and how the discipline can harness the belief and put it to positive use in providing a wider range of options in the curing of illness.

Conceptual Framework

This paper specifically asserts that experimental, developmental, abnormal, psychological methodology, cognitive and many other classical and conventional branches of modern psychology have had a noticeable, although still limited, impact on the everyday lives of contemporary Africans. The challenge this paper proposes is for psychology to become more relevant to the lives of the vast majority of Africans. In order to achieve this, what must be established is the relationships between African traditional epistemology, the basic tenets of modern psychology, and the individual well-being and world view of contemporary Africans in their diverse social environments.

Establishing these relationships will require that crucial significant elements of the historical and contemporary indigenous African epistemology, particularly those factors that influence illness and health, should be examined. These elements should be critically explored to demonstrate how modern psychology can be used to empirically validate, stabilize, and reinforce the well-being and world view of contemporary Africans.

The concept of witchdoctor as it relates to African epistemology, psychology, disease and well-being is obviously very broad. The African continent today, for example, has a population of over six hundred million people who live in diverse geographical, economic, political and social conditions (Gordon and Gordon, 1992). Over the centuries, Africans have been characterized as belonging to a dark continent, uncivilized, victims of ignorance, racism, slavery, rampant disease (Seabrook, 1930; Campbell, 1922) and colonialism. Africans have also been portrayed as a people who possess an inherent resilient, optimistic, and good-natured spiritual disposition as reflected in such philosophies as negritude (Senghor, 1965), the African Personality and Black Consciousness (Cesaire, 1969, 1972; Woods, 1978; Stubbs, 1978). During the last thirty years, Marxist, dependency (Amin, 1973) and an assortment of decolonization scholarship has portrayed Africans as victims of Western economic exploitation through neocolonialism and imperialism (Nkrumah, 1965; Rodney, 1972). In recent times, Mazrui (1986) has portrayed Africans as being products of the triple heritage of European, Islamic, and traditional African influences. After many decades of liberation wars, multi-

party democracy is emerging in many countries in Africa, even in such once unlikely places as Zimbabwe, Mozambique, Ethiopia and more recently in formerly apartheid South Africa. What is apparent from these diverse and changing approaches and perspectives on Africa is that the continent might be difficult to capture in one short paper. It is within this context that this paper on witchcraft and African psychology must be viewed.

The topic of witchcraft and African psychology is obviously so broad that this paper needs to redefine and narrow its conceptual reference framework. The fundamental argument of this paper is that amidst all the dramatic social changes that Africans have experienced over the last few hundred years, the belief in witchcraft has continued to be central in African comprehension of the world, especially as to the causes of good and ill health. The paper argues that since witchcraft, in the narrow sense defined in this paper, is used so persistently and continues to play a fundamental role in African epistemology, why not use it to help cure the African of some of the diseases that continue to elude Western medical science and technology? What elements of African psychology can be integrated into contemporary conceptions of health with the purpose of enhancing the African's well-being?

Definition of Witchcraft

What is witchcraft? The English dictionary defines *witch*² as “wizard, sorcerer, a woman practicing the black arts. an ugly old woman, crone or hag. one supposed to possess supernatural powers especially by compact with the devil or a familiar. a magic spell; a hex.”

*Witchcraft*³ is defined as “an act or instance of employing: sorcery especially with malevolent intent, a magical rite or technique; the exercise of supernatural powers, alleged intercourse with the devil or with a familiar; an irresistible influence or fascination, charm, enchantment. Synonym: magic.”

²Webster's Third New International Dictionary of the English Language, Unabridged, Springfield, Mass.: G. & C. Merriam Company, Publishers, 1966.

³Ibid.

Finally the dictionary defines a *witchdoctor*⁴ as “a professional worker of magic in a primitive society occupying a tribal position similar to that of a shaman or medicine man who by use of spells, charms, herbal remedies, and incantations seeks to cure illness, detect witches, and counteract malevolent magical influences - called also witchman. one employing techniques or mumbo jumbo like those of a witch doctor. - political witchdoctors - witchdoctors of modern businessexorcising the demon of pessimism.”

The definition exhibits the gender bias and stigma that has occurred historically in associating witchcraft with women. The English dictionary is a product of what words are popularly understood to mean primarily in the Western or Eurocentric culture. For example, the use of “mumbo jumbo” to characterize some key aspect of a witchdoctor’s modus operandi might reflect not just simple misconception by Westerners of what witchdoctors might be doing but is perhaps an arrogant, Eurocentric and contemptuous interpretation of something that after all might have a valid role and use in the well-being of Africans.

Witchcraft is probably one of the most abused, misused, and misconstrued concepts to be used to paint the whole of Africa and Africans with a broad negative brush. First and foremost, scholars and lay people define witchcraft as the belief that humans are capable of invoking, practicing and exercising a psychic force for the primary source of hurting or killing other humans, and engaging in other malevolent activities. The belief also is that those who practice the craft collectively engage in nocturnal clandestine activities that include communal rituals such as cannibalism at graveyards, transforming themselves into animals at night or harming innocent others in their sleep. “A witch is believed to change into other forms like those of animals, reptiles, birds. The magic is usually administered at night. Witches are invisible except to those who have medicine to see them” (Ngulube,1989:28). Ordinary people cannot see or detect the activities of witches because one needs to be a witch or use medicines in order to detect or observe the witch.

The concept of witchcraft has been misused in the depiction of Africans rather broadly and carelessly. “The description of witchcraft in Africa has suffered from distortion, just as it has in Europe. The words: witch, wizard, sorcerer, black magician, witchdoctor,

⁴Ibid.

medicine-man, juju-man, fetish, and so on, are bandied about freely with little attempt at fixing an approximate meaning for them.” (Parrinder, 1963:130)

Parrinder further says that Africans have a very narrow definition of witchcraft. The significance of witchdoctors in the African society, therefore, should be appreciated within the narrow but crucial context of African epistemology and well-being. Discussing the belief in witchcraft in the contemporary Zambian society of the late 1980s, Ngulube (1989:24) says,

The belief cuts across the spectrum of time in the past, present and indeed future. Any person who has the power to kill others with magic charms is a witch. Witchcraft is the entire practice of such powers. The belief in witchcraft is as hot today as it was when missionaries came and at the attainment of Zambia’s independence. It is one belief which has not been affected in any way by modernization. In fact, it seems that belief and fear of witchcraft are marching concurrently with the march towards industrial development and technological development.

Since the majority of Africans, in spite of acquiring formal Western education, still believe in witchcraft and witchdoctors, why not use them to achieve positive ends? There are two developments that may make this approach more productive. First, higher formal education does not destroy African belief in African traditional epistemology, including witchcraft beliefs. Confirming the observation of wide witchcraft belief in Africa, Parrinder (1963:128) says “To the African they are still part of the traditional ideas of his country, and there is little sign of a decrease in witchcraft belief with increasing education.”

Second, modern medical facilities may never be enough to treat many of the illnesses let alone those ailments whose etiology may be partly cultural specific. The distribution of medical services in African countries suggests that the goal of achieving adequate Western style medical facilities for everyone is beyond the current or the near future economic resources of the majority of African countries. The level of economic development is related to many other aspects of society including provision of health services. The following shows the relationship between the Gross National Product (GNP) and the number of doctor in a selected countries including two African countries.

TABLE ONE⁵

Country	GNP per Capita	Physicians per 100,000
Zaire	\$ 174	7
Tunisia	1285	27
South Korea	1,978	64
Mexico	2,154	71
Italy	6,549	333

The ratio of the GNP to physicians will probably not improve any time soon as economic conditions in Africa have worsened over the last decade. The next table show the relationship between the GNP and hospital beds per 100,000 in selected countries.

TABLE TWO⁶

Country	GNP per Capita	Hospital beds per 100,000
Sudan	\$ 393	92
Colombia	1,378	164.2
Malaysia	1,876	270.3
Greece	3,932	617.3
Sweden	12,444	1,470.6

Table Two shows the comparison of the GNP and Hospital bed distribution suggests that Sudan and perhaps African countries in general still have to do a lot improve health services.

Functions of Witchcraft

In African tribal communities, witchcraft and other closely related practices like sorcery and magic are believed to have a repertoire of functions on a continuum. On the one extreme witchcraft is believed to be responsible for mindless death and extreme social

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discord through persecution of innocent citizens. In his expeditions in Central Africa, Campbell (1922) documents instances in which accused witches were tortured and killed in the most gruesome ways. This is identical to cases like the European witch hunts known as inquisitions in which perhaps thousands were tortured into confessing to practicing witchcraft and were burnt alive on the stake in the middle ages (Harris, 1978). In contemporary Africa, witch hunters have caused the deaths and humiliation of thousands in villages. *Mucape* (Marwick, 1967) and *Chakanga* are cases in point where two witch hunters were famous in the 1940s and 50s in the Eastern part of Zambia and Northern Malawi. *Chakanga* in the Eastern Province of Zambia, for example, is believed to have inflicted large cuts with a razor on the foreheads of those found guilty of witchcraft. This was meant to prevent the individuals from ever returning to the evil craft and this publicly ruined the lives of such individuals in the village community.

On the positive extreme, witchdoctors help cure ill-stricken citizens and act as a positive force or antidote against the otherwise debilitating fears of witchcraft (Evans-Pritchard, 1976). Many anthropologists and other scholars have consistently emphasized the positive functions of the belief in witchcraft and the role of the witchdoctor in the African society. Parrinder (1963: 181) laments the fact that referring to the witchdoctor, “the words wizard, sorcerer, juju-man, leech, soothsayer, priest, doctor and the like are bandied about with little care for precise definition. ... No name has suffered more from distortion and misunderstanding than that of the witch-doctor is the chief witch, the devil of the magical art.”

There are numerous types of illness and other incidents of misfortune that routinely occur in both traditional and modern African society. These include serious diseases such as malaria, hookworm, bilharzia, intestinal disorders, yellow fever, and trypanosomiasis. There is a high infant mortality rate which among the Cewa of Eastern Zambia was as high as 250 per 1,000 births in 1952 (Marwick, 1967:104). In the whole of Africa today the infant mortality rate is 116 per 1,000 births which is still much higher than the World average infant mortality rate of 79 per 1,000 births. (Roemer, 1991:25) There are also such problems as barrenness in women or impotence in men (Parrinder, 1963: 161). In his classic study of witchcraft, Evans-Pritchard (1976) observed that besides explaining illness, the belief is used to explain misfortune. Why did the granary accidentally collapse and kill or seriously injure a man who happened to be sitting beside it at that particular

time? In contemporary times, lack of success in employment, failure in examinations, or inability to gain promotion may be attributed to witchcraft.

The witchdoctor heals those who are thought to have been bewitched by others. "Far from being a witch, he is the chief enemy of witches. ... He is the man who fights witchcraft, by use of magical and material medicines. The witch-doctor is often medicine-man, leech, herbalist, soothsayer, and diviner all in one. He has useful functions, even if one accepts the point of view that witchcraft is impossible". (Parrinder, 1963:139)

In the middle of the continuum are anthropologists and other scholars who assert that witchcraft helps explain the unexpected, the unknown, and the mysterious. It is believed also to help internalize and enforce strict norms that help create order and stability in small tribal communities. (Ember and Ember, 1992) Middleton (1967:67) agrees with this analysis and says "Ghost invocation and witchcraft provide important sanctions for social behavior; the significance of these sanctions cannot be appreciated without a consideration of other mystical means of causing sickness - ancestral vengeance, cursing, breaking taboos, use of medicines and sorcery poisons, adverse public opinion, and so on - and also a study of the use of socially approved force."

The traditional depictions, explanations, and incidence of witchcraft among the Azande (Evans-Pritchard, 1976), the Ndembu, (Turner, 1967), the Lugbara (Middleton, 1967), and the Cewa (Marwick, 1967) involve and encapsulate many dimensions of African traditional life style, dynamics, and customs. The same motivations for witchcraft are consistently cited in the modern African society. Ngulube (1989) concluded from his field studies in urban and rural Zambia that there are up to seven motives for being a perpetrator of witchcraft; loaning, seeking revenge, jealousy of someone's achievements or wealth, cruelty directed randomly at others, punishment for close relatives' wrong deeds, and individuals being driven into witchcraft because they have been possessed by evil spirits. These motives for witchcraft, as the case in traditional society, mean that anyone can become a witch or can be a victim of witchcraft. One can be a victim of witchcraft if one is perceived by close social acquaintances as being very rich, too powerful, selfish, too arrogant and boastful, daring, has too many wives and children, too happy, too old, or too beautiful.

What is significant in these explanations is not that witchcraft in itself is believed in, but that it can be used to explain virtually any illness which is sudden, whose cause is mysterious or cannot be cured by modern medical science and technology.

This paper takes the middle perspective. Witchcraft will be defined as any individual cognition of illness in which the individual strongly believes that conflict with other significant close social acquaintances and relatives in his or her life are suspected perpetrators. Their motives for inflicting the illness may include jealousy, envy, consequences of infidelity, cruelty, malice, spirit possession, or breaking traditional taboos. In some cases the individual's behavior may have wronged ancestral spirits. The individual would be experiencing Illness Cognition Based on Social Conflict. This particular illness can only be cured by a witchdoctor. One can argue then that African Illness Cognition Based on Social Conflict (ICOBASCO) can only be most effectively cured by witchdoctors.

How does belief in *Icobasco* determine the African's understanding or conception of illness and well-being? The crucial centerpiece of the argument in this paper is that Illness Cognition Based on Social Conflict (*Icobasco*) has remained a central cornerstone of African epistemology. This is more so in the interpretation and understanding of disease and well-being. Exposure to higher Western education or embracing some of the Western practices seems not to have diminished belief in *Icobasco* and the witchdoctor. The term some Zambians use is "*va banthu*", referring to persistent illness that defies modern medical treatment or diagnostic tools. The suspicion is that the disease is human "*munthu*" caused with deliberate malevolent motivation and can only be cured by a witchdoctor.

The argument is that some elements of the witchdoctor practices and rituals should be incorporated into modern treatment and diagnosis of disease among Africans. In fact Parrinder (1967) suggests that if the word "witchdoctor" is "purged" of the undesirable negative connotations, it should be used. He further asserts that Africans believe that there is a spiritual energy or "vital force" which is latent in people, animals, and things. "It is the power behind religion and magic, linking them into one system. It is the force that gives effect to sacrifices, taboos, charms, and spells." (Parrinder, 1967:182) The force of witchcraft can be used by the witch against enemies but it can also be used for good against the witch. The power can be turned to bad or good use, similar to the way in

which atomic energy can be used for good use or destructive use. The discipline of psychology can be in the forefront of this process by using some of its traditional conceptual approaches and synthesizing them with some of the significant procedures that are part of African traditional epistemology.

According to Ember and Ember (1993), there are four basic procedures and categories that all healers of disease in the world follow. These are the naming of the disease, the personality of the doctor, the patient's expectations, and the curing techniques. When all of these criteria are met, the likelihood that the person will recover from an illness are increased. There is in fact ample empirical evidence that suggests a strong relationship between a person's state of mind and the likelihood for a speedy recovery from illness. "Medical research suggests that psychological factors are sometimes very important in illness. Patients who believe that medicine will help them often recover quickly even if the medicine is only a sugar pill. Patients who 'lose the will to live' may succumb to illness easily." (Ember and Ember, 1993:425). An argument can be made that if an African has been treated with advanced modern Western medicine without cure and he believes he has been bewitched, proper treatment by a witchdoctor may well cure the patient much faster.

In fact, there is increasing empirical evidence that confirms a relationship between an individual's emotional state and the ability for the immune system to fight disease more effectively. A recent television documentary showed individuals whose cancer was completely cured or went into remission using prayer, modern medical drugs combined with mind or psychological manipulation including positive thoughts and feelings. (Turner Broadcasting System, Oct. 1993).

Another recent documentary series, strongly suggested there may be scientific support for rituals surrounding disease cure suggesting a new relationship between emotional predisposition and the ability of the body to fight disease. Although humans might have been aware of this for a long time, there is now a more intense exploration of the relationship between "the mind and healing". Among many other new findings, medical research specialists in immunology suggest new possible breakthrough findings. The findings suggest that contrary to previous understanding of the human immune system, cells of the immune system seem to reside in virtually every anatomy of the body. This further increase the chances that emotions, which tend to influence the secretion of high

doses of such hormones as adrenaline during stress in both anger and extreme joy, do influence the body's immune system and therefore the human ability to fight disease. (Public Broadcasting System, 1993)

If this is the case, the African belief in witchcraft and especially the curative powers of the witchdoctor, should not be dismissed as primitive superstition and nuisance which will be eliminated through the eventual spread of Western formal education and medical technology. The belief in the power of witchcraft or African Illness Cognition Based on Social Conflict (*Icobasco*) and the witchdoctor are perhaps equivalent to the *Chi* in Chinese traditional medicine. The *Chi* in Chinese traditional medicine is believed to be something akin to a force of energy that flows through the human body. Illness is believed to strike a person if there is an imbalance in this energy in the body or if there is something in the body that is blocking the smooth flow of the *Chi*. Chinese doctors and patients use a combination of indigenous herbs, acupuncture, specialized massage, modern Western surgical techniques to treat illness among their patients. (Public Broadcasting System, Sept., 1993)

Germ and African *ICOBASCO* Theories of Disease

I woke up early this morning in an excellent physical and emotional state. I went through my usual morning routines of taking a bath, eating breakfast, seeing my children go to school, bidding my wife farewell as she also left for work. Once I arrived and sat down in my office, at exactly 8:30 a.m, a sharp pain pierced by back shoulder. Each time I inhaled hard or moved my left shoulder, I felt a sharp pain. I went to the doctor. All the usual routine battery of diagnostic tools did not show any symptoms. The doctor prescribed some aspirin and sent me home. How does one explain this? Which medical psychology would give me a more convincing or helpful explanation? The Western scientific approach which might tell me they can't find anything wrong with me or the African traditional witchdoctor (*Icobasco*) approach which may at least give a name to the disease? Does the answer lie in using both? There may well be thousands if not millions of Africans who daily face this dilemma.

There is no doubt that the germ theory which is at the nucleus of Western medicine has made tremendous advances that have vastly improved lives all over the world. The identification, study and combat of bacteria, viruses, and other parasites have made the

life of humans on the globe that much safer (McNeil, 1977). Advances in community and primary health care in developing countries, antibiotic and other powerful modern drugs, vaccinations and immunizations have tremendously improved human life expectancy. Infact the germ theory of disease can even be used to dismiss some of the African traditional beliefs about the cause of disease as irrational. For example, Aboud (1993) identifies several such beliefs found in rural Ethiopia.

One traditional belief is that morning mists cause malaria. This is close in that malarial mosquitoes are found in wet places where there are often morning mists. Another belief is that fruits are bad for children because they lead to diarrhea. Infact, fruits often produce the same symptoms as diarrhea but only for a short time. .. mothers believe that the emergence of milk teeth or an accidental fall cause diarrhea in children. (Aboud, 1993:276)

Faboud (1993) explains that the child gets diarrhea most likely because by coincidence the child is more mobile and puts objects in his mouth during this period of physical development. That is more likely the major cause of the diarrhea.

In the face of the overwhelming and dominant Western germ theory of disease, it is tempting to dismiss some of the traditional beliefs as being without foundation. But this author cannot forget up to now the belief that was drilled into him that a child who has chicken pox soles should never be bathed. The belief was that the soles would not all come out and they would kill the child internally around his chest and esophagus. After some thinking, I have come to the conclusion that prohibiting bathing might have made sense because if the bath water was contaminated, and in the absence of antibiotics, the child might have died from a massive infection of the soles.

Advances in modern medicine, especially in the field of immunology, have accelerated tremendously with the spread of the Acquired Immunity Deficiency Syndrome (AIDS) and in the race to find a cure for it. Immunologists today are investigating such crucial areas as the possible relationship between viruses, cancer and oncogenes, the causes of hepatitis B and Autoimmune diseases, the nature of congenital and acquired diseases and encephalitis, and the relationship between viruses and diseases of the brain, gastroenteritis, Hodgkin's Lymphoma and leukemia. (Fettner, 1990).

While Western medicine has made advances in explaining and curing disease, how some of these diseases will attack one person and spare another is still not precisely known. What are the genetic, environmental, and cognitive psychological predispositions that will set off a hereditary or genetic disease? This is where medicine and treatment of disease can marshal the support of every possible method and source of treatment. If Western medicine alone cannot cure a disease, maybe another culture, in this case African, may have or contribute to the cure.

Two observations can be made about the dilemma and contradictory experiences that the typical contemporary African patient might experience. First, he is expected to go to the modern hospital to receive treatment for his illness. How does he create the relevant positive psychological state of mind he needs to be cured if the clinic or hospital does not have many of the myriad sophisticated diagnostic tools which would strengthen confidence in the diagnostic rituals? In this respect, the traditional healer should have an advantage as he has all the traditional diagnostic tools for creating psychologically confidence-inspiring diagnostic rituals.

The African Cognitive Perspective to Disease *ICOBASCO* or “Witchcraft”.

Cognitive and developmental psychology are both pivotal in exploring and understanding the significance of African Cognition of Disease Based on Social Conflict (*Icobasco*) or witchcraft in African society, especially its possible contribution to curing certain illnesses. This statement is based on the following argument: African cognition of both individual well-being and the state of being ill depends on cues learned in the context of African traditional social upbringing. These include growing up in a social environment in which interpersonal relations are emphasized, group beliefs and communal obligations to members of the family are supreme and the African child and adult grow up with a strong efficacy towards community world views and family values. Because of this high degree of interdependency between the individual and the community, especially the extended traditional communal family, the African is more likely to incorporate and appropriate the group cognitive style including a strong belief in Illness Cognition Based on Social Conflict (*Icobasco*).

In short, belief in witchcraft and the witchdoctor as part of cognition “refers to all the processes by which the sensory input is transformed, reduced, elaborated, stored,

recovered, and used. Such terms as sensation, perception, imagery, retention, recall, problem-solving, and thinking, among many others, ..." (Neisser, 1967: 4). In other words, the belief in witchcraft among Africans is part of a dynamic from a complex system of social upbringing where the traditional African experiences interact and exist side by side with Western and other inputs of cognition.

Critical to the understanding of the sources of this belief is the exploration of the social and cultural environment in which the African is raised. What are the significant factors that are crucial in creating, nurturing, and fostering the belief in *Icobasco* or witchcraft? These are some of the crucial issues that developmental psychology needs to investigate.

This African cognitive psychological approach to the curing of illness is based on the synthesis of what is known today as the relationship between psychological and biological factors in the human immune system. In the African society, a false and often antagonistic dichotomy has been created in the whole epistemology and cure of disease. Africans struck with disease might first go to the so called witchdoctor and later to a modern hospital. There are also cases where the patients may first go to the modern hospital or clinic and later to a witchdoctor or what today may be called traditional healers by more enlightened individuals. The modes and styles of treatment never exist side by side let alone in one building.

What is proposed here is that in very broad terms psychology and modern biomedicine can be combined to treat illness and greatly improve the lives of millions of Africans. More specifically, the discipline of psychology can use elements of developmental, cognitive, and personality psychology to assist in diagnosing disease. The patient diagnosed as such would then use the mode of treatment that would produce the best and most long-term cure of the illness. How can this be done?

The proposition is that most Africans, (educated or not, rural or urban) deeply believe in the power of *Icobasco* or witchcraft or individuals with malevolent intentions to inflict harm on them. Therefore, in the event that an African's illness might not be germ caused, the belief in *Icobasco* or witchcraft opens a window of opportunity for treatment using traditional methods that may include a witchdoctor or the methods which are typically employed by a witchdoctor. To put it simply, if an African is sick he should have a choice of treatment options. In other words, an African who is feeling ill should have the

option to walk into a health care facility and get the services of a modern medical Doctor trained with Western scientific skills. Alternatively, the patient should have the option to go down the hall to see a witchdoctor, *nganga*, traditional healer, Illness Cognition Based on Social Conflict (*Icobascol*) healer or such equivalent for alternative or additional herbal, counselling and other treatment.

Cross-cultural studies in psychology in Africa have tended to isolate some of the prominent concepts and theories popular in and formulated in the Western society and tested them on Africans. According to Biesheuvel (1949) the objective of these tests have often been to determine how Africans perform on specific intelligence tests and experimental tasks often involving manipulating abstract material. In the field of cognitive psychology, notable earlier studies include those by Dawson (1967) who investigated cultural and physiological influences in West Africa and Wober (1967) who adapted Witkin's field independence theory in Africa. In experimental psychology studies included experiments in visual illusions (Segall and Herskovits, 1963) and Jahoda (1966) explored geometric illusions and the environment. Some of the most prominent cross-cultural studies incorporated the relationship between developmental psychology and personality development by Dawson (1967) in the field dependency theory, Whiting and Whiting (1963) in exploring the relationship between child rearing practices and adult personality, McClelland (1961) explored cultural determinants of achievement motivation. There is little doubt these and other studies too many to enumerate may have made tremendous contributions and advanced cross-cultural studies in psychology. This paper, however, suggests extending these efforts toward a new and perhaps more urgent need; that is. empirically investigating the relationship between psychology, illness, cure, and well-being among Africans.

The first task for African psychology would be to determine and isolate the composite characteristics of the contemporary African. For the purposes of this paper these should be narrowed to two major interrelated component characteristics: the developmental and cognitive characteristics as they impinge on individual cognition of illness, cure strategies and options, and well-being. The developmental psychological component refers to the changed but unique contemporary upbringing in which an African is raised. Mazrui (1986) asserts that childhood in the nuclear family in the context of the extended family continues to instil a strong sense of reliance on family and community. Other social

institutions are very weak and others continue to crumble and have a marginal influence on the contemporary African individual adult personality.

As an outcome of these circumstances, the adult contemporary African continues to exhibit strong attachment to family and community with somewhat limited spurts of individualism. This reliance on nuclear extended family and community is not a passive and static proposition in which the contemporary African is a mere product of modernization and traditional African beliefs. Rather, the complex developmental psychological experiences make for an African who is responsive to a multifaceted view of possible causes of illness, cure options, and well-being. This is the African who might be educated, believe and understand the Western germ theory of illness but simultaneously holds strong convictions about the efficacy of malevolent human-caused disease which may be treated only by a witchdoctor or any equivalent to the African traditional healer.

The proposition is that cognitive components that can be isolated from the African society would only be possible through the use of cultural specific psychological tests and evaluations. Through the parsimonious use of critical new cognitive psychological concepts, the beliefs in *Icobasco* can finally at least be partially put into positive use.

What follows is a very simple example of some of the preliminary process of determining the cognitive components of an illness. In a typical Western hospital, the patient is routinely asked to fill this form. The objective is for the doctor to have a general health profile of the patient before advanced diagnosis and consultation is made with the patient.

PATIENT MEDICAL FORM

Have you ever suffered from: Diabetes	Yes ____	No ____
Cancer	Yes ____	No ____
High Blood,Pressure	Yes ____	No ____
Heart Trouble	Yes ____	No ____
Anemia	Yes ____	No ____
Asthma/Hay, Fever	Yes ____	No ____
Thyroid Problems	Yes ____	No ____
Kidney, Bladder, or		
Urinary, Problems	Yes ____	No ____

Seizures/Fits	Yes ____	No ____
Stroke	Yes ____	No ____
Lung Prob.	Yes ____	No ____
Stomach or Bowel Prob.	Yes ____	No ____
Liver Prob. or Hepatitis	Yes ____	No ____
Birth Defects	Yes ____	No ____
Arthritis	Yes ____	No ____
Tuberculosis	Yes ____	No ____
Glaucoma	Yes ____	No ____
Venereal Dis.	Yes ____	No ____
Rheumatic Fever	Yes ____	No ____

In the event that cognitive psychology will have made advances in empirically validating the significance of *Icobasco* or witchcraft beliefs in the curing of the African patient, the following form might be designed. It would be administered to patients who either choose to be simultaneously treated by the modern Western-oriented doctor and the traditional witchdoctor or those who have been treated by Western medicine alone for a while but do not seem to be cured. The answers to these questions would indicate the patient's potential for achieving positive results after consulting a witchdoctor.

(Socially Based Cognition of Illness)

ICOBASCO FORM

Personal Beliefs:

Have you ever used traditional African herbs?	Yes ____	No ____
Have you ever consulted a traditional healer?	Yes ____	No ____
Does witchcraft exist?	Yes ____	No ____
Have you ever had an illness that could not be cured by Western style medicine?	Yes ____	No ____
Have you ever had scarification as a form of treatment of illness?	Yes ____	No ____
Have you ever used scarification as prevention against illness?	Yes ____	No ____
Have you ever used herbs and other charms to help you conceive or bear a child?	Yes ____	No ____
Do you know someone who was cured of a chronic illness after		

consulting a witchdoctor? Yes ____ No ____

Cognitive Characteristics:

I am ill because I suspect my work mates bewitched me because they
are jealous of me. Yes ____ No ____

I am ill because I suspect my spouse's relatives played magic
on me. Yes ____ No ____

I am ill because my relative(s) are jealous and angry at me. Yes ____ No ____

I am ill because of my or spouse's adulterous behavior. Yes ____ No ____

I am ill because I suspect I have behaved badly toward in-laws Yes ____ No ____

I am ill because I suspect jealous neighbors. Yes ____ No ____

A close relative or friend died recently and I did not "mourn" them
properly. Yes ____ No ____

My wife/husband died recently under mysterious circumstances. Yes ____ No ____

The battery of questions attempt to determine the cognitive component of the potential African patient. A low score on this *Icobasco* would mean the patient would derive very limited benefits from a witchdoctor's treatment. A high score would indicate, after further screaming, that the patient could benefit from some of the witchdoctor treatment techniques.

The reader may be wondering, Is this not "old wine put in new casks"? Is this yet another variation of negritude, the African Personality or Black Consciousness? This new approach obviously has some things in common with earlier characterization of the African. The African is still a product of particular traditional beliefs and some of the same common socioeconomic and historical factors that motivated earlier scholars to talk about a distinctive African personality. But the approach proposed in this paper departs dramatically in acknowledging the validity of the impact of Western and other influences as well as indigenous factors on the character of the contemporary African. The paper attempts to harness these legitimate experiences to the benefit of the contemporary African through empirical testing and validation through the discipline of psychology.

Conclusion

The African Illness Cognition Based on Social Conflict (*Icobasco*) cannot be a substitute nor a panacea for all illnesses that inflict Africans all the time. As a conceptual tool it should help the proper diagnosis of illness, provide a rationale, and increase the appreciation for some of the origins of African taboos and beliefs, especially those relating to illness and well-being. The concept also should help increase the options for treatment for African patients at the time that Western medical facilities are not adequate for the vast majority of Africans.

The concept of *Icobasco* is proposed at a time when many Africans seems to be somewhat skeptical of some of the fundamental traditional beliefs in the face of increasing urbanization and Westernization. The result is an upsurge in some illnesses that may have been prevented by the indigenous taboos including fear of witchcraft. For example, customs surrounding sexuality had definite functions although they might appear like empty superstition. Sexual infidelity had so many sanctions and taboos against it, perhaps for good reasons. A man who slept with another woman while his wife was pregnant was believed to be placing his expecting wife in grave danger of dying of complications during child birth. A man who recklessly had sex with multiple partners was believed to endanger himself and his partners because of the “mixing of the different bloods”. This might have been referring to exchanging of bodily fluids. Perhaps the onset of AIDS proves the prudence of following some of these taboos as today people are warned that the exchanging of bodily fluids with an infected partner during sex is one way in which the deadly AIDS is contracted.

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