

CURSE, INVOCATION AND MENTAL HEALTH AMONG THE YORUBA*

RAYMOND PRINCE, M.D.¹

The Yoruba are a negro people, some four million strong, who occupy large tracts of the Western Region of Nigeria and areas of Dahomey and Togoland along the north west coast of Africa. The study of such peoples is of considerable interest to the western student of psychology and psychiatry for several reasons: as peoples who have lived in isolation from significant western contact until recent times, and who have social patterns and child rearing practices grossly different from our own, they offer opportunity for the testing of western hypotheses of personality development; as peoples undergoing rapid social and economic change they present themselves for study in the very difficult area of the relation between such rapid transculturation and mental health; of perhaps more purely academic interest, study of some Yoruba beliefs and practices helps to shed light upon the more archaic areas of the western mind. Words and images that have become as it were fossilized in our own language and thought may be filled with content. The witch, an extremely vital and active image in the Yoruba consciousness, has become, in our own, an orange and black figure on a paper serviette for a children's party. This same process of fossilisation seems to have occurred in our conceptions of "curse", "blessing" and "invocation".

The material for this study was collected during a nineteen month tour of service as clinical psychiatrist for the Western Region government, Nigeria. Information was derived through discussion with patients and staff of Aro and Lantoro Hospital, Abeokuta, from discussion with native doctors in the Abeokuta area, and especially during a two week stay with Chief Jimoh Adetona, a native doctor famed locally for his treatment of mental illness at Okun-Owa (near Ijebu-Ode) in the heart of Yoruba "curse" country.

Gathering consistent information about magical beliefs and practices is not without its difficulties. Every Yoruba has his own version of such matters and he will usually present it quite openly on request. Some native doctors and Babalawo's (priests of the divination deity, Ifa) are more guarded than the "layman", but it was on only one or two occasions that I was told that I was "too young to know about such things". However, the stories told are often conflicting and the names for different practices and patterns of magic are interchanged in a bewildering way. Even those whom one might expect would have more exact knowledge, i.e., native doctors and chiefs, often give conflicting accounts. I might cite as an example some conflicting opinions about a certain medicine known as "Osho". Osho is a medicine for becoming wealthy. The fantasy surrounding it has a peculiar Faustian quality. The man who wishes to become rich must go to the wizard and make a pact with him. He must make a sacrifice of some kind, usually the sacrifice of a child, perhaps his own son and agree to give up the eating of certain foods, etc. For his part the wizard, will give him a certain number of years of wealth and fame. At the expiration of these years, the money will melt away and he will become "mad" or fade away and die. To accomplish this the wizard gives him some medicines or sometimes a brass conical object to swallow.

*Presented at the Annual Meeting of the Canadian Psychiatric Association, Ottawa, June 1959.
¹Formerly of Aro Hospital, Abeokuta, Nigeria, now of Allan Memorial Institute, Montreal.

If the rites are not properly performed or if some of the taboos are broken he will have visions of terrifying spirits with many heads and his "belly" will swell up or he will "run mad". I went to a village that had two chiefs both of whom were also native doctors of some repute. I asked them both about Osho. One vehemently denied that Osho existed any longer: "Our fathers could do it around Akure but no one knows how to do it now, if anyone says he does he lies!" On the other hand, the other native doctor, living in the same village said that the use of Osho was very much on the increase and he attributed the increase of mental illness in his own day as compared with that in his father's day, to the increased use of this medicine. Such examples could be multiplied indefinitely.

It will be clear then that to draw a reliable consistent picture from this shifting rainbow of fantasy is scarcely possible and the remarks about curse and invocation that follow are to be regarded as by no means complete or fully reliable for the country as a whole.

On the Omnipotence of Words Generally

Before turning specifically to the subject of curse and invocation, I would first like to draw attention to some Yoruba beliefs about words and names generally.

It would appear that their background conception is that to utter the name of something may draw that something into actual existence . . . not only within the mind and body of he who utters and he who hears the word, but also in the physical world as well. The uttering of the name or word is like the nubbing of Aladdin's lamp which evokes the "genie" of the thing named. Some words, particularly "ancestor words" of things (*oroyinle*) are potent in "drawing forth the genie" simply by virtue of their utterance. Others require the use of certain medicines and the carrying out of certain rites to ensure their potency. Let me give some illustrative examples.

The name of the Smallpox god is "Sapono". The Yoruba will avoid the use of this word as far as possible and substitute S.P. or a *euphemism* for it. It is as though to name the god would draw him into existence, to attract his attention, or offend him and evoke the disease within the one who named the name; similarly the word for witch, Aje, is avoided by saying the word Agbalagba, meaning "old people" or sometimes they are called "our mothers". As regards the effect of words upon others, it is considered in bad taste to say that someone is sick in his presence, even if he is sick, for this will make him sicker; in a similar manner, it is said that the success of a certain Lagos money lending firm is due to the fact that the lender will always say emphatically to the borrower at the time of the transaction "you will never be able to pay this money back". It is also believed that this utterance can be nullified if the borrower immediately says with emphasis "I will be able to pay the money back". The genie of "not-being-able-to-pay-back" can be lulled back to sleep as it were. In all of these beliefs we can perhaps see the awareness of the extreme suggestibility of the Yoruba, both auto-suggestibility and hetero-suggestibility.

Probably related to this system of ideas is the taboo within the family, of calling the older person or the more senior person by name. No child may call the father by name and the wives are not permitted to call the husband by name. Further, if a child happens to have the same name as his father, the child's mother or the child's brothers or sisters are not permitted to call him by his real name—they must use a nickname or call him "father's namesake" etc. What is believed would happen to the wife or husband if the wife called him by name I have been unable to discover. A remnant of the same idea is probably present in our own

culture . . . it is considered indecorous for a child to call his father or his mother by name.

The concept of "ancestor words" or "primal words" has been mentioned. The class of words seems to be known only by wizards and some native doctors and I was not able to obtain a very clear picture of the pattern of ideas here. The belief appears to be that many objects including trees, stones, animals as well as humans, have ancestral "genies" or "spirits", which have great power associated with them. If the names of these primal "genies" are uttered, great powers that can be used for either good or evil will be unleashed. For example, I asked a chief what the name of the wife of Oduduwa (the traditional ancestor of the Yoruba people) was. He replied that some names could not be uttered without offering a sacrifice, or without taking a soothing medicine for fear of serious consequences. One could cause the death of a man with these words, or conversely if a man was near death or even if he was dead but was still warm, if his head was lifted up and the word spoken into his mouth, he would be brought back to life again. In a similar vein if one wished to harm another, if he uttered the primal word for snake, a snake could be summoned and directed to bite the designated person. In some cases it would appear that these primal words are used in a special formula or incantation, in other cases, whatever is spoken after the utterance of the primal word will come to pass.

Curse and Invocation

In the practice of curse and invocation, three components are generally required; (1) apparatus, such as animal horns, images etc., (2) medicines, i.e., concoctions of leaves or roots and parts of animals etc., (3) words, which are sometimes accompanied by certain gestures or actions. Given these three components the Yoruba employs them with many variations. Generally speaking, these methods may be used either for good or evil purposes, though the evil side is generally emphasized. Invocation seems always to be used with evil intent. I have never met anyone who confessed to using these means for evil purposes, however, this is not surprising since they are strictly forbidden by native law and custom:

"Swearing at or pronouncing a curse or imprecation on another man or woman is a crime. The curser is heavily fined and should any evil befall the party cursed within twelve months or any other limited period, the curser is held responsible for the same." Ajisafe (1946)

However, it is the universal opinion that they are frequently used by many people throughout Yoruba land. A good percentage of patients attending the psychiatric clinic feel that they have been damaged by these means. Certain areas of the country are noted for their use of certain magics. Ijebu province is noted for its powerful curses, Ile-ife for its invocation methods and Abeokuta for its magic rings, etc.

Curse may be differentiated from Invocation in that with curse, it is the "genie" of the words themselves that are brought into existence within the victim, whereas with invocation, the spirit of the victim is invoked and brought before the operator where he is then damaged. Alternatively with invocation a certain evil spirit (shigidi) may be invoked and subsequently directed to do harm to the enemy. Invocation is generally carried out at midnight at which time the enemy is usually asleep and his spirit can be summoned more readily. Curse may be carried out by day or night and I have the impression that one uses curse when the enemy can be seen whereas one uses invocation when he is at a distance and cannot be seen. This does not always hold true however. In all of these methods

of curse and invocation, if the practices are not carried out precisely or if other taboos are broken, the curse will return upon the head of the curser. In these practices, it is the actual utterance of the words that is important. Thought without word has no potency. This is made clear by discussion with contemporary Yoruba and is confirmed by the practice in former times of gagging the victims to be used for human sacrifice so that they cannot utter imprecations upon their¹ captors.

Patterns of Curse

Patterns of curse are very numerous. One very popular form of curse is called "Epe". For Epe a cow or antelope horn is generally used, though in modern times a glass phial may be substituted. This is filled with medicine—a mixture of leaves and black soap, or a black powder. On top of the medicine is sometimes placed a red tail feather of a parrot (of the type associated with witchcraft practices) or alternatively, the fang of a serpent may be used. The principal behind the use of this latter seems to be that of homeopathic² magic generally—that like produces like; "Just as the serpent fang sprays out venom, so this curse horn will spray out venom". When the owner wishes to use the horn, he looks at the enemy, licks the medicine in the horn and utters his curse terminated by the word "epe" with the final syllable uttered explosively. Sometimes the word "Ashe" is used instead of Epe. Ashe means "amen" or "so be it". It would appear that the word ashe is used when the utterance is directed towards either good or evil whereas the word Epe is always used where evil is intended.

Another method of curse is known as "Omoge", (Omo Ige or child of the tree). In this method a bundle of roots of a certain tree are used. When these roots are placed in the mouth, whatever is uttered will come to pass. It is said that these roots are very "strong" and that their repeated use causes the front teeth to decay and fall out. Old men with decayed front teeth are therefore treated with caution and suspicion.

In Ijebu land another type of curse method is said to be common. It is called "Afoshe". With Afoshe the person (perhaps even as a child) is taken to the native doctor who puts a small cut below the lower lip and rubs a certain medicine into the cut. Subsequently, whenever the individual wishes to curse he licks his lower lip and whatever he says will come to pass. In the town of Ijebu-Igbo the enemy's name is called into the sun seven times with appropriate medicines, and in the course of seven days the victim will "run mad" or die. And there are many other variations.

It is a common belief that if the upper front teeth of a child come in before the lower ones, that child will have a special cursing ability and will be able to do harm especially to the parents. Such a child is immediately taken to the native doctor who extracts the teeth and carries out appropriate nullifying medicines and rites.

In the vicinity of Ijebu-Ode, the capital of Ijebu land, an interesting annual "cursing tournament" is carried out. It is performed by the members of the powerful Ijebu secret society, the "Alage Mo" or "Agemo". Each year 16 members of this society from different towns in Ijebu land collect in a special

¹See Willets (1958) description of the recent finds of brass castings and terra cottas at Ile-Ife. Among other things was found a small terra cotta head, gagged, and associated with parts of a ritual pot with a gagged head lying beside a male body, decapitated, with hands tied behind the back. Close by were found 4 mace heads with human heads modelled in high relief and represented as being also gagged with rope. Willet remarks "Evidently the gagged heads represent human sacrificial victims and the four staffs . . . were probably used in such a ritual, most probably for ritual blows before the execution in the same way that animal sacrifices are still repeatedly struck before the execution." As part of the same find was the bronze representation of one of the ancient kings (Oni's) of Ife who holds an animal's horn in his left hand, no doubt the curse/blessing apparatus.

²See Frazer (1945).

glade in the deep forest. Women are debarred from witnessing the tournament, formerly on pain of death, nor are they allowed to see the participants en route to the sacred glade. The reason for this is that women undergoing menstruation are universally believed to be damaging to the potency of "medicine". Men and boys are allowed to witness the ceremony to see who has the most power in the land. At the tournament there is much drumming, dancing and drinking, and the contestants come out in pairs with their powerful cursing apparatus and powerful protective medicine in good order. Each will hurl imprecations at the other. . . . "When you get home you will meet your senior wife dead" or "By this time next year you will not be alive to witness this ceremony" etc. The utterance of the most powerful man will come to pass. I was told that in contemporary times only good things were uttered such as "you will have made 1000 pounds by this time next year" etc.

It has been said that it is believed that curse is effective not only upon other individuals but upon the physical world as well. The following story will serve as an example. In the olden days, long before the white man came to the country, a group of Agemo were travelling to the cursing tournament as described above. At the time, a small river (now called Shonowo) had flooded its banks and when the Agemo tried to cross it, some of their members fell into the stream and were drowned. The river was immediately cursed by the head Agemo and was forbidden to ever cross the road again. According to the local people it never did cross the road again up until two years ago. They say that now the potency of the curse has finally worn out. Similarly Epe may be used to cause a tree to shed its leaves or to cause a wall to fall down etc.

Very similar apparatus and methods may be used for "blessing" as well as cursing. May I cite the example of an interesting discharge ceremony that was carried out on a patient who had recovered from a psychosis while I was staying in the home of Chief Adetona. This ceremony is called Asepa. When the psychotic patient first arrives at the treatment centre, he is immediately placed on a special diet and certain foods become taboo for him during the course of his treatment, (e.g. coconut, snails, palm wine, ground nuts, etc.). When he has recovered all these foods are collected in a pot with certain leaves and cooked with palm wine; this mixture is given to the patient to eat for seven days before he is allowed to go home. At the commencement of the period of the eating of the food under taboo, the discharge ceremony is carried out. For the ceremony, the patient must buy rams, goats, fowl and other foods to provide a feast for the village elders. (This is often very expensive. One patient had to provide the sum of 38 pounds, or about 100 dollars for this ceremony. The whole treatment of mental illness is very expensive. The native doctor well understands the principal that something that is cheap hasn't much value, and something that is a definite sacrifice must be good, in addition to having an eye to his own pocket, of course). On the occasion of the ceremony I witnessed about 25 village elders collected in a circle in the native doctor's "living room". The patient and his mother and brother knelt on the floor in the centre of the circle. An old man brought out a glass phial with black powder which all had to lick. The native doctor said a few words of blessing after which everyone shouted in unison "Ashe" (so be it). Then each of the important elders in his turn, took his curse blessing apparatus from his pocket carefully wrapped in cloth . . . some were phials, some conical objects, some horns. Each licked his medicine, asked the patient his name, uttered his name and called down blessings upon him: "You will never be ill again"; "No manner of witchcraft or evil medicine will prevail against

you"; "You will have many children and wives". After each command the members of the group all shouted "Ashe", and at the end of his speech each elder drew the patient's head towards him, spat out explosively upon his hair, and the patient rubbed in the beneficent Influence¹. I also was required to pray to my God for the patient.

After some seven or eight of such speeches, the patient and his family are dismissed and the elders partake of the feast. The leaves used to wrap the taboo foods are strewn about the native doctor's door and allowed to remain there for one day. When the week of eating the foods under taboo has elapsed the patient is allowed to go home with a supply of medicine and a follow up appointment is made.

Let me give one more example of the beneficent use of these methods. When I was leaving the native doctor's home, he asked me if the sun also shone in Canada. When I confirmed that it did he said that he wanted me to give him my address in Canada, and the names of my family, and that in the early morning he would utter blessings upon my family and me into the rising sun. For this type of blessing he used the word Afoshe (i.e. the type in which one licks one's lower lip).

Patterns of Invocation

The components of the invocation pattern are the same as those for curse, i.e. apparatus, medicine and words, and there are similarly many different methods. Two will be described here, called Shigidi and Apeta.

With Apeta (call shoot), the operator makes a clay image to represent his victim and at midnight, suitably equipped with offensive and defensive medicine he utters the name of the victim three times and then shoots at the clay figure with a miniature bow and arrow. In contemporary times he will use a gun. Instead of a clay figure, he may use a hoe often painted with red and white stripes carrying out the same procedure as with the image. The significance of the hoe seems to be that it represents the genital organs and the procedure is intended to render the victim impotent².

In Shigidi, it is the spirit of a malevolent agency that is invoked and subsequently directed to carry out injury upon the victim. If a man wishes to use Shigidi he goes to a Babalawo (priest of Ifa, the God of divination) or native doctor who makes a crude clay image of a man often adorned with cowrie shells. Sometimes the image is armed with a club. A period of "development" of the image is necessary in order to bestow upon it the necessary power. This period may be as long as a week and the native doctor puts various plant juices inside the image and rubs them on the outside, and also recites certain incantations over it. Lucas (1948) states that in earlier times a human sacrifice was also sometimes required to render the image potent. In some cases a small bronze figure may be used instead of clay. After the image has been energized, the spirit of Shigidi is invoked at midnight and directed to travel to the spirit of the enemy, to injure him or "drive him mad", or kill him. While Shigidi is on his mission, the operator

¹Blessings are thus rubbed into the head. If one wishes to ward off malevolent utterances, one makes a forward circular movement around the head with both hands and snaps the fingers.

²As the hoe digs into the earth, so the penis "digs into" the woman. Similarly a patient described how he went to a native doctor for the treatment of his impotence and the doctor gave him medicine that had to be eaten from a hoe. Such examples of Frazer's (1945) homeopathic type of magical thinking are very common. The example of the serpent's fang has already been noted. I would like to cite two further examples. A civil servant was to be transferred to a distant station and was very reluctant to go. He was told by a native doctor to make a medicine, an important ingredient of which was a house lizard (omo ile) . . . the principle being, just as the lizard never leaves home so you will never leave home; in the vicinity of Abeokuta the people believe that an epileptic should not eat a certain small pepper called Okra (taken to America by the slaves and there called Gumbo). The reason being that when Okra slices are placed on the fire they exude froth. An epileptic in a seizure exudes froth, Okra exudes froth, therefore Okra will cause a seizure.

must not fall asleep or Shigidi will return and carry out the same damage upon the operator.

Curse, Invocation and Mental Health

The question that comes immediately to mind is—does curse work? I think it probable that curse, uttered with the knowledge, direct or indirect, of the victim, can be the precipitating factor for a neurosis or a psychosis. One cannot be certain, for to be certain one would have to have known the victim before the curse, to have been present at the time of the cursing, and to have been able to follow him along after the cursing . . . a constellation of circumstances that would be very rare indeed especially for a non-Yoruba. However, the history of curse is so often given by patients, the pattern they describe so consistent, and the belief in its effectiveness so firmly held by the Yoruba themselves, that even the most sceptical must be almost convinced. It must be added however, that to the Yoruba, the need for the victim to have an awareness that he has been cursed or invoked is not necessary. He firmly believes in the concrete reality of what he would call extra-sensory perception and psycho-kinesis. As to whether curse may cause death, I have no first hand knowledge (apart from the problematic cases of death associated with tongue biting which will be described below). Such cases would be no doubt seen at a general hospital rather than at a psychiatric unit. There are of course innumerable stories about curse and invocation causing death, many of which can undoubtedly be discounted.

The following cases will serve as examples of psychiatric disturbances which appear to be related to curse. S.S. was a 32 year old male Yoruba admitted to Lantoro hospital, Abeokuta on May 13th, 1957. On admission he was excited, obviously hallucinated in the visual and auditory field, unclean in his habits and smearing himself with faeces. His psychosis cleared after treatment with Largactil and he gave a history of difficulty with his wife which was followed by one of his fellow villagers, an Ijebu man, seducing her away from him. When he went to the man to get her back, the Ijebu man put a curse on him. "The man had a horn full of medicine, licked it and said to me 'Wa sinwin ku' (go mad die), I fought with him but I was afraid and began to shake and had a burning feeling in my head. At night I couldn't sleep and had nightmares of animals and spirits and human beings with large heads. Later I had a rash all over my body and 'ran mad'".

A second case was that of a 19 year old student who came to Aro hospital clinic, with complaints of burning in the head, insomnia and a feeling that something was lodged in his stomach that would try to rise into his chest and then he would be afraid that he would die. He gave the story that he was the son of his father's second wife and a very successful student. The son of the father's senior wife was a poor student and failed on two occasions. "The senior wife was very vexed at this and tried all possible means to spoil me. While I was at Shagamu a man came to curse me, I did not know the man and all that he said is not known to me. I turned suddenly and saw him standing there, I just heard him muttering words, he had a black thing in his hand, I tried to seize it from him but couldn't. Not long afterward, I began to feel severe headache, two days afterward when I would look at people it would seem that I saw two people. I was afraid and I began to take a machet to bed and I couldn't sleep. Then everything I looked at appeared to be in water, and I began to feel this thing in my chest. I cannot study."

The next two very interesting cases cannot be said definitely to be associated with curse since they could not communicate effectively during the time they

were under observation. Their relatives in both cases believed that their illnesses were due to curse though in neither case could they say why they should have become the victim of curse. They were both young students brought to hospital in a psychotic state, both bit off their tongues a few days after admission and both were dead from unknown causes a few days later.

In more detail, O.J. was an 18 year old Yoruba male from Lagos. While at school he began to act strangely, causing a disturbance in the classroom by trying to take the place of the teacher. He became preoccupied with politics, tried to join an inappropriate political party and refused to return to school. When first brought to hospital he was quiet and uncommunicative. Subsequently he began to show posturing, with his head thrown back and pulled to one side and his tongue protruding. To questions as to why he was doing this he would reply "nothing", but he would seem to be able to control this posturing when told to do so. Soon after that he began to bite his tongue. After biting it severely he was immediately placed on E.C.T. and on large doses of Largactil. However, as soon as he gained the slightest degree of consciousness he would resume biting his tongue, and very soon, in spite of all attempts at prevention by gagging etc., his tongue was a necrotic mass. He seemed positively intent upon destroying his tongue. A surgeon was brought in to remove the necrotic tissue and he was placed on tube feeding and protective antibiotics. However, he lost a good deal of weight, his temperature rose and he was dead within 10 days of admission. He did not die of haemorrhage and his blood pressure was normal throughout.

The second student was a girl of about the same age and also from a school in Lagos. She was admitted in a severely psychotic state, shouting, obstreperous and appearing to be hallucinated in the auditory fields. She expressed the idea that she had eaten her father and mother and girl friend. She was immediately placed on Largactil. About two days after admission she also began to show posturing with the head drawn backwards and to one side. She also bit off her tongue and died in similar circumstances to the boy about five days after admission.

A third death associated with tongue biting about which there is even less information was that of a young man who was picked up by the police with his tongue almost severed, in the streets of Ibadan. His tongue was sewn by a surgeon in an Ibadan hospital, but he was found to be psychotic and transferred to Abeokuta. He made further attempts at biting his tongue and pulled out the surgeon's stitches. He died shortly after admission.

One cannot of course be certain that these cases were related to curse. It does seem to be a reasonable possibility, however, especially in view of the fact that this type of curse is not unknown in Yoruba land. For example, if someone is verbally abused by another or laughed at, he may retaliate by saying "You will bite off your tongue and never speak again" or "You will laugh yourself to death". Further observation will be necessary however to clarify this tongue-biting and neck-twisting pattern.

Curse may also be given as a reason for a man committing other types of suicide or of homicide. In the latter case one must be even more guarded about pronouncements as to its validity, for it is clear that it can be used as an attempt to obtain acquittal in the case of intentional murder. Such cases are very difficult to deal with since so little is known about the pattern of this type of psychiatric disturbance (if such indeed exists). The common story appears to be that the man claims to have been cursed or poisoned in some way and he subsequently kills what appears to him to be an animal or bird in the woods. It later turns out to be a wife or a brother instead of an animal or bird. Some cases of this type

seem genuine enough and there are several patients in Lantoro hospital with this type of history associated with homicide. Such "psychoses" are generally short lived and the patient appears to recover completely.

Turning to the phenomenon of invocation. The patient will generally interpret his psychosis or neurosis as being the result of invocation when he has a certain type of dream—usually he will see someone coming to him to put medicine on him. For example one patient dreamed "I saw a man putting something on my head" and another, "Two men came to me and told me to bend over, then one of them put something in my rectum, like a pepper." At other times the patient will report that he hears someone calling his name in his dreams or just as he is awakening. The belief is sometimes expressed that if one does not answer to one's name, the invocation will not be effective. To prevent damage by invocation the native doctor will sometimes make a cut in front of the patient's ear and rub in certain protective medicines.

Similarly a dream will disclose to the patient that he is being worked on by "Shigidi". The following dreams may be cited as examples. "I saw a cat holding a club and it hit me on the head"; "When I sleep I travel all around the town. I saw some idols, like Shigidi, they were white and walked around the village, some had breasts and women's faces and their heads were larger than normal" and "I dreamt I saw a spirit flying into my head".

I have made several attempts to try to find out if the Yoruba believe that it is only a guilty man that can be damaged by curse or invocation. However, opinion was divided. Some native doctors expressed the belief that it was very difficult to harm a just man. Others felt that the more important factor was whether the individual had his protective medicine in good order. Lucas (1948) gives a traditional Yoruba poem which tends to confirm that it is only the guilty that can be damaged.

"One who does good does it for himself,
One who does evil does it for himself,
Virtue has its good reward,
Evil has its evil consequences,

If one's conscience is clear, the harmful fly sent by a wicked man can do no harm."

Finally, when speaking of the relation between these practices and mental health one must mention their functions as a means of hostility discharge. The Yoruba culture, possibly because of its polygamous basis, and no doubt because of certain child rearing practices, appears to generate very considerable amounts of jealousy and envy. It is clear that a man with intense feelings of this type would experience a significant catharsis after the elaborate ritual and expense of a Shigidi seance—even if his victim through stronger protective medicine, remained undamaged. It is also probable that through a projective mechanism, the Yoruba estimate of the prevalence of curse and incantation far exceeds the instances of these practices actually being carried out. This is purely conjectural however.

Discussion

Although the Yoruba are an unknown people to most of you, I have no doubt that as I have been describing these various Yoruba magical fantasies and practices, they have all seemed more or less familiar to you, as though you had heard all about them before.

The idea of the omnipotence of the word is ubiquitous. We are familiar with it from studies of the thought of other primitive cultures; from myths and fairy tales and from the Bible and Shakespeare in our own literature; we also catch glimpses of it in some of the thoughts and actions of our patients, not to mention in the more archaic areas of our own minds.

It is clear that the fantasy of the omnipotence of the word is not a superficial social phenomenon like a style of pottery decoration or the form of a language which varies infinitely from culture to culture, but rather represents some more fundamental quality or function of mind, that is called forth in a very similar way irrespective of cultural setting. This cross cultural uniformity is also observable in funeral practices, in witchcraft beliefs, and in masquerade ritual in addition to such archetypal images as "Sacrifice" and "Purification, through death and rebirth".

To return to the belief in the omnipotence of the word, we might ask ourselves why such beliefs exist universally when they are, for the most part, so patently contrary to reality? Why do they find such a ready response in our own minds?

In discussing these problems I would like to outline a hypothetical picture of the development of reality mastery and the evolution of thought in the individual. These conjectures are based largely on experience with the use of L.S.D. and mescaline as well as upon some of Freud's hypotheses. Four stages of this evolution will be outlined and an attempt will be made to show how the belief in the omnipotence of the word seems to be a reminiscence, on the part of the Yoruba, of some of these primordial modes of mental functioning.

It would appear that the earliest mode of relationship between the infant and the outer world of "things" is by participation—or perhaps it would be more correct to say that at this early stage the self and the world have not yet separated off from one another. In the newborn's relationship with a thing, he is that thing; he doesn't see and feel the breast, he "is" the breast; he doesn't hear the sound of the train whistle, he "is" the sound of the train whistle. One of the best means, perhaps the only means for the average adult to grasp the idea of the fusion of subject and object is through the experience of the "model psychosis". This fusion is one of the commonly experienced phenomena during these intoxications¹.

Some poets describe this fusion experience without the use of drugs². Sometimes the experience is that of the physical intrusion of the objects into the Ego of the subject; at other times the self seems to "lose itself" in the physical objects. We can perhaps think of the infant's stream of consciousness at this time as being a succession of concrete things—hunger, pain, breast, mother odour, side bar of crib, etc. At this stage there would be no separation between I and "It"—all would be one.

Subsequently, when the infant's ego has attained some degree of autonomy, the stream of consciousness becomes one of perception and hallucinations of perception. At first we may think of the hallucinatory experience as being indistinguishable from genuine perception. One may consider the sleeping child: physiological conditions of hunger occur and the child rises to the more superficial levels of sleep. Then the hallucination of the breast emerges and the child may

¹I am not certain how justified we are in assuming that modes of experiencing during model psychoses are similar to childhood modes of experiencing, but in the author's opinion, we are more justified in thinking along these lines than we are in thinking that there is anything peculiarly "Schizophrenic" about the model psychoses. (cf. Osmond & Smythies, 1952, and others). I think it would be more accurate to say that, in both Schizophrenia and the chemically induced psychoses, archaic modes of thinking and experiencing are laid bare, modes that have already been experienced during childhood but subsequently superceded by more realistically oriented modes. Similarly Field (1958) regards magical fantasies and witchcraft beliefs in primitive cultures as being impositions upon those cultures of "Schizophrenic" thought patterns by its Schizophrenic members. Again this would appear to be a much too restricted conception. There are no specifically Schizophrenic modes of thought or Manic-Depressive modes of thought, but just different levels of human thought. The primitive is, for some reason, "closer" to these archaic modes of thought; the European Schizophrenic or other psychotic (including the subject of a model psychosis) regresses to them.

²Rilke for example had such fusion experiences, "both outside and within him, the cry of a bird was correspondingly present, did not so to speak, break open the barriers of his body, but gathered inner and outer together into one uninterrupted space, in which mysteriously protected, only one single spot of purest, deepest consciousness remained." (In Notes to the Duino Elegies, Hogarth Press, London, 1952, page 153).

be observed to make sucking motions with its mouth and then sink back into the deeper levels of sleep. At this level the image of the breast is equal to the real breast. Similarly, during L.S.D. psychosis one subject reported:

"I went out into the garden and looked up at the leaves which were just bursting from their buds and silhouetted against a brilliant blue sky. When I closed my eyes the buds and sky persisted so that there was no difference between when my eyes were open and when they were closed, and I didn't know where I was."

During this second stage, although the self has emerged and there is self and not-self, the picture and reality are not distinguishable. It is perhaps from this stage that some of the primitive modes of thought that seem to equate picture with reality take their origin. For example, the dream is often not clearly distinguished from reality. A Yoruba woman reported that she had dreamt of fighting with one of the women in her village. Next day she saw the woman in real life with a bandage on her arm and felt that she had inflicted the wound.

The third stage is that of "Amulet" or "Sign". It is probable that gradually the hallucinatory breast loses its capacity to satisfy the child's desires and calm his anxieties. At the same time (perhaps 6-12 months), the infant is becoming capable of manipulation and exploration of the outside world, and may be seen to manipulate the physical world or his own body to coerce it into being a breast. At this time he may hesitate over climbing a step or moving from one side of his crib to the other and he will be seen to take something in his mouth,—his hand, a toy, a stone or the corner of the crib, and with this something-in-the-mouth he will feel himself capable of anything and will attempt anything. At this time it seems to be much more important to have something-in-the-mouth than to have a firm grip on the side of the crib. Whereas in stage two the infant desires could within limits be satisfied and his fears quelled by hallucination, in stage three this mechanism fails and something physical which is related to the object desired seems to take its place. The breast may be represented by something-in-the-mouth; or the rhythmic movements of sucking may be represented by rhythmic movements of the limbs; or a blanket or other article associated with the earlier nursing experience must be used—all of those "amulets" a child uses to help itself to get to sleep seem to fall into this class. The essential seems to be that the amulet will "be" the thing desired if it is like the thing desired in some essential or if it has had contact with the desired thing. It is possible that the practices and beliefs associated with homeopathic and contagious magic have their origin in this stage.

Lustman (1957), Hartmann and other ego-psychologists supply further observations and hypotheses to clarify this phenomenon; the background concept of these authors appears to be that for adequate perception and other ego functions (i.e. memory, conceptualisation and other thought processes, motility etc.) three aspects are necessary: (1) the neuro-anatomical structure, (2) the classical neuro-physiological activity, (3) libido or "psychic energy". For example, for adequate vision, the optic apparatus and visual cortex must be intact, nerve impulses energizing the system must be present and finally the optic system must be libidinized or as it were "coated" with psychic energy. In hysterical blindness, the anatomical and neurophysiological components are adequate but the patient does not see because "libido" has been drained from the visual apparatus.

Lustmann feels that this libido or psychic energy is very mobile during infancy. It may be withdrawn from some parts of the ego apparatus (which are then outside the access of consciousness), and concentrated in other parts. An actively suckling infant will appear to be unaware of pain or loud noises since the libido is withdrawn from the auditory and pain apparatus and concentrated in the oral mucosa. He believes that this withdrawal of libido may be one of

the earliest mechanisms of defense against excessive stimulation and calls it the defense of imperceptivity. The child has a kind of built-in anaesthetic apparatus. With adulthood the libido becomes more fixed and selective withdrawal more difficult though it would appear to be withdrawn each night and as it were "sprayed out" over the ego apparatus each day with awakening. What libido or psychic energy is in neurophysiological terms is not clear, though as Lustmann describes it, it seems to be somewhat akin to the Neurophysiologist's Reticular Activating System. Some remnant of this "defense of imperceptivity" may persist into adulthood and reappear in extreme circumstances. For example, during the heat of battle a painful wound may go unnoticed until the action is past; the pain of a toothache will be temporarily obliterated during the height of orgasm. Hysterical losses of perception and loss of function of other ego apparatus may also be examples of this phenomena¹.

These first three stages seem roughly to be included under Freud's (1914) "Stage of primary narcissism" during which the child appears to himself to be the master of the universe. Through hallucination, amulet or withdrawal of libido, he is able to satisfy his own needs through means within himself. His desires and fears can be materialized or obliterated through his own activities. At first he is the breast and the breast is him; then the hallucinated image of the breast is the breast; then something-in-the-mouth or anything that has had association with the breast is the breast.

The fourth stage is marked by the dawning of speech and the beginning of true symbol formation (when the designation need not imitate or have had association with the object designated). In this stage there appears to be a progression into Freud's (1927) "stage of secondary narcissism"—when the old mechanisms of hallucination and amulet prove ineffectual to satisfy the child's expanding needs, he comes to the realization that he himself is not omnipotent. Instead he assumes that those huge God-like figures, his parents, are the omnipotent ones and through incorporation and identification with them he himself becomes "secondarily" omnipotent. One of the major means of attaining to this secondary omnipotence is through language. May I describe a scene to illustrate this mechanism. A sixteen month child was frightened by the sound of movement of furniture in an upstairs room. The child's mother reassured her and said it was only thunder. The child repeated the word "thunder" several times, her face cleared and she was at peace. At this stage words seem to act as anxiety traps as it were—as defenses through participation with the omnipotent parent. There is a shift from the child's own omnipotence through something-in-the-mouth, to secondary omnipotence through something formed by the mouth, i.e. speech. The anxieties of the expanding unknown world become entrapped in a web of words. This is a considerable step towards the mastery of reality, for in this instance the object of pain or anxiety is not transformed or obliterated through inner hallucinatory methods or "amulets"; it is experienced in its objective reality but some of the pain is drained off into the word and absorbed into the image of the omnipotent parent. It is probable that at first the verbal symbol is very closely adherent to the object symbolized in the same way that amulet and hallucination are indistinguishable from breast, during their period of employment. It would be only when a considerable maturity had been attained that the symbols

¹ St. Theresa also describes such a state of imperceptivity during certain stages of her religious ecstasy. "While seeking God in this way, the soul is conscious that it is fainting almost completely away in a kind of swoon. It can hardly stir its hands without great effort, the eyes close involuntarily, if they remain open they scarcely see anything. If a person reads he can scarcely make out a single letter, it is as much as he can do to recognize one. He sees that there are letters, but as the understanding does not help, he cannot read them even if he wanted to. He hears but he doesn't understand what he hears." (In "The Life of St. Theresa", Penguin, R. & R. Clark, Edinburgh, 1957, p. 125).

could be stripped from the things symbolized and used abstractly or as it were algebraically in thought and language.

It must be added at this point that with respect to the omnipotence bestowed by language, in addition to the omnipotence borrowed through identification with the parents, there is a second more realistic power derived from words. In the pre-verbal period the child's wants were frequently misunderstood and great energy had to be expended to build "the bridge" of communication across to his parents. With his expanding vocabulary a new low-energy mode of exact communication would heighten the child's feeling of the power of the word. The whole area of the "energetics" of language is an interesting one. We are all familiar with the uneasiness we feel in psychotherapy with the patient who speaks in psychoanalytic or other psychological jargon. There is probably more to this uneasiness than the anxiety that the patient knows as much as the doctor or the uneasiness over our exalted position as doctors being threatened by a too knowledgeable patient as when, through the "Readers Digest" or other medium he has learned of a new drug about which we have not yet heard. In psychotherapy, in addition to this "threat" there is also the feeling that the patient will derive no good from speaking in this way. This is the defense of intellectualization. It is as though this language is too low in energy—he must split into the fabric of these words and find out what they really mean for him. He must release the anxiety and other feelings that have been entrapped in these words.

As a final illustration of the four stages of the evolution of thought, I would like to give an extract of a subject's description of his L.S.D. Psychosis.

"The feeling came on in waves. It was as though I was being submerged in water. I kept swallowing, there was great fear and a feeling of pain and tension in the back of the neck.

I was concerned about reality and the meaning of words. Words seemed to have lost their meaning, it seemed that I had to write in order to maintain my contact with reality. I was down at the level of words, down at the seedbed of words, I was before words and crossing the river Styx on words. Words were the Swan of Tuonela between here and the other side.

I took out a gold pin that had been given to me by a girl friend. I looked at the pin and held it and it seemed to be a protection.

In the depth of the psychosis, I remembered a photograph I had seen at a photographic exhibition the day previously. It was the picture of a mother feeding her child at her breast. I actively hallucinated my mother's breast—her fatness and her odour. It was very vivid and a comfort. That evening at supper there were candles and I took some of the wax and made a conical object. I laid down and put this object on my forehead. I didn't think of it at the time but later I thought I must have been making my own head into my mother's breast with the wax to be the nipple".

In this extract there would appear to be an anxiety-laden regression back through the fourth level of words as symbols, through the third level of sign or amulet—the gold pin representing through the principle of contagious magic the physical presence of the girl-friend as protection; through the second level of vivid hallucination to the primary level of the fusion of subject and object—he becomes the desired breast.

To conclude by returning to the Yoruba, an attempt has been made to show that in the evolution of thought, the ancestor of the word was the sign and the hallucination and that to the child the word and the sign and the hallucination are in a very concrete sense the same as the objects they represent. In the Western adult this stage of lack of distinction between inner fantasy and outer reality remains as a dimly remembered echo, whereas in the Yoruba it remains

vividly conscious. It will be recalled that in the rituals of curse and invocation great emphasis is laid upon the mouth and its movements . . . the lips, tongue, teeth, licking, sucking, chewing, blowing in addition to the movements of the vocal apparatus in the actual speech. One might speculate that these activities are an attempt on the part of the Yoruba to recapture that Utopian era when the individual could master his universe through the movements of his own mouth.

We might ask ourselves why the recollection of this oral omnipotence remains so strong in the Yoruba. There are perhaps a number of factors that might be suggested here. Perhaps the most important factor is that of prolonged breast feeding during childhood—the average Yoruba is breast fed until at least the age of two years, often until three or four. Many Yoruba can recall taking their mother's breast. One other factor which is possibly important is the fact that the Yoruba child is carried upon his mother's back up until the age of three or four years. During this period he does not have the extensive experience of the exploration of the physical world that the European child has. It is also no doubt of importance that the Yoruba atmosphere of ideas perpetuates these magical beliefs, the child having been immersed in the magical milieu from the earliest times.

Summary

On the basis of one and a half years spent in the Western Region of Nigeria, an attempt has been made to describe some Yoruba beliefs and practices relating to the magical power of words and language.

Methods of Cursing, Blessing and Invocation have been described in some detail and some examples of psychiatric disturbances and possibly deaths due to these methods have been given.

In the discussion a hypothesis of a four stage scheme for the evolution of language and reality mastery is presented. This hypothesis is based upon certain psychoanalytic concepts and upon observations during model psychoses. It is suggested that the Yoruba belief in the omnipotence of the word is a memory of one of the early phases of ego development.

Acknowledgments

I would like to express my appreciation to many members of the staff of Lantero and Aro Hospitals, particularly to Messrs. Johnson, Sodipo, Akinlotan, Sobowale, Fapojuwo and Kinoshe for their efforts to explain their culture to me. I would also like to thank Chief Jimo Adetona, Mr. Obafemi and other Nigerian native doctors for their friendly explanations and assistance.

I would also like to thank Dr. S. Franklin, Chief Medical Adviser of the Western Region of Nigeria for permission to use clinical material in this paper.

References

1. Ajisafe, A. K. (1946), *The Laws and Customs of the Yoruba People*, page 29. Kash & Kare Bookshop, Lagos.
2. Field, M. J. (1958), *Mental Disorder in Rural Ghana*, *J. Ment. Sc.* 114: 1043-1051.
3. Frazer, J. G. (1945), *The Golden Bough*, page 11. Abridged version. Macmillan Co. New York.
4. Freud, S. (1927), *The Ego and the Id*. Inst. of Psychoanalysis and Hogarth Press, London.
5. Freud, S. (1953), *On Narcissism: An Introduction*, in *Collected Papers IV*: 30, Hogarth Press, London.
6. Lucas, J. O. (1948), *The Religion of the Yoruba*, C.M.S. Bookshop, Lagos.
7. Lustman, S. L. (1957), *Psychic Energy and Mechanisms of Defense*, in *Psychoanalytic Study of the Child*, 12: 151. Int. Univ. Press, New York.

8. Osmond, H. and Smythies, J. (1952), Schizophrenia: A New Approach, J. Ment. Sc. 98: 309-315.
9. Willet, F. (1958), The Discovery of New Brass Figures at Ife, ODU 6: 29, Ministry of Education, Ibadan.

Résumé

Après un an et demi de séjour dans la région occidentale du Nigeria, les auteurs ont tenté de décrire quelques-unes des croyances et des pratiques des Yoruba en regard de la signification magique des mots et du langage.

Des descriptions passablement détaillées de malédictions, de bénédictions et d'invocations, de même que des exemples de troubles psychiques et même de morts imputables à ces pratiques sont offertes.

La discussion présente une hypothèse où l'on reconnaît quatre stades de l'évolution du langage et de la conquête de la réalité. Cette hypothèse repose sur certains concepts psychanalytiques et sur les faits observés dans les psychoses expérimentales (modél psychoses). La croyance des Yoruba à la omnipotence du mot constituerait une réminiscence de l'une des premières phases du développement du moi.

