

The Notion of ‘Were’ in Yoruba Conception of Mental Illness

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ABSTRACT

The conception of mental illness has a narrower focus than the western view. While the notion of ‘were’ merely refers to the manifestation of mental disorder, mental illness in the west involves minor stages of mental problems. This paper attempts to examine the Yoruba concept of mental illness. It is assumed that the Yoruba view of mental illness is narrower. ‘Were’ defines mental illness from the terminal point of view. This has implications for both help seeking behaviour and social interaction. The study was carried out in Ibadan, the capital city of Oyo State of Nigeria and a Yoruba community. Data were collected from ten key informants who are traditional healers. The Yorubas classify mental illness into three categories – ‘Were Amutorinwa’, ‘Were Iran’ and ‘Were Afise’. The onset of mental illness is usually observed in the wild behaviour of patients while help seeking mostly commences at this crisis stage. Usually, mental illness has negative stigma, as ‘were’ is a derogatory concept of abuse. There is need for appropriate mental health education as regards mental health related problems, diagnosis, and prevention in order to avoid the terminal stage of ‘were’.

INTRODUCTION

This paper addresses a non-western concept of ill-health and illustrates the differential conception and interpretation of mental illness. The objective is to examine the Yoruba concept of mental illness. Labelling theory explains that deviance is a function of the responses of others to a particular group (Lumert 1951; Becker 1963). It has been argued that social groups create deviance by making the rules from which deviation constitutes deviance, and by applying those rules to certain categories of people and labelling them as outsiders (Becker 1963). Therefore, deviance is not the quality of an act a person commits but the consequence of the application of the rules and sanctions of ‘offenders’. For Durkheim, society is more important than the individual.

Society defines the individual in a particular way. It makes prediction about human behaviour. As a result the Yoruba cultural group defines mental illness from cultural perspective and labels the individual as ‘were’ in case of non-conformity to approved way of life, especially when such behaviour is on the extreme.

This paper, therefore, discusses the Yoruba philosophy of social relations, 'were' as a pathological problem, negotiation of health and illness and the implication for modern health care delivery.

RESEARCH METHODOLOGY

RESEARCH SETTING

Yoruba is one of the three major and second most populous ethnic groups in Nigeria. The people occupy the southwestern part of the country stretching from the upland area to the hinter land of the Lagoon. They speak Yoruba language. The people are traditionally farmers, most of whom are now engaging in some white-collar jobs and trading activities. Like other African societies, the people were predominantly traditional worshippers who worship various gods and deities. They have the world view of a supreme being know as *Olodumare* (God). As descendants of a common ancestor (*Oduduwa*), they share the common worldview. Like any other African societies, the following five categories of religious practices can be observed, as earlier observed by Mbiti (1969):

1. God as the ultimate explanation of the genesis and sustenance of man and all things;
2. Spirits, made up of superhuman beings and spirits of ancestors;
3. Man, including human beings alive and those not yet born;
4. Animals and plants or the remainders of biological life; and
5. Phenomena and objects without biological life.

In addition to these five categories there is a vital force, a power or energy, permeating the whole universe. For the Yorubas every plant, animal and natural phenomenon is a carrier of the divine. God is the source and the ultimate controller of the vital forces, but the deities are the intermediaries between man and God. A few human beings are endowed with the knowledge and ability to tap, manipulate and use the vital forces, such as the medicine men, witches, priests and rainmakers. Some use it for the good and others for the ill of their communities and fellow human beings. In order to appease the gods, people have to perform rituals and to make sacrifices. There are numeral rituals such as those for fertility for humans, crops and animals; for birth, initiation, marriage and death; for rainmaking, planting and harvesting. For the Yorubas, nature is not an impersonal object or phenomenon: it is occupied with religious significance. The invisible world is symbolized or manifested by visible and concrete phenomena and objects of nature. According to Mbiti (1969), the invisible world presses hard upon the visible, and the African people 'see' that invisible universe when they look at, here or feel the visible and tangible world. The physical and spiritual are the two dimensions of one and the same universe.

Although Christianity and Islam have replaced traditional religion, people's thoughts about and attitude to life are still shaped by the held worldview. This, however, they exhibit in their day-to-day interpersonal interactions, within and outside the church and mosques.

METHOD OF DATA COLLECTION

In-depth interviews were carried out with key informants. In the process, five traditional healers (herbalists) and five diviners were interviewed at different locations and on different occasions in Ibadan, the capital city of Oyo State of Nigeria. The informants were carefully and purposively selected because of their knowledge of and practice in the art of healing. Since the subject matter is largely theoretical and culturally patterned, these individuals were best placed to speak about it as they have knowledge of Yoruba healing practices and oral literature. Other scholars (Maclean 1974; Buckley & Buckle 1985; Osunwole 1989; Oke 1995) have used the same method to accomplish similar objectives in their various studies. I have also used the same method in an earlier study (Jegade 1996).

The informants were purposively selected from different locations to widen the scope of information received and to corroborate the findings. In order to remove gender bias, three women and seven men were interviewed. The research lasted for three months. The researcher employed an emic view to evaluate and interpret the data received, which was carried out on a daily basis at the time of the interviews.

Informants defined 'were' as a pathological problem of social relations in which the individual loses the sense of reasoning and control. For them, it involves biological, psychological, sociological, and cultural dimensions. This results from the lack of agreement between thoughts and the objective reality. In line with the World Health Organisation's (WHO) definition of health, the informants observed the four dimensions but they moved a step forward to emphasize the role of the gods and cultural definition of health, which may not necessarily rely on instrument-aided or laboratory tests. It is true that the WHO definition takes into consideration the role of social and cultural factors in disease and illness episodes but it fails to recognise certain variables specific to illness experience as conceived by the Yorubas. Therefore, health and illness should ideally be examined from a cultural perspective so that better planning of health care delivery in non-western societies will be enhanced. It is also important to expand the scope of literature and research in this field.

YORUBA HEALTH BELIEF

For the Yorubas, health and illness are two opposing phenomena underlying the Yoruba philosophy. Hahn (1995) emphasizes the importance of cultural

differential in the perception, definition and interpretation of social phenomena. According to him, the more direct power of social relationships is an important influence in the production of events of sickness and healing. Every human being is sick from time to time but not in the same way. Individuals do have subjective experiences of sickness. Sickness occurs from different causes and in a manner corresponding to our “singular bodies”, our “unfolding biographies”, our “cultural and historical positions”, and our “current circumstances” (Hahn 1995). For Jegede (1996), sickness is a unique event because it is an undesirable and indeterminate condition.

Societies with their relationships and beliefs sicken, kill and heal in different ways. For Hahn, human societies, interpersonal relationships, and cultural beliefs are not simply external to, or in the space surrounding us, but rather embodied, literally, as a part of our anatomy and physiology. ‘Were’ as a notion or an idea, represents a cultural perception of mental illness among the Yoruba people. Many scholars, such as Foucault, Scheff and Akiwowo, have brought into focus the need for culture-bound analysis of such social problems. For Payne (1992), Akiwowo’s work through his use of Yoruba orature in general, and Yoruba divination in particular, deftly springs to the forefront of African Sociologists who proposed to construct more relevant models of African society from which to employ ‘ifogbontayese’, the systematic approach to social reconstruction.

In the Yoruba belief system, ‘aisan’ depicts “not well”. To be well does not only mean biological well-being but the holistic condition of the individual and the society (Jegede 1994, 1996). Diseases are considered as abnormalities in the structure and functioning of the body organs. For the Yorubas, ill-health is an external factor to the body, thus accepting bio-medical of illness, but a wide range of people’s constraints concern the parts of human life that cannot be reached by these tools (Rinne 2001).

The Yorubas believe that mental illness can result from four perspectives – natural source, such as those resulting from accidents or drug use, supernatural or mystical source, such as those resulting from the anger of the gods, preternatural source, which is usually caused by witchcrafts, and lastly the inheritable ones. The Yorubas believe in the germ theory in the aetiology of disease. Every departure from approved way of behaviour, especially those on the extreme, is considered as mental illness thus depicting social instability and in this situation pathological condition.

Among the Yorubas, mental illness has some social significance for interpersonal relationships. It forms part of the regulatory aspects of life. It determines one’s acceptance in the society and causes social instability, especially in marriage. For instance, Ogedengbe (1986) in her study of two mental institutions in Nigeria found that 10.0 percent of those discharged from Aro village and 10.0 percent of those discharged from Neurotic hospital show that divorce and separation from spouses took place before illness, 23.6 percent and 20.0 percent respectively said that their divorce or separation came during treatment, while 63.0 percent and 70.0 percent of the women interviewed

respectively showed that their divorce or separation came after treatment. Both hospitals are located in a Yoruba town of Abeokuta. More than 80.0 percent of the in-mates are Yoruba. However, 3.4 percent and 0 percent respectively did not mention whether divorce or separation took place or not. Hence, mental illness, as conceived by the Yorubas, connotes a social stigma as everybody always wants to maintain a good health status. It thus leads to social ostracism. Why?

‘WERE’ AS A PATHOLOGICAL PROBLEM

The Yorubas view ‘were’ as a pathological problem. It has been found among the Yorubas that six biological factors can result in illness: *aisun* (sleeplessness), *aiwo* (restlessness), *aije* (inability to eat), *aimu* (inability to drink), *aito* (inability to urinate), and *aisu* (inability to defecate) (Jegade 1994, 1996). For Jegede (2000), there is an interaction process between these variables in which one activity leads to the other. But a breakdown of the interaction would lead to social disorder and this is heightened by restlessness (*aiwo*) which the Yorubas consider as the prime of all illnesses.

The Yoruba people have good knowledge of body anatomy. The people believe that human body is composed of several parts – *ori* (head), *oju* (eye), *apa* (hand), *ese* (leg), *eti* (ear), *imu* (nose), *enu* (mouth), etc. (Jegade 2000) and that these parts perform different functions which help the body to maintain good health. They see good health from the point of view of harmonious relationships between the parts. For the informants, these parts are co-ordinated by the brain. And as a result, if the brain is dysfunctional, it will manifest in the interaction between these different parts. It is in this process that an observable ill-health condition is noticeable in people’s behaviour.

On the other hand ‘were’ as both social and psychological morbidity is also considered as a problem of perception, hope and reality. Therefore, the state of disequilibrium between the three thus leads to mental disorder which informants referred to as ‘were’. ‘Were’ is classified into three categories – ‘were amutorunwa’ (mental illness that one is born with), ‘were iran’ (hereditary mental illness), and ‘were afise’ (mental illness due to affliction). This is similar to earlier findings by Odebiyi and Ogedengbe (1995). As aforementioned, the onset of ‘were’ is observable in the wild or abnormal behaviour of individuals, while help seeking mostly commences at the crisis stage. This has implications for the cooperation between the healer and the patient.

NEGOTIATION OF HEALTH AND ILLNESS

In orthodox medical practice, physicians do make use of diagnostic instruments such as stethoscope, sphygmomanometer, and thermometer, for diagnosing

ailments. These instruments are used in detecting changes and imbalances in the body condition. They thus suggest the state of the individual's body system, and pronounce verdict upon the specific body organs. Accompanied by laboratory tests and the background history of the patient, the physician thus imposes his opinion based on the facts from laboratory and instrument-aided tests and the personal history of patients.

Every culture has a way of ascertaining the cause, nature, and treatment patterns of diseases. The tradomedical practice in the Yoruba culture does not involve the use of such diagnostic instruments mentioned above. There are ways of diagnosing ailments. "Traditional diagnostic methods examine the totality of man with reference to his biological, spiritual, psychological as well as social make-up" (Osunwole 1989).

What constitutes an ailment is a subject of contention between orthodox and traditional medical practices (Oke 1995; Osunwole 1989, 1996; Jegede 1994, 1996, 1998). Whether orthodox or traditional healer, conflicts always arise between healers and patients due to the fact that they hold different perceptions of the situation. As informants argued, sometimes somebody may feel ill when nothing is actually wrong with him/her. On the other hand, the healer may pronounce someone ill while he/she feels healthy. The co-operation between the two is thus problematic.

Among the Yorubas, traditional healers are community-based practitioners who are recognised as competent in the art and practice of healing. There are different categories, such as the herbalists, rainmakers, diviners and so on. Of all these, people have more faith in the diviner. This practitioner seems to be the only category of traditional healers with a diagnostic 'instrument' known as Ifa (oracle), which is usually divined for those in health and other life threatening problems. The diviner sees beyond the physical and explores the spiritual. From this point of view, the Yorubas believe that every human being chose a life pattern prior to birth. For them:

Each human being acquires a destiny prior to birth before crossing the threshold that separates existence in the other world (orun) from the existence in this world (aye). However, after acquiring this destiny in orun the individual is induced to forget the contents of that destiny before crossing the threshold that transforms the individual into a corporal being. Once in this world the only way for the individual, who is ignorant of his or her fate, to gain knowledge of that destiny is through divination, where it is believed that 'witness of destiny' (eleri ipin) reveals aspects of that divine plan to the inquirer through trained diviner (Payne 1992).

According to informants, mental illness results from a spiritual attack and it can only be cured spiritually. To know the type of spiritual therapy to apply, the diviner has to divine in order to confirm. Apart from this, there is always disagreement between herbalists who apply herbal treatments accompanied by all sorts of physical punishments inflicted on the mentally ill person. Therefore,

mentally ill persons do not usually co-operate with healers, hence they tend to tie them to stakes, hand and foot, with chains.

THE THERAPEUTIC MEASURE

The therapeutic measure is determined by the perception of the cause or causes of mental illness among the Yorubas. It was argued that certain types of mental illnesses cannot be healed. Such mental illnesses include those considered to be hereditary. The informants reveal that mental illnesses caused by natural, mystical or supernatural, and preternatural forces can be healed. As a result, there is differential in the steps taken. For the naturally caused mental illnesses, herbalists are contacted who usually administer herbal medicines and psychotherapy, while the mystically or supernaturally, and preternaturally caused ones are better handled by the diviner. There is general consensus among the informants as to who should handle each case. For them, "everybody knows his limit in the treatment of mental illness. This is not a matter of supremacy. If you do it the way it should be done it will be how it should be".

The content of the therapy is not yet explicitly understood as it sometimes involves incantation, rituals and sacrifices. The connection between the ailment and the therapy sometimes remains questionable. But the informants agreed that there is connection. For them, the use of incantation (as a starting point) is synonymous with psychotherapy and this controls the mind and thoughts of the patient. As a result, the patient will respond positively to treatment having gained access to his or her consciousness. In fact the individual is brought back to his normal self. The gap between the self and the body is bridged and the personality enhanced. What is not yet clear is whether or not mental illness can be permanently cured.

THE TRUISM OF HEALING IN MENTAL ILLNESS

Yorubas do not believe that mental illness can be permanently cured. It is seen as a continuous process because a mentally ill person is being controlled by spirits, either due to a natural factor or other factors. Informants indicated that patients must be under permanent observation so that their condition does not get deteriorated. Hence, the concept of 'alawoku' (meaning semi-healer person) is a stigmatised perception of former mentally ill persons. The diviners argued that once the appropriate rituals are performed the patient would maintain stable mental health. However, the problem can only relapse if the victim violates taboos of the gods again. This is synonymous with the biblical injunction of the relationship between sin and illness in which Jesus Christ commanded, "go and sin no more so that more dangerous illness does not come upon you". Therefore, they suggested that human beings should reverence the gods and ancestors. This

indicates that, remaining steadily healthy after the treatment for mental illness, one is perpetually tied to the apron of the gods.

The herbalists have a different opinion. Although they believe in the role of gods, they strongly believe that physical materials are efficacious in the treatment of mental illnesses. For them, patients do not need to depend on drugs. However, they agreed that such treatment might not offer an absolute cure, as patients sometimes remain dull and less active than they used to be before treatment.

IMPLICATIONS FOR MODERN HEALTH CARE

Considering the perceived cause or causes of mental illnesses among the Yorubas, informants demonstrated expertise in the healing art. However, wrong diagnoses are likely to happen since knowledge is based on mere observation and the worldview. Many problems caused by natural factors are usually attributed to supernatural or preternatural causes. The implication of this is delay in seeking appropriate modern medical care, and in some cases outright rejection of modern medical care. Probably, this is why the streets are filled with destitute, some of whom are mentally ill persons. The result of this is high prevalence of mental illness in the society, which is now a source of worry to the government of Nigeria.

CONCLUSION

In medical analysis, the superimposition of ideas or concepts hinders health promotion, and, as a result, huge reserves of resources are wasted. Reliance of one community on another has been observed to be responsible for the failure of health promotion, as postulated by the World Health Assembly (WHA) in 1978 (Jegade 1996). It has been argued that “the WHO’s early definition of health (WHO 1946) – as more than the absence of disease – became a major influence on our thinking about health in general, and stimulated models of positive health and health education. However, its impact on the way we conceptualise mental health has been negligible”.

A major problem facing health promotion today is that of universal theory which aims at facilitating health care delivery. Since culture differs from place to place, it becomes necessary to develop a culture-bound approach for the analysis of health issues. This paper has shown the potential value of such approach for the understanding of health problems. Understanding ‘were’ as a health problem will help us to reformulate our models for the analysis of health and illness. As earlier argued, this will enhance the capabilities of medical social anthropologists, health promoters, and health providers, and offers a way by which they can account of different culture-bound social realities (Jegade 1996).

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