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The Relevance of Centering the African Concept of Mental Health in the Current Globalizedand Digital World

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ABSTRACT

This paper invokes the relevance of centering the African concept of mental health in the globalized and digital world. Increasingly, African scholars are taking the initiative to redefine the African narrative and reconstruct the African knowledge systems to suit current reality of the African local and this is no different with mental health. The objectives of this present paper are to address the nuances and/or the relevance of centering the African concept of mental health. From the popular adage which contents that "cultural diversity breeds strength", gives room to questions as: have cultural differences become an instrument for destruction or strength? The subject of mental health in Africa is increasingly growing and there is daring need to address the African views of such public health concern. The study comprises a web-based survey, analysis of literature involving an excellent review of articles in addition to deductive content analysis of the data generated. In light of data that have been collected, there is need to re-address and own a standard working knowledge system for Africans by Africans. Further, the findings show that centering the African concept of mental health evidently goes a long way to impact on change and the quality of public health; this, thus, influences the development of research and mental health.

KEYWORDS: *African, centering, mental health, and digital world*

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INTRODUCTION

According to Njenga (2007), the concept of mental disorder is determined by factors such as, the historical context, cultural influence, level of scientific knowledge and capacity to carry out scientific enquiry, level of education in certain circumstances, as well as many others. Therefore, the African with its unique culture and world views may perceive mental health from different dimensions, as such, antagonizing some of the popular/conventional views of mental health. As a result, some of these African concepts may be considered unconventional and lacking the means to be integrated in the global standard Mental health practices. The relevance of centering African concept of mental health in the current globalized world lies on both culture-specific and cross-cultural underpinnings.

Deplorable conditions such as armed conflict and poverty in most African countries stands as impediments to a good mental health. The world is fast changing through its modernized policies and advancements in technology which has bearing on mental health practices. In order to provide services that are of global standard our concepts of mental health must face scientific scrutiny, otherwise, we may have good concepts of mental health relevant in context to the mental health profession but they may appear uncivilized globally due to lack of quality scientific enquiry.

The centering of the African concept of mental health in the current globalized and digital world is unquestionably very relevant as African's concepts (insider's perspectives) must be taken into consideration in addressing mental health issues for

Africans. The perception of mental health disorders in Africa, validity of assessment procedures and psychotherapy are some of the key indicators illuminating relevance.

Perception of mental disorders

Mental illness is a taboo subject that attracts stigma in much of Africa (Nyamongo, 2013). A study conducted in Uganda revealed that the term 'depression' is not culturally acceptable amongst the population, while another study conducted in Nigeria found that people responded with fear, avoidance and anger to those who were observed to have a mental illness. Social stigma has meant that in much of Africa mental illness is a hidden issue equated to a silent epidemic. Many households with mentally ill persons hide them for fear of discrimination and ostracism from their communities. Girls from homes known to have mental illness are disadvantaged due to the fact that a history of mental illness severely reduces their marriage prospects.

It is obvious that, variations in cultural beliefs and practices exist across contexts, such as, the western context and African context. One such example in understanding differences is in the multifaceted response to loss, that is grief. Even though there are universality in the grieving process when a love one is lost, the African context has its unique practices which may be perceived as uncivilized in the eyes of the observer. In most African countries such as in Cameroon, women are treated differently from men in the course of funeral rights. Men are not expected to cry while women are allowed to cry as a respond to the lost. Traditional rights are observed over a period ranging from one month to one year. The reactions from family members and the funeral rites has consequences on the bereaved who may either successfully complete the grieving process or experience complicated grief. The African concept of grief in relation to assessments and interventions adapted for African patients' needs to be justified through scientific research to provide alternative perspective in the global concept.

Another example is the concept of homosexuality which was clearly categorized as a mental disorder requiring treatment. Gender identity disorder has been classified as a psychiatric disorder in the DSM-IV (Hume, 2011 cites Draper & Evans, 1997). Due to globalization, and the fast-changing world, homosexuality is no longer considered a mental disorder according to global standard. Despite the wide acceptance of homosexuality in the western world as a normal behavior and one's human right of choice for sexuality, the African population is resistant to homosexuality tendency as it violates its cultural beliefs system and practices (Njenga, 2007). In order to ease tension in the homosexuality debate and to make relevant the African concept of homosexuality, quality scientific research is needed addressing the world views of homosexuality in relation to the African's cultural views on the concept.

Lastly, the concept of Female Genital Mutilation (FGM) is strongly discouraged by the world health organization, however its practice has strong cultural meanings and significant to the cultural identity of a particular population. The practice has often been described as barbaric with consequences on the victims' physical and mental health. What if ethical and legal procedures are established for the safe practice of FGM as in sex reassignment/genital surgery for transgender, can this practice be accepted by global authorities? Africa needs to resolve conflicting ideas and practices within its culture in a careful, justifiable and scientific approach in order not to be engulfed by global ideas and practices meant to destroy the African Cultural Identity.

Mental Health Assessment in the African context

Mental health assessment is another important indicator demonstrating the relevance of centering the African concept of mental health in the globalized world. Most of the mental health assessment scales were developed and validated in non-African contexts. Due to differences unique to African cultures, these tools are not very reliable or valid. However, many tools are being developed to identify common mental disorders in Africa. Assessment procedures designed to fit the African model/concept is a bold step in centering the concept of mental health in the global arena. The work of Ali et al. (2016), examined and found out a total of 158 validation studies for assessment tools adapted to the African population. Mental health assessment tools validated in context can therefore meet global standards.

Psychotherapy

Nwoye (2010), outlined several goals for psychotherapy in Africa which includes the following:

1. Challenge the faulty/negative/unrealistic beliefs, attitudes, values, expectations, worldview, prejudices and negative myths of Africans about themselves, their world, and others.
2. Interrogate or re-examine the misdirected goals and expectations towards which most people strive in today's Africa.
3. Challenge the behavioural strategies, most of them destructive in the long run, that most people

in Africa construct to achieve the inordinate goals that organize their lives.

4. Explore and reflect on the negative consequences of people's behaviours in today's Africa.
5. Re-educate the society and halt the avoidable psychological damages brought about by society.
6. Redress and rehabilitate the colonial damage inflicted not only on the landscape and economy of Africa but also on the psychological world of the entire African peoples, both those in Africa and those in the diaspora. This particular objective will, among others, entail purging aspects of our cultural history that bear the traces of self-hatred instilled on us by our negative colonial past and all the other disabling consequences of our colonial and post-colonial experience.

The relevance of centering the African concept of mental health can also be seen in the goals of psychotherapy in Africa outlined by Nwoye. The African concept of suicide is full of myths and misconceptions ranging from possession of evil spirit to foolishness, making it difficult for the prevention of suicides and treatment of patients with suicidal tendencies. It is relevant in challenging or changing these faulty beliefs and attitudes as postulated by Nwoye (2010) as a way of centering the African concept of mental health in the current globalized world. Nwoye's third point of goals of psychotherapy in Africa highlights the need to challenge behavioral strategies that are destructive in the long run. It is popular known in the context in which we live that, "if you spare the rod, you spoil the child" therefore giving the smooth path to aversive therapies such as corporal punishment or physical punishment for children with disruptive behavior disorders. Aversive therapies are strategies that have proven in western literature to be destructive in the long run. It is very relevant for African Psychologist and mental health professionals to examine such controversial approaches to ascertain ethical considerations and efficacy in the African population.

The African concept of mental health

Mental health is understood as a collective interrelationship between cognition, the soma, and the soul. Every community is defined by its culture. In Africa, there is no clear separation between an individual and others *(Ubuntu).* This was supported by Mkhize (2003) with the context that *humans are made persons by other persons.* In the Africentric paradigm, mental illnessis when an individual shows behavioral signs and symptoms that are perceived to deviate from social norms such as aggression, talking incoherently, isolation, shouting loudly, confusion and strange behavior (Mufamadi, 2001; Mzimkulu & Simbayi, 2006).In Africa and other parts of the world a human being is not only born but is made by the community. The behavior of Africans is motivated by what they believe, which is based on what they experience. Therefore, the understanding of mental health is a complex issue that requires knowledge of management, causation and appreciation treatment options. The relationship between human beings (the living) and the living dead (ancestors) is so fundamental in determining the health of individuals. This means if there is a disharmony with the ancestor, they can cause some misfortunes such as illness. Therefore, misfortune can be traced beyond the visible world or world of the senses, to the invisible world of the spirits and the ancestors from where the problem may arise.

Spirituality is so central and prime in the universe. Ubuntu Psychologyis governed by a humanity that acknowledges the spiritual essence of self and others. According to the African values a person is not evaluated in their material acquisition but in their expression of character. Africentric is about taking the globe and turning it over so that we see all the possibilities of a world where Africa is a subject and not an object. Every identifiable grouping of people has its own indigenous ideas, beliefs, and thoughts (Mkhize & Nobels, 2020). Ngwabi Bhebe in Viriri and Mungwini (2010) argues that political subjugation by Europe traumatized Africans to the extent that many of them lost confidence and identity hence they looked down upon their own cultures, was systematically forced to believe in foreign cultural approach.

Research had indicated that the conventional medicines are harmful than helpful. The use of psychiatric medicines is a "psychiatric terrorism". The bio-medical model regarded mental ill health as brain diseases caused by chemical imbalances that are corrected with disease-specific drugs. Moshabela, Zuma & Gaede (2016) express that biomedicine promotes what is thought of as 'culture-free representations of disease'. This supposition challenge Africans to embrace their own culture which is on the verge of fading. For instance, most Africans measure intelligence of an individual by being able to speak a foreign language such as English.

The Zimbabwean perspective of mental illness

The cultural context has a profound influence on how mental ill health is perceived, classified, and treated. The standardization of mental illness is a contested colonial terrain of Western-based and Americanized

monopoly of concepts, knowledge and information about mental health in the world over. Worldwide provides a standardized way of conceptualizing mental illness which lacks the acknowledgement of indigenous African cultural web. There is no culture which is superior and has the right to exclusively produce knowledge to the other communities. The Pan-Africentric paradigm maintains that mental health challenges; carry hidden messages which must first be decoded if meaningful intervention/ treatment are to occur (Nwoye, 2015).

The causes of mental health conditions in particular seem challenging to Africans, and therefore are easily attributed to spiritual powers. In Africa, the spiritual belief system is a noble determinant of choice of treatment. In the Zimbabwean cultural context of mental illness is attributed to evil spirits, magic, evil eye, wrath of ancestors, lack of faith, other mystical beliefs and biological factors. The major causes of mental illness are avenging spirits (*ngozi)*, ancestral spirits, sorcery and witchcraft, use of magic charms, love portions and ageing (Bourdillon, 1987; Chavunduka, 1978; Gelfand, 1964; Muchinako, Mabvurira & Chinyenze, 2013). Zimbabweans believe ill-health to have material, moral, supernatural and pre-natural causes which can be determined by both physical observation and divination (Ezeabasili, 1977 in Khupe, 2014). Therefore, some forms of mental illness are as a result of conflicts between the patient and other individuals, dead or alive, spirits, and the non-material forces that pervade society (Mkhize, 2003).

In traditional African societies, it is believed that when a person is ill, his spirit is affected too. Many African people understand healing to be part of their religion, culture and tradition (Morekwa, 2003). The life of an individual African is guided by religious beliefs. Therefore, Zimbabweans believe that healing without the intervention of the Supreme Being (Spirituality and religiosity) is not effective (Morekwa, 2004). *Mwari* (Supreme Being) is so important being who cannot be overlooked. The *vadzimu* (ancestors) play a critical role in protecting living members from bad spells such as mental illnesses as well as in the healing processes of the illness. Morekwa (2004) argues that in African life, there is no barrier between the realm of man (physical, social, cultural, amongst others) and the spirit realm. The spirit realm is part of the existence of man. Zimbabweans understand illness as an imbalance between the human world and the spirit world. Ancestors play a critical role in the healing process. Some practitioners are believed to tap into the spirit world during healing processes through a process of spirit possession. Therefore, it is so important to collaborate African remedies and conventional approaches.

The Kenyan Perspective of Mental Health

To compare some of the western and African cultural practices with conflicting approaches to therapeutic interventions in mental health practice, this section of the article explores some of the key areas of focus from the Kenyan perspective that is grounded on African cultural background.

The social and cultural contexts of Mental health is a socially constructed and defined concept, implying that different societies, groups, cultures, institutions and professions have diverse ways of conceptualizing its nature and causes, determining what is mentally healthy and unhealthy, and deciding what interventions, if any, are appropriate (Nyamongo, 2013). Black magic is not evidence based, thus may not use the scientific methods for diagnosis and treatment. However, if healing that is based on metaphysics occurs afterwards, then can we brush off the role of African based intervention for healing?

In formulation of theories of counselling psychology, Western approaches are more exclusive and general approaches to the idea of the self. (Mkhize, 2006). African Psychology brings the concept of Ubuntu (I am because you are, concern for others, helpfulness, community involvement etc.) into psychology otherwise known as "other-centeredness." Therefore, a person that requires psychological help does not go to the therapist as an individual but requires community participation in support.

Human sexuality still remains a taboo subject for discussion in the society, however in case of the need for interventions, only the elderly in the community are involved and judgement and guidance are done. Sometimes corporal punishment can be applied for example in a case where one is discovered to be a culprit in bestiality or pedophiles. The cultural upbringing within a Kenyan setting, negative behavior is caused by poor upbringing failure to be taught or to follow societal morals and poor personal choices. Njenga(2007), argues that in western cultures, any suggestion that being gay or lesbian is anything but normal would now attract the wrath of society. The situation in Africa is quite the opposite, and many Africans still view gay and lesbian people as "mentally sick", because their sexual orientation is against the order of nature. In this regard, one could view the Africans as "uncivilized" or as holding a cultural belief that may or may not change in the course of time, much as it did in western countries.

In clinical psychology the intervention of anorexia nervosa versus starvation, takes an interesting perspective since Anorexia nervosa is one of the leading causes of morbidity and mortality in adolescent girls in Western countries. In Africa, the condition is hardly known. Njenga and Kang'e the reported on a study in Kenya and concluded that "in a cumulative period of 20 years of practice, Kenyan psychiatrists had seen twenty cases of anorexia nervosa". Hulley et al. (2007) studied a sample of Kenyan and British female athletes and concluded that "the effects of culture were clear, women in the UK were more dissatisfied with their weight and shape and demonstrated significantly more eating disorder cases and associated psychopathology compared with the Kenyan women". In Kenya, most of the clients who may be seeking psychotherapy could instead be suffering from starvation. Trying to explain to the hungry African mother and child that there are girls who die in western countries because they refuse to eat food goes beyond reason and logic and would not make sense as a mental disorder, and yet in the west, there is no room for such a discussion (Njenga, 2007)

A similar but opposite position holds with respect to the circumcision of women, a practice also described as female genital mutilation (FGM). There are still very strong pockets of Africans who practice FGM, presumably in part as a cure for what Victorian physicians would have called "clitoral orgasm", a condition then requiring preventive surgery. Many Africans defend the cultural position with equal vigor to those who find it abnormal. There are those who would consider it a mental aberration to mutilate the genitalia of young women and children. However, for some communities in Kenya like the Masaai, Kuria and Abagusii this may be seen as girls' rites of passage.

For ethical considerations in counselling, dual relationship may be a non-issue in therapy. For instance, a relative taking a position of a therapist to an individual is a challenge. Bias sets in, example parents of children handling a marital problem may be biased to support their own and fail to offer the right guidance to the people affected. In Africa, for example premarital counselling or Couples and Family Therapy is mainly conducted by relatives for instance uncles, aunts and grandparents.

Confidentiality in Counselling is a main consideration for westernized therapies, in order not to bridge the right of an individual that is undergoing counseling. Keeping one's information secret is a challenge in African societies as compared to the Western culture. In case of Trauma and crisis counselling and any other problem, to some extent, African culture believes that a problem shared is half solved.

Binitie (1988) has a view that *we are appraising African culture by using a European yardstick. The converse experience of appraising European culture by means of an African yardstick has rarely occurred!*

Conclusion

Centering the African concept of mental health in the current globalized, and digital world is very relevant in resolving debates surrounding African's attitudes and beliefs about mental health. Population increase, the vulnerable economy and disguised colonial policies in Africa are contributing to the rising mental health problems in Africa. Mental health beliefs and practices must be taken seriously through research and training by professionals concerned if we have to meet up with the changing times.

RECOMMENDATIONS

African Psychologist and Mental health Professionals need to:

1. Embrace African identity- It is time to take charge of our tools, our problem definitions, our priorities, and to change directions.
2. Integrate the western treatment approaches (allopathic) and the indigenous treatment option so as to ensure safety concerns.
3. Put the African culture at the centre of inquiry, and promote Africans to who they are as a people, as subjects rather than as objects of humanity.
4. Regard Traditional healers as a great potential asset and integrated into the process through outreach and training.
5. Adopt and infuse indigenous knowledge systems and paradigms into our understanding and practice of psychology in order to develop effective African-centered solutions.

Appreciation: **4th Pan African Psychology Parliament**

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