Psychosis and Social Change among the Tallensi of Northern Ghana
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Part 1

The investigation we report in this paper relates to the Tallensi of Northern Ghana. It falls into three parts. In the first two, contributed by M. F., the cultural and social context of the enquiry is sketched and the observations which directly stimulated our enquiry are reported. In the third the psychiatric observations made by D. Y. M. in 1963 are described and discussed. Thirty years ago I carried out an intensive anthropological study of this tribal society over a period of two and a half years. In 1963, a generation later, my wife, Dr. Doris Mayer, and I spent about three months among them². At the time of my first visit they were hardly affected by western ideas and ways of life. British rule had brought peace and more security than they had previously enjoyed. A fair sprinkling of the younger men were already making a practice of going (what was for them) "abroad", that is, to the southern cocoa and mining areas three to four hundred miles away, to work for wages; but most

¹ An abbreviated version of this paper was presented at a meeting of the Social Psychiatry Section of the Royal Medico-Psychological Association of London, England, on January 13th, 1965.
² The field work on which this paper is based was carried out in Northern Ghana during the period September to December 1963. It was made possible by a personal grant originally given to one of us (M.F.) by the Behavioral Sciences Division of the Ford Foundation. We acknowledge this assistance with gratitude. We are greatly indebted, also, to the Government of Ghana, in the persons, particularly, of the Regional Commissioner for the Upper Region and his Secretary and staff, for the encouraging interest they took in our research but even more for the material facilities placed at our disposal. Without these we should have had to give up before we got started.
of them went for short spells and quickly fell back into the traditional economic and social environment on their return. There were no Christian missions, or dispensaries, or administrative offices, and no schools, in the tribal area, the nearest being some ten miles away in the neighbouring Gorensi area. There was only a handful—four or five—of literate Tallensi youths in the area. There were no bicycles or ploughs and it was only in the houses of the half-dozen or so richer chiefs and headmen that one saw such articles of foreign manufacture as buckets and kerosene lamps, which had usually been brought back from the South by returned labour migrants.

I should add that I lived in close contact with the people, spoke their language quite fluently, and knew intimately many families and individuals, especially in the central community of Tongo which was my headquarters.

The Traditional Social Structure.

I have described the social structure and mode of life of the Tallensi as I knew them a generation ago in a number of publications but some account of the salient features, comparing those conditions with their present social and cultural circumstances, is necessary to give perspective to our discussion. The most striking immediate impression made on me after an absence of thirty years was of the basic stability, up to the present time, of their social organisation and way of life, in the face of many changes. The Tallensi are typical of a congeries of tribes who speak closely related dialects of the same language family and have very close affinities in their economic, political, domestic and religious institutions and customs. They live in the savannah zone of Northern Ghana and adjacent territories. They numbered between thirty and forty thousand in the thirties and now number about fifty thousand. They do not live in compact villages but in family homesteads standing separately at short distances from one another and spreading endlessly over the flat countryside. At the border with their neighbours, the Gorensi, homesteads

1. From the enquiries I made in 1934-1937, it appeared that about one in three of the adult males had at some time or another visited or worked in what is now Southern Ghana. However, only about 7% of the total adult male population was estimated to be more or less permanently away from their home communities. The "culture-contact" situation of that period is briefly described in M. Fortes, "Culture Contact as a Dynamic Process", *Africa*, 1936, vol. IX, 1, 24-55.


3. This is a rough estimate based on the Census of 1960.
of the two groups intermingle. They are indeed so much alike in culture that outsiders cannot distinguish between them.

This country is very densely settled. Dry to the point of aridity in the six months of the dry season (October to April) it is lush with the staple crops of millet and sorghum during the rainy season from April to September in a normal year. The basis of social organisation throughout the area is the patrilineal clan and lineage with a founding ancestor placed some fourteen generations back; and there can be little doubt that the people have been sedentary here for at least the 200 to 300 years represented in their genealogies.

Grain farming was formerly and still is the principal source of livelihood for the tribe. Each family group farms for itself and tends its own livestock, thus being almost wholly self-supporting. But it was and remains a marginal economy. Nowadays money, mostly earned in Southern Ghana, contributes appreciably to the income of many families. But for the majority the standard of living still leaves no surplus over needs. Farming is subject to hazards of climate which, till recently, often resulted in periods of near-starvation. Men do the heavy work, women assist with the lighter tasks such as harvesting. Women also take care of the home, which is arduous enough. Preparing food, bringing in the firewood and water, keeping the home clean and attending to the needs of the young children adds up to a heavy schedule. In the thirties, boys and girls from the age of about seven years helped in these economic tasks. Nowadays many\(^1\) attend the local schools or are away at secondary boarding schools. Older people complain of the disruption this has caused in the traditional farming system by, for example, the lack of herdboys for their cattle, though the increasing use of ox-drawn ploughs in place of hand-hoeing has reduced the need for labour on the land. Population increase, though not so heavy as in many other parts of Africa, and mitigated as it is by the opportunities for labour migration to the south, is also a factor in this penurious economy. And to these external pressures must also be added the hazards of tropical and other diseases.

### The Family System.

Yet acutely aware as they are of these sources of insecurity, the Tallensi did not formerly and do not now give the impression of living with a constant feeling of threat hanging over their heads. This is

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\(^1\) A rough survey made in 1963 suggested that well over half the boys aged 6 to 16 approximately were attending school and around one third of the girls. In a sample of 52 families only one with children of school age had none at school.
due, to no small extent, to their family system. In this domain, their social life has remained unchanged since my first visit. A striking sign of the stability of their family system is the fact that the siting and distribution of homesteads in my base community of Tongo was in 1963 exactly the same as in 1937. Some had been enlarged to accommodate family segments which had proliferated during this period and some were smaller, as a result of decline in family size. A few new homesteads had been built but these were all on old family sites.

The Tallensi have one of the most consistent patrilineal and patriarchal family systems as yet observed in Africa. At the peak of the cycle of family development the homestead is normally occupied by a family group consisting of an old man, his adult sons and possibly sons' sons, together with the wives of these men and all their unmarried children. This is the ideal every man aims at. Three generation patrilineal, polygynous families are common. By the rule of lineage exogamy, daughters marry out. Men are born, grow up, and live their lives in the same place and often homestead. Even if they spend many years working in Southern Ghana they can and normally do return freely to their natal homes when they wish to do so. Women live in their parental home as daughters and move to their husbands' homes as wives; and though the physical distance of the move may be less than a mile, the social distance is felt to be significant. Furthermore, the men of a lineage united by ties of common patrilineal descent which go back many generations tend to live near one another. Since, by the rules of classificatory kinship they are all "brothers", "fathers" and "sons" to one another, the feeling of family solidarity embraces a whole cluster of kinship-linked parental families, each of which, however, has its separate house or part of a house. Thus the core of every community is a group of patrilineally linked men, and it is they who hold the reins of authority and power in regard to land and livestock, the control of women and children, and especially in the all-important religious cult of ancestor worship.

At the same time women have a remarkable degree of autonomy. Throughout life they keep in close touch with their own parental kinsfolk. Indeed, as among other African patrilineal peoples, the mother's brother plays an important part in a person's life as the indulgent, protective non-authoritarian counterpoise to the father and paternal kin. A wife with children is entitled to have her own apartment which is the private domain of herself and her children.

The mother's room, both in reality and in the imagery and conceptualisation of family structure, is the heart of the family. Sexual relations between husband and wife are prohibited from the time of a baby's birth until it can run about and feed itself. Thus children are normally spaced at three-yearly intervals, approximately, and immediately successive matri-siblings are believed and expected to have strong feelings of rivalry, which they often display in early childhood.

From a child's point of view, then, his life space falls into a series of zones, corresponding to successive stages of development. The innermost zone is centred on his mother and her room, next comes the zone of the father-centred homestead associated with the ideas of half-siblingship and of paternal authority, and then, operative increasingly after the age of about five, the cluster of related families. A contrapuntal pattern of social organisation, in which patrilateral and matrilateral relationships are balanced against each other, is fundamental in all spheres of Tallensi social structure and personal attitudes. It has not changed perceptibly during the past thirty years. Attachment to the family and respect for the father remain so strong that educated young men working as clerks, teachers, etc., continue to live in their parental homes and to contribute to the family income just as their fathers did before them.

But I must not leave a wrong impression. "Patriarchy" and "patriliny" are words that carry overtones of an authoritarian family pattern. Among the Tallensi, the remarkable stability of their family system in the face of quite significant social changes is, I think, to no small degree due to the very benevolent character of their form of patriarchy. This comes out most obviously in the upbringing of infants and young children. Men and women take equal delight and show equal affection and indulgence in looking after their young children. Corporal punishment is very rare. Obedience to parents is built into the domestic routine and the value system rather than enforced by coercion. Individuals, even quite young children, have a large measure of independence within the framework of duty to the family1.

1. These traditional patterns are described in Fortes, op. cit., 1949. Their persistence, to judge by our observations in 1963, is additional testimony to the strength of Tallensi family structure. School attendance has not perceptibly affected the relations of parents with their infant children. Such traditional customs as the post-partum bathing of mother and babe are firmly adhered to, as are the traditional patterns of family etiquette. Nor, indeed, have there been noticeable changes in the relations between parents and older children. As one informant remarked, "it is because our children still respect us in the same way as we did our parents that we don't object to their going to school". 
A notable aspect of Tallensi culture is the way in which their family system is mirrored and sanctioned in their ancestral cult. The shrines dedicated to the departed ancestors are placed all over the homestead; and when not receiving sacrifice or worship are quite informally used as tables or seats. This shows vividly how the ancestors continue to form part of the family almost as if they were still among them. They have in fact been reincorporated in the family in their spiritual identity. Essentially, all ancestors worshipped are translated parents. Both paternal and maternal ancestors are thus worshipped. All ancestor figures are invested with mystically punitive as well as (but rather more than) beneficent qualities; but, significantly enough, maternal ancestors and ancestresses, who are extensions of the loving and self-sacrificing mother to whom unqualified affection and trust are due, are believed to be more vindictive than paternal ones, who represent the respected and legally supreme father. From the point of view of their descendants, the ancestors are perpetually demanding recognition, service and propitiation by means of libations and blood-sacrifices, claiming the credit for a person’s good fortune and, more usually, asserting their rights by inflicting misfortune, sickness and above all death. Being unpredictable, their intervention only gets known after the event, when a diviner is consulted to discover the ancestral agent of an illness or a death. As we shall see, though, madness is an exception to this pattern.

I will not venture on a psychological interpretation of Tallensi ancestor worship. I will only remark that in one respect the ancestors can be seen as the projection, in symbol and concept, of the coercive authority and superior power that lie behind the affection and devotion of parents (especially fathers) for their children. In another, ancestor worship may be seen as a mechanism for dealing with the ambivalence in the relations of parents and children which Tallensi custom openly recognises. For example, a man and his first born son and prospective heir are deemed to be rivals and are therefore obliged to avoid certain forms of intimate contact; and a similar rule applies in an attenuated form to a woman and her oldest daughter. Furthermore, a man does not achieve the status of full jural independence until his father dies, no matter what his age may be.

I must add that it would be quite wrong to imagine the Tallensi as living in constant dread of their ancestors. In some ways ancestors

1. I discuss this aspect of Tallensi ancestor worship at length in Fortes, op. cit., 1959.
are much like small children or very old people, noticed only when they make a nuisance of themselves by their demands or by getting ill. Then they must be placated and one can relax until the next outburst.

Tallensi thought is so dominated by the belief in the supremacy of the departed ancestors that there is little room for other supernatural forces in their cosmology. Supernatural power matching that of the ancestors is attributed to the Earth. But witchcraft and sorcery, so prominent in other indigenous African religions, for example among the Akan peoples of Southern Ghana\(^1\) and among the Yoruba of Nigeria\(^2\), are marginal in the Tallensi system of belief. The essence of witchcraft and sorcery is that they are maleficient superhuman powers believed to be lodged in or employed by one's living fellow men, most often, in Africa, kinsfolk or neighbours. The idea of this power exists in Tallensi thought, but it has a role rather like the idea of ghosts or of premonitory dreams among ourselves. In the test case of serious illness or death, the final cause is invariably the ancestors, or their personified ally the Earth, never a witch or sorcery. Indeed in the case of death, if neither ancestors nor the Earth claim to have caused it, the deceased is believed never to have been really human.

The demands and the claims of ancestors are made known through a diviner. Divination among the Tallensi, in keeping with their generally realistic outlook, is a matter-of-fact business, conducted with the aid of a collection of mnemonic objects. Mediumistic divination by shamans or by priests in a state of possession, as practised, for example, among the Ashanti of Southern Ghana\(^3\) is unheard of and completely alien to the Tallensi. Tallensi who have seen such forms of divination and doctoring in Southern Ghana speak of them with scorn. The notion of possession by the spirit of a departed ancestor, a deity, or any other supernatural agency is indeed inconceivable to them.

The fact is that Tallensi culture is fundamentally mundane. They do not divide the universe into a natural and a supernatural sphere. The ancestors are integrally part of their social organisation. Magical power is lodged in real and tangible objects. Tallensi have occasion enough for fear, anxiety, and grief, and they take it for granted that people are moved by greed, lust, envy and malice. But they regard these as moral failings not as sins. And it is fully in accord with this

mundane attitude to the world and to human relationships that they
strike an observer as singularly free of overt reactions of guilt and
remorse. The reason is, I believe, not far to seek. The psychological
roots of these attitudes probably go back to the benign childrearing
practices of the people. Their institutional support lies in the relation-
ship of the living with their dead ancestors. The ancestors are the
keepers of conscience; and being so palpable and approachable by
customary ritual, the offences against them to which grave misfortunes
are generally attributed can be put right by propitiatory sacrifices or
other religious observances.

I am referring, of course, to situations of crisis or stress beyond the
reach of the normal resources of knowledge and skill provided by
Tallensi traditional culture—for example, the failure of a man’s
crops, the serious sickness of wife or child, a death in the family,
and so forth. In the affairs of practical life, the Tallensi impressed
me, when I was first among them, by their high standards of honesty
and responsibility. Even nowadays, according to information given
to us by the local magistrate, cases of theft are extremely rare in the
Tallensi area. So also are cases of assault. Those that arise are
almost invariably due to brawls in the market place among men who
have been drinking. Again, one need only talk to some of the two
hundred or so mothers who come crowding around the weekly child-
care clinic nowadays conducted by the nearby Presbyterian mission,
to realise what a strong sense of responsibility Tallensi have. Some
of these mothers walk a dozen miles to bring an ailing child in
to be seen by the nurse. I do not want to imply that Tallensi
are less prone than the majority of mankind to try to get round
the law when it suits their convenience. But, by and large,
they are conscientious in meeting their obligations in the affairs of
everyday life.

Questions of overt guilt and remorse do not arise in these situations.
In my view, the main reason why they are, so to speak, side-tracked
in situations of crisis is that the reactions of the dead ancestors to
human conduct are quite unpredictable. One fails in one’s religious
duties to them unwittingly rather than knowingly. Thus when a
disaster happens one learns only after the event how one has been
remiss, and one can make reparation in the prescribed ritual way
without feeling guilty or remorseful. I might add, in passing, that
these religious and moral ideas and values have lost none of their hold
on the people. A Catholic mission is now at work in the tribal
area, and other missions have also been busy, especially among
Tallensi schoolchildren and older literates. But there is as yet only a

1. This subject is dealt with at length in Fortes, op. cit., 1959.
handful of adult converts and they are all still too junior in age and status to have any influence in the conduct of family and community affairs.

Notions of Illness.

Tallensi notions of the nature and causes of illness and their methods of treatment need some consideration here. An illness is named by reference to the part of the body most affected, but there is a vague notion that all forms of illness are manifestations of disorder either in the head or in the belly or in both—with good reason perhaps, in view of the prevalence of malaria and dysentery. Illness is ingrained in the human constitution. Normally dormant, it rises up when evoked. Exposure to cold or the sun may stir up a passing fever, and eating unripe crops may cause diarrhoea. Such minor maladies are treated with home remedies. What precipitates serious illnesses such as dysentery or pneumonia is a mystery; but their ultimate cause is believed to be non-material. The ancestors are first in line. They may inflict illness and its consequence, death, in punishment for disregard of kinship duties, for breach of taboo, above all for neglect, witting or not, of their claims. But they may act also by withdrawing their protection and leaving the way open to other occult agents of misfortune. The most important and dangerous of these are magically “evil” animals, “evil” trees and “evil” stones—not, be it noted, evil people. If a man kills a big game animal he must be immediately cleansed by treatment with the proper medicine lest the victim prove to be an evil animal whose spirit will try to harm him.

Evil trees and stones, being more ubiquitous and accessible, are more sinister. As we shall see, they are particularly connected with madness. Interestingly enough, they are also dangerous to young infants and post-partum women. Babies wear protective charms to fend off these enemies whose attacks would cause them to develop an incurable wasting disease.

It is to be noted that these evil trees and stones are not only non-human they are also a-human. There are mystically good trees and good stones. These are believed to be the material vehicles of ancestor spirits or the powers of the Earth. As such they are within the scheme of moral relationships generated in the family and embracing the ancestors. The evil trees and stones are not, and are therefore not amenable to propitiation by the normal rituals of worship and sacrifice. It is true that, since they are personified, attempts may be made to placate them by offerings and invocations. But the attitude here is that such action may induce them to desist. It is not meant
to gain their good will. Just how these trees and stones exercise their malign powers is not clearly explained by the Tallensi. They act out of sheer malice, without the justifiable motives that are attributed to ancestors whose authority has been flouted or whose service has been neglected. It is said that they sometimes change into humans, taking on the shape of a kinsman or a stranger. They then approach their victim and solicit food or drink, in a kind of parody of the way ancestors demand sacrifices. If they are denied they attack their victim and derange his mind. This is thought of as an external assault, not, be it noted, as a kind of possession. It implies, of course, that the protection of the ancestors has been withdrawn from the victim, though they are not the direct agents of his injury. It implies, also, that though he has been trapped by deceit, he is in some degree personally at fault for flouting the most elementary norms of amity in social relationships.

Treatment follows the standard pattern of Tallensi magico-herbal medicine. It is carried out in the patient's home. A man who owns the appropriate medicine is summoned. He brings his roots and herbs, boils some in water and burns some to powder, performs the necessary sacrifices, and prescribes the treatment. For this, the patient is bathed with the infusion, drinks some of it and is given the powder in his food, daily for a fixed (usually 3 for a man and 4 for a woman) number of days. In the case of madness, this may be preceded by searching out with the aid of a diviner the actual tree or stone believed to have caused the madness, and attempting to placate it by offering it the food and drink it was supposed to have been denied by the victim.

The diviner, incidentally, is a key person in tracing the mystical agent of illness and death. No one can deduce for himself which of the many ancestors to whom he owes religious services or what other mystical agent, be it the Earth or an evil tree or stone, is responsible for his or his dependant's illness or death. This can be established only by divination.

To provide treatment for sick dependants is one of the most binding duties of a family head, evasion of which brings down the wrath of the ancestors. Tallensi, like people all over the world, never lose hope and often try doctor after doctor. Family solidarity, moreover, enlists the hopes and support of a wide range of kin in the treatment of the sick. That is why the families of my wife's patients took such lively interest in her endeavours to help them. But in a case of chronic madness, Tallensi soon realise and sadly accept that a cure is probably impossible, and reconcile themselves, as best may be, to putting up with the unfortunate sufferer.

These traditional beliefs concerning illness and the methods of
treatment associated with them still prevail among the majority of the people. But one big change, since I first lived among the Tallensi, is in their attitudes to European medicine. They are now familiar with our pills and injections and are eager to have the benefit of them. Lepers are very regular in attendance at the weekly leper clinic to receive their medicine. The sick are often taken to the hospital at Bolgatanga, ten miles away, if they are mobile or transport happens to be available. The clerks and teachers and other literates, as well as the more sophisticated non-literate men and women who have had experience of medical treatment in the South, seem now to have no respect left for traditional forms of the treatment of common diseases and their example is, in this matter, influential. But most of them still accept the theory of the ultimate mystical causation of illness and death—be it ancestors for the non-Christians or God for the Christians—and take the attitude of submission to the inevitable in the face of such misfortune.

Recent Social Change.

I have stressed the stability of Tallensi family structure and the continuity of their basic religious and magical ideas over the past thirty years. But there have been many significant changes in their social order, too. I have already mentioned that a large proportion of the children now go to school, that a Catholic mission is active in the Tallensi area, that an elite of young literates is emerging. It is a sign of the changed times that one now never sees young girls and unmarried maidens going about in public in the proud nudity which was the custom a generation ago, though many older women still go about their daily work clothed only in the perineal waistband of traditional matronhood. Very few men, and these only the elderly, now go about in the traditional garb of a loincloth and a sheep or goat skin. Another sign of the changed times and of the generally increased level of prosperity in this area is the prevalence of the bicycle. On a rough estimate, somewhat over a half of all the families in the Tongo area now have at least one bicycle each. In 1937, mine was the only one in this area. This invaluable vehicle has greatly increased the mobility of the people and the range of their contacts. Bicycles and passenger lorries make it easy to frequent the rapidly growing and cosmopolitan urban centre and market town of Bolgatanga ten miles away, with its stores selling imported wares, its lorry-park and its poky bars, as well as its schools, hospital and modern suburban development.

Economically, the Tallensi still largely rely on subsistence farming.
A bad harvest can create a food shortage, though facilities for buying imported maize and other foodstuffs mitigate its worst effects. But a money economy is now firmly fixed on top of the subsistence pattern. This means that their economy now benefits substantially from money earned abroad and remitted home, to a degree that was not experienced thirty years ago. A large proportion of the younger men, as I have mentioned, probably even the majority of them, now work periodically in Southern Ghana and many spend many years there. At the same time, the excellent roads and mail services enable them to keep in regular touch which the home community. Visits to and from Southern Ghana are frequent; letters pass back and forth; and imported goods of all kinds, as well as money, thus percolate to the home community.

New occupations, new tastes and new goals are emerging within the Tallensi area, though as yet on a small scale, in consequence of these external economic and social contacts. Apart from teachers and clerks, petty traders, one or two quite big dealers in livestock, and a few artisans represent these new occupations. A new taste is catered for in the distillation, and sale, now legally permitted, of crude gin. In 1963 it seemed to have become quite a common beverage on occasions both of private hospitality and of public celebration. This innovation was deplored by most of the older people who remain faithful to the traditional, and comparatively innocuous millet and guinea-corn beer. Some of the cases of madness to be described later were blamed directly on excessive gin drinking.

New goals are linked with the possibilities opened up by education, by new occupational outlets, by work abroad, by wage and salary earning at home, and so forth. Though still limited in range, all these developments point to the emergence of new patterns of living in the near future.

In other words, the social, economic and cultural horizons have expanded enormously in thirty years. People are more aware of the outside world. The clerks, teachers, school and college boys coming home for their vacations, kept up to date by means of their radios and the newspapers, spread news about other parts of the country and distant lands. Political officials making propaganda speeches constantly emphasize national rather than local ideals. National political movements and changes have struck at the heart of the old order of tribal political structure even in the much reduced form it had thirty years ago. Chiefs and clan heads have been de-

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1. The figures from the 1960 Census are difficult to interpret. My own rough estimate, based on the enquiries I made in November 1963, is that well over half of the men aged 20-50 who would normally be living at home were then working in Southern Ghana or elsewhere outside the tribal area.
prived of their former power and authority to settle disputes and organise communal activities. What vestiges of authority they retain are exercised *sub rosa* and it is widely alleged that corruption is common among them. Thus the traditional sense of clan solidarity and of the interdependence of neighbouring clans is very much diminished.

These structural changes have brought in their train a loosening-up of the traditional value system. In the setting of the changing cultural environment, the effect is to confront people with problems of choice not hitherto encountered. Take the case of D. B. He is an intelligent, well-paid clerk living at home in his father's house, but in his own quarters. For months he was in a state of mounting psychological turmoil. On the one hand he felt bound, by his genuine loyalty and affection for his father and his sense of family solidarity, to contribute substantially to the family exchequer. On the other, he wanted to use his earnings to improve his own living quarters and to buy clothes and other items of property that go with the status of an educated man, and he therefore resented the demands made by his father. In practice, this came down to choosing how to allocate his monthly salary without offence to his father. It was a dilemma of a kind which could not have arisen thirty years ago.

To sum up, the more or less self-contained traditional society which I knew so well in the middle thirties is now wide open. The impression is inescapable, when I cast my mind back for comparison, that the Tallensi are at a critical point of transition in their social history. Their traditional social structure and way of life is on the brink of far-reaching transformation.

In regard, more particularly, to their family system, formerly it was integrated with the wider society by bonds of kinship, marriage, neighbourhood and religious association; the same bonds in fact that bind its members together internally. What seems to be emerging now is a distinct cleavage and incompatibility between the still relatively stable, traditionally constituted, patrilineal family in its internal organisation and value system, on the one hand, and the external social, economic and ideological sphere in which individual members of a family can play a role divorced from traditional norms—with side-effects on their family relations of the kind illustrated in the case of D. B. This seems to be a very recent development, going back some ten years at the most. It is significant that in the majority of my wife's cases psychotic breakdown was associated with experiences undergone in this extra-familial sphere of social life, whether in the urbanised and alien south or even at home. This is where the stresses in modern conditions that precipitate mental illness among a tribal people like the Tallensi emanate from.
Part II

MENTAL ILLNESS AMONG THE TALLENSI IN 1934-1937

Some General Considerations.

I want to go back now to the observations which led up to the present investigation. At the time when I first went out to work amongst the Tallensi, there was already a ferment of discussion, originally inspired by Freud's Totem and Taboo, concerning the apparent parallels between customary beliefs and practices found in primitive societies and psychopathological conditions met with in our own society. In particular, my teacher and friend the late Professor C. G. Seligman, a pioneer of psychological anthropology in Great Britain, drew attention to the cross-cultural problems of psychosis.¹ To begin with, there was and is the question of what similarities or differences exist, on the one hand, in the manifestations of mental illness and, on the other, in their incidence, in different types of social systems and cultural traditions. And secondly, there was and is a question to which prominence was given in the thirties and forties by Ruth Benedict, Ralph Linton, Edward Sapir, A. I. Hallowell and a number of other American anthropologists.² There is good deal of evidence which suggests that some cultures provide roles and patterns of ideas and beliefs in which personalities which we would regard as psychologically aberrant, or even sick, can find legitimate outlet and esteem. The shaman among some Arctic peoples, and similar types of diviners and practitioners of magical and healing arts found in many other parts of the world are usually cited as examples. The question is how widespread are cultural outlets of this sort and do they indeed take care of all forms of mental abnormality where they are customary? There are also more general considerations relating to what Ari Kiev (op. cit., 1964) calls the "culture bound" forms of expression of psychopathological states such as delusions and paranoid fantasies.

The Tallensi Notion of Madness.

As I have already noted, the Tallensi are innocent of such forms of inspirational divination and healing as shamanism, spirit possession,

² Relevant references are conveniently accessible in the bibliography attached to Kiev's paper "The Study of Folk Psychiatry" in Ari Kiev, op. cit., 1964.
conjuring and so forth. Madness, however, is a condition which they clearly recognise by its overt manifestations and they have a terminology for describing it. The term for a mad person is galuk. It implies a state of what we should call craziness. The stereotype is that his talk is wild and confused (gaha-gaha, or bassa-bassa) and his behaviour erratic and sometimes violent. He is deemed to be incapable of normal social and personal relationships in marriage, in family life and in community affairs. He is incapable of taking part in religious and ceremonial activities. Most important of all, and an early sign of his condition, is incapacity to perform his normal work, e.g., in the economic activities of farming or, in the case of a woman, cooking and caring for her children. Furthermore, the Tallensi, like ordinary people in our society, distinguish between madness and other forms of abnormality or eccentricity. Madness is a disease; it has an aetiology and is susceptible of treatment. The others are not regarded as forms of sickness, but rather as congenital, almost accidental infirmities.

Incidence of madness.

I learnt about these distinctions early in my first period of residence among the Tallensi. Considering how specific they are, it was to me quite tantalising that in my two and a half years among the Tallensi I came across only one gross case of madness, as judged by their criteria. Knowledgeable people with whom I discussed this case were emphatic in contrasting his condition with that of two other psychologically queer persons known to everybody in the district. One of these, a wizened character who might have been any age between 30 and 50, might well have been psychotic too. He appeared to have no home of his own and was given to wandering aimlessly about the country. His behaviour was childish but never offensive, and he was generally laughed at good-humouredly. The other was, in my judgement, a high grade mental defective. His age, at a rough guess, was about 25. He was sometimes described as “crazy”. But everybody, including his own family, insisted that he was not mad in the strict sense, since he had been this way from birth. He was commonly described as “lacking sense” or simply as being “stupid”. Unlike anyone regarded as really mad, he was often upbraided for causing annoyance by his boorish manners and importunities. He lived at home and was capable of working on his father’s farm and of looking after the livestock spasmodically. Unlike a madman he never went about naked and could take care of himself. Though his habits were erratic, his gait clumsy and his speech sometimes wild (but not confused) he had quite a fund of the kind of knowledge and information
one could expect a boy of perhaps 9 or 10. He was, of course, not married. The idea that he might even aspire to marry, as he sometimes pretended, was greeted with ridicule.

I knew a number of others, both adults and juveniles of both sexes, who seemed to be of subnormal intelligence, or of defective personality, but they played their part in the economic and social life of their families in an apparently normal way and were not regarded as mad. This was the case, also, with some old people of whom it was said that they were no longer capable of anything but eating and sleeping and making themselves disagreeable. One sometimes saw such an old man or old woman sitting slumped in a corner muttering to himself or herself and neither taking notice of anything nor being taken notice of.

Lastly there were several people, of middle age and over, whom their families and neighbours considered to be eccentric by Tallensi standards. One whom I knew well was so regarded because he had never married and like an old-maidish spinster in our society attended to his household chores himself. Some said that he was so ugly that no woman would have him, others that he had an uncontrollable temper which put women off. But in every other respect he lived like other men of his age.

It is of interest, incidentally, that both homicide and suicide are extremely rare among the Tallensi. No cases occurred during the time I was with them in the thirties and the magistrate previously mentioned stated that none had come to the notice of the police in recent years. Indeed he made rather a point of this, as Tallensi are given to heated argument in disputes. Homicide is traditionally regarded with great horror. If the victim is a kinsman it is a mortal sin against the ancestors and the Earth, sure to be visited with the ultimate supernatural penalty of death, and the extinction of the murderer’s whole family. If the victim is a non-kinsman the murder would, in former times, have sparked off a feud. Suicide is not a sin but is thought of with pity and contempt. The stereotype is of a person plunged into despair by the death of an only child stabbing himself with a poisoned arrow. This is given out as one reason why a person thus bereaved is never left alone until the first wave of grief has passed. I might add that, by contrast, homicide and suicide, especially the latter, quite often occur among the Southern Ghanaians with whom Field’s book is concerned.

I have been speaking in general terms of the Tallensi, but to be strictly accurate my closest contacts were with a group of clans within a two mile radius of my headquarters at Tongo. It was within this cluster of about 5,000 people that the three cases I have referred to turned up. Even, however, if we take this population
as the basis, the conclusion is unavoidable that overt madness, as
defined by the Tallensi themselves, was of negligible incidence among
them in 1934-1937. The picture to-day is strikingly different. As
Dr. Doris Mayer will explain in the second part of this paper, she
found no less than 13 Tallensi cases of psychosis in 1963. All of these
came from the cluster of clans I have just referred to. This cannot
be correlated with population increase in the area. With natural
increase as the only source of population maintenance it is inconceiv-
able that it could have multiplied thirteen-fold in a generation.¹
What was quite startling, from my point of view, is that several of
these cases occurred in families which were specially well known to me
in 1934-1937 and which were basically the same in structure in 1963
as in the earlier period. I knew some of these patients then as young
wives or youths or children. Theirs were the families of my best
friends and informants, some of whom are still living. Had such
cases occurred among them in 1934-1937 I could not have missed
them. When we discussed this contrast with some of the elders they
insisted, most emphatically, that madness was so rare as to be almost
unheard of in their youth and had become common only in recent
years. They blamed this on to gin and other vices imported from the
South. Such opinions are, of course, no more reliable as evidence in
Africa than among ourselves. I quote them only as circumstantial
confirmation of my own impressions.

Case Record.

Let me now very briefly describe the one indubitably psychotic
case I encountered in 1934-1937. Aged about 22, and wearing only
a tattered loin cloth, Awola slouched limply and spoke in a monotonous,
muffled voice, but gave relatively coherent answers to questions
about his illness, and his circumstances. He was not living at home
but in the house of a friend of his family, who supplied the details of
his story. The reason for this was that his father was blind and
lived as a dependant with an uncle, and his mother, who deserted the
father when Awola was a child, was dead. Unable to farm, my
patient, if I might dignify him by such a title, generally spent his
days begging in the local market.

Describing the onset of his illness in terms that have remained the
stereotype until now, he attributed it to an attack by “evil trees”.

¹. The data for an accurate assessment do not exist but my guess based on
the 1960 Census is that at the very outside, the population in this area may
have doubled in the past 30 years. But the resident population seems to have
remained nearly stationary owing to the increase in emigration, mostly of a
short term character.
Prompted by his friends, he explained that he was not yet fully grown but at the stage of puberty when his testicles had descended and he was having dreams with nocturnal emissions. He was keeping watch over his father's newly sown farm one day. There were many trees around. While resting at midday he fell asleep. He woke up shivering with cold and fear to find a whirlwind sweeping over him. When, later, he set out for home, he could not walk straight. He could not sleep that night and his body ached. This went on for four days. Noticing that he walked erratically and that his body trembled continuously, his father concluded that he was ill and that it was the illness caused by "bad trees". Treatment in the standard form of ablutions with, and potations of an infusion of roots and herbs was tried and failed. Ever since, he had been unable to farm, babbled confusedly in his sleep and generally felt weak and listless.

During the telling of this story Awola's attention frequently wandered and a vacuous look spread over his face. He demonstrated the song and the dance with which he usually tried to amuse people from whom he begged. They were pathetically childish, as the bystanders pointed out. He was generally treated with patience and kindness and never lacked for food. People said he was harmless. Had he been violent he would have been put in fetters.

An obvious comment occurs to me. It seems to me that the form of magical aetiology invoked by the Tallensi to account for madness corresponds symbolically rather well with the status of the madman in the family and social structure. He is not thrown out of the family as happens in some societies, for he still remains a member and must be cared for as such. But he is not a responsible person able to contribute by his work to the family's income and continuity, subject to the normal social and moral sanctions, and accountable for his conduct to the elders and the ancestors. He is human and yet, by reason of his abnormal state of mind, a-human. What could better symbolise his condition than the notion that he is the innocent victim of motiveless malevolence discharged by non-human objects situated outside of the realm of normal socio-religious relationships and morality? There is a parallel with infancy, by the way. An infant is, from the Tallensi point of view, not fully human until it has a following sibling.

The Problem of Increasing Psychosis.

I come back, in conclusion, to the question of the apparently striking increase in the incidence of psychosis in this community, since 1934-1937. Could it be that I simply failed to detect cases that did in fact occur? I doubt this, since sufferers are never hidden from public knowledge. Could it be that conditions of life were so hard
thirty years ago that psychotics died off early in their sickness and so
did not come to notice? This view is not tenable, for then, as now,
food and shelter were always available to a madman even if he was so
violent as to require putting “in log”. Alternatively, it might be
that there were, in the past, as many people predisposed to psychosis
as now, but that the traditional way of life and social organisation,
at that time hardly affected by the outside world, was either free of the
stresses that precipitate psychosis nowadays or effectively cushioned
them. Dr. Mayer and I can give no conclusive answer to this question.
It calls for further research, on a wider and more systematic scale
than we were able to attempt. It is hardly to be doubted that there
is a connection between the high incidence of psychosis among Tallensi
to-day, as compared with a generation ago, and the changes that
have taken place in their conditions of life during recent years. Just
what these connections are can only be guessed at on our present data.
The feature that stands out is the propensity for breakdowns to occur
in circumstances of alienation from the home environment or from the
traditional cultural goals and values.

Part III
Observations on Psychosis, 1963
by Doris Y. Mayer

Introductory.

We had been in the field only a few days when it became apparent
that there would be madmen to interview. Mad Tallensi are like
madmen anywhere. Only the latent or borderline cases need iden-
tification by a psychiatrist or in fact by anyone with special training.
Meyer Fortes’s supposition that he might not have been able to find
them in the thirties because he lacked the diagnostic skill was thus
shown to be untenable. These were overt cases and they had all been
identified as such by their families. Because of the short time at our
disposal and because I was handicapped by having to work through
an interpreter, I excluded doubtful or borderline cases. During our
ten weeks residence I was able to secure histories on 20 psychotics,
13 Tallensi and 7 from the neighbouring Gorensi tribe living near
Zuarangu. The members of this closely related tribe speak more
English than the Tallensi, wear more clothes, drink more local gin,
are more likely to have gone to school and to be at least nominal
Christians—and they seemed to have considerably more madness.
This impression was based on our experience not on a systematic
survey. We had not intended to investigate these people, but they sought us out. In the area around Tongo I only once saw more than one mad person in a single family compound; in the Zuarungu compounds I visited, after I had seen one I was in every case asked to see others; after a short time, since we were more interested in studying the Tallensi, I had to refuse to see any more Gorensi patients. It might be thought that this group being more westernized would be more willing to seek medical help, but this, as we shall see later, was not the case.

Tallensi Attitudes to Madness.

In Western society there is at least some evidence to indicate that any purported increase in psychosis is more apparent than real, due in part to better diagnosis and in part to a new willingness to bring the mentally ill to doctors for treatment. The mad aunt who used to be hidden in an attic, the crazy wife who made life a nightmare for Jane Eyre, is now sent to a mental hospital. This twentieth century notion of psychosis as remediable, and almost respectable may explain a seeming increase in England or in the United States, but not among the Tallensi. For their attitude is, and has been, one of easy acceptance. The tact which is so necessary in interviewing relatives of psychotics in the West is uncalled for here. Relatives talk willingly and without embarrassment about the madman in their midst. If he is violent, or given to running away, he is usually confined by attachment to a heavy log; but the patient “in log” is not hidden away out of sight of strangers; on the contrary he spends much of his time under the large baobab tree which is the centre of family activity. Their attitude towards him seems singularly lacking in conflict. If he hits out, roams, or destroys property they do not like it, but they do not feel he is responsible. Mad talk evokes hearty, but not cruel amusement. If he gets well there is no need for a “half-way house”. He merely resumes his normal place in the family.

This tolerant attitude toward mental illness seems to be related to their theories of aetiology, which, as has been indicated (Part II, supra), virtually preclude the possibility of feeling guilty because there is madness in the family. In our society, if one’s offspring becomes psychotic one has the choice of two opposite, or complementary notions of aetiology, both of which are guilt producing; one has either endowed one’s child with a bad heredity or has provided him with a bad environment. The sense of guilt lessens as the relationship widens, but it is often perceptible even in cousins. Among the Tallensi if one’s relative goes mad it is bad luck, due for the most part to a bad tree or a bad stone, as has already been indicated (Part II, supra).
A comment made to me, independently of Professor Fortes's enquiries, refers to this. "Trees, but not all trees", said a Priest of the Earth, "become alive in the night; some are bad trees; if they talk to a person who is passing they can make that person mad." A bad tree is discovered by its actions. However, it does not always act so straightforwardly; it may be more devious, especially if it covets something of yours: "The tree may turn itself into some person you know and ask for something . . . . if you refuse, it can make you mad . . . it may turn itself into a stranger or even a kinsman."

Causes of Madness.

The idea that madness is caused by witchcraft or sorcery is, as has already been explained, exceptional here. Such ideas are prevalent in the South of Ghana and M. J. Field's descriptions of their ramifications, especially of depressed patients accusing themselves of being witches, are in marked contrast to the Tallensi situation. In each of my cases I asked the patient and the relatives their opinions as to the cause of the illness. Except for a very few people, all of whom had spent a number of years in the South, neither witchcraft nor sorcery was ever mentioned. In the one instance where witchcraft was brought up it was done hesitantly; and in the three or four who talked of the possibility of sorcery (inflicting injury by the use of poison or bad medicine) it was without great conviction. For example, there was Nafo who had been stricken with madness nine years before. Since that time he had done little work and was given to periodic outbursts of self mutilation. His illness had begun while he was working for a farmer in the South, clearing a field for farming. He thought that among the trees he had chopped down one must have been a bad tree which had then taken revenge on him. Almost as an afterthought he said that it might have been his employer who used bad medicine against him. I then pressed him as to which explanation he thought more likely. He answered "If I had stolen from the master he might have done it . . . but I did not steal from him". His brother agreed emphatically that it was not the employer but a bad tree. In striking contrast to the "paranoid personality" which has impressed some observers in Southern Ghana, these people tend to think well of themselves and of others and their expectation of being liked and well treated is very obvious.

2. All names of patients in this paper are fictitious.
*Descriptions of Sample.*

The present study comprises 17 of the psychotics previously mentioned, 13 Tallensi and 4 Gorensi. Three of the 7 Gorensi originally seen are not included, two because they refused to be interviewed and one because her psychosis seemed to be complicated by mental deficiency. The sample could have been larger had I not excluded the elderly, where there is always the special problem of evaluating the organic component. The Tallensi themselves distinguish the madness which comes on in youth or middle age from that which comes on gradually with increasing years and which is a not uncommon concomitant of old age.

My final sample of 17 cases is obviously too small for any sort of statistical generalisation—except in comparison with Fortes’s observations of 30 years ago. It is, however, rather different from other studies of African psychotics in that each of them was seen in his own home, none had had treatment except of the sort described later and none had ever been to a mental hospital. (Incidentally the Tallensi do not have healers’ shrines of the kind described by Field).1 In each of the cases a history was given to me by a family member, usually by the head of the household assisted by several other relatives. The history was followed by an interview with the patient and usually by several follow-up interviews in his own home over a period of several weeks.

The families of all but two of the Tallensi were known to Professor Fortes and he was therefore able to confirm their assurances that there had been no mental illness in their families 30 years ago.

My final sample comprised 8 men and 9 women. All were non-literate and only one spoke some “coast English”. All but two (No. 3 and 16 in the Summary Table) who had spent some years in Southern Ghana and had worked as domestic servants for Europeans, had followed traditional occupations or had worked as unskilled labourers at some time. Only one woman (No. 7 in Table) and one man (No. 3, referred to above) professed to be Christians but they no longer participated in church services. Their age range, which can only be approximately stated since non-literate Tallensi do not know their ages, was from about 14 to about 50. Duration of illness varied from one day to nine years. However, all but three might be considered chronic in that their illnesses had lasted more than a year, the average being about three years.

Forms of Psychosis Observed.

I had expected, or at least hoped, to see some forms of psychosis that could not be classified according to Western terminology. That I did not do so may be due to the relatively small population in which we were working, but it is worth noting that Leighton, Lambo et al., in their epidemiological survey of the Yoruba, also failed to find symptom patterns which are not recognizable in western psychiatry.1 I looked out for the possibility of neurological disease and so far as I could tell, by crude clinical methods, it was not a factor in any of these cases. I saw one patient who had been treated for trypanosomiasis but it did not, as the history and progress showed, seem to have any bearing on the case.

Two cases were affective. One, the youngest of the group was clearly maniac; she was hyperactive, euphoric, talked incessantly and under great pressure. Her judgement, according to her rather exasperated relatives, was poor, but her reality sense was intact. They seemed to find her more maddening than mad. The other was a depression which could, because of the age of onset, be called an involutional melancholia. She too was almost classical by western standards! She was the sort of woman one used to see so often half hiding in a corner of a hospital corridor, miserable, self-effacing and yet almost exhibitionist in the way in which she proclaimed her worthlessness. Bugre appeared always with an old tin bucket covering her head. She worked but did not bother to eat unless someone put food in front of her. Leighton, in the Yoruba study already referred to, found that Yoruba depressed patients had similar symptoms to those in the United States except that they did not feel guilt.2 Collomb and Zwingelstein, studying depressed patients in Dakar found a low proportion of guilt and a high proportion of ideas of persecution.3 As has been previously noted, the Tallensi seem very free of guilt but Bugre certainly looked and sounded guilty as, turning her face away and speaking into her pail said, “Yes, I am unhappy but I can’t help it . . . because of me my whole family is unhappy but I can’t help it.”

The great majority of my cases (13 of the 17) were clearly schizophrenic, that is they had illnesses characterized by disturbances in

2. Ibid. p. 141.
their conception of reality, and in their relationships with other people. Their talk showed a loosening of association and was often unintelligible to others. In only a few cases were there delusions or ideas of reference but, surprisingly, in comparison with American schizophrenics, there had been a history of hallucinatory experience in every single case. They all showed affective and behavioural disturbance of varying degrees of severity. Two other cases, although showing schizophrenic symptoms, I have classified separately: one lasted only three days and has therefore been called an acute psychotic episode; the other, since it occurred about a month after delivery, a post-partum psychosis.

In considering the matter of further subdividing the schizophrenics into types, I found some difficulty which was, however, in no sense different from that which I have always found in such taxonomy; and the reason, here as elsewhere, is that there is generally a mixed picture. Crudely classified, according to predominant symptomatology, two were paranoid, two were catatonic and the rest would fit best into the category either of hebephrenia or simple schizophrenia.

The low incidence of depression and of paranoia in my small sample is markedly different from the findings of Field in her work in Southern Ghana. In a sample of 52 chronic schizophrenics she found that over half of the 26 males had paranoid features and nearly half of the women were depressed. I would assume that this discrepancy is not due to differences in the points of view of the observers but to the cases observed. It underlines the truism that one must be wary of generalizing even about Ghanaians and certainly about all Africans.

The Clinical Picture.

Aside from proportional differences in kinds of psychosis and in types of schizophrenia, I did find a few unusual features in the clinical picture in this area which are, I think, worth noting. Patients were much more willing to meet and talk with me than I would have expected and even those who were very withdrawn showed little or no hostility toward me. That they were much more willing than American patients to talk about hallucinatory experience was probably less surprising and had to do with their simplicity, in that they did not regard this symptom as a stigma. Two patients who had refused to say anything before I asked if they had had such experiences suddenly broke into a friendly smile by this demonstration that I had some special understanding of them. As in our society, auditory hallu-

hallucinations were most common. When I asked what the voices said, nine of the fourteen who had such hallucinations were willing to give me examples and of these seven described kindly voices which said such things as “I like you . . . you are good.” Only one heard the sort of voice which is so commonplace among Western psychotics, the voice that calls one bad and insulting names. As Bleuler says, “Threats and curses form the main and most common content of these ‘voices’.”

Possible Connections with Child Rearing Methods.

It is intriguing to speculate as to why Americans or Europeans usually hear bad jeering voices when they have a schizophrenic breakdown, whereas Tallensi and Gorensi hear kindly voices. Although one can only suggest it as a project for more intensive study it is tempting to associate this with their indulgent methods of child rearing. Young Tallensi children live in a world which is beset by very real dangers in the form of accident, illness and sometimes physical privation; but the people with whom they come in contact seem almost invariably loving and benign.

Meyer Fortes has referred to Tallensi child-rearing practices but I should like to say something about how they struck me as a non-anthropological observer.

Most observers of African peoples comment on their loving and benevolent attitude toward babies. Tallensi mothers are no different from other African mothers in carrying their babies about with them (on their hips rather than on their backs), feeding them “on demand” and leaving them, if this is necessary, in the arms of other equally indulgent women, grannies or co-wives and later in the care of older but often not much older sisters and brothers.

I was struck, however, by some features which seem to be characteristic of the Tallensi. Men, as well as women, are extremely affectionate to babies and small children. It is more usual than not, if a man is sitting at his ease, for him to have a child on his lap. If he is eating, he often shares titbits with one or more children. A diviner, sitting in his hut apparently engrossed in his consultation, is in no way troubled if his 5 years old son suddenly crawls in after him to have a better look at what is going on. He may stop for a moment to put his arm around the child before continuing with his serious proceedings.

It seems that there are parts of Southern Ghana where, when the period of early childhood is over, children are treated with “harsh disregard . . . and the adored small child has to suffer the trauma of

growing up into an object of contempt.” Such a transition from being the most to the least important has been postulated as a possible reason for persecutory attitudes later on. If this is a reasonable hypothesis, it is worth noting that among the Tallensi, who seem relatively free of persecutory attitudes, transitions are very gradual in childhood, and children are never deprived of care and affection.

Breast feeding, which is the main source of nourishment for the first two or three years, is not stopped suddenly, and even after it has been replaced by the usual solid diet mothers will continue to offer the breast at times of stress. Sometimes when we entered a homestead small children who had never seen white faces before would look at us in fear and dismay; then they would race to their own mothers and almost invariably the mother would offer her breast. After a few reassuring gulps the child would dare to have a second look at us.

From the earliest days infants are cared for by many “mothers”. As they achieve some independence from the breast, older brothers or sisters begin to take over as part-time nursemaids. But along with the individual care by mother or mother substitute, they also have very early, and it seems peculiarly satisfying relationships with their age mates. One often sees children of less than three years with their arms around each other. That other toddlers can at such an early age be seen as friends rather than as rivals seems likely to have to do with the long period (about 3 years as a rule) during which the child is the unrivalled possessor of its own mother, while at the same time he is likely to have many age mates because of the “sisters and brothers” who have the same father but a different mother, or else are the children of father’s brothers who live in the same homestead. It may be a peculiarly felicitous situation to have playmates close in age who, on the one hand, have the special closeness of being family members but of whom, on the other hand, there is no need to be jealous because each one has his own exclusive mother to fall back on in time of need.

I do not mean to imply that there is no jealousy when the next sibling actually comes along. As has been mentioned in the first

1. M. J. Field, op. cit., p. 28. From the point of view of cross-cultural comparison, it is not without significance that Dr. Field’s cases all came from Akan communities with a matrilineal family system that is in many ways quite opposite in structure to the patrilineal system of the Tallensi. This goes with other contrasts in culture and social organisation. What is of particular interest is that there are some striking contrasts in child rearing customs. The emphasis on toilet training in the first year of life found in most Akan communities (cf. Kaye, Bringing up Children in Ghana, Barrington, 1962, Ch. vii) is the very opposite of the indulgent Tallensi attitude. The practice found in some Akan communities of punishing a child for disobedience or wrong-doing by means of a red pepper enema would horrify Tallensi.
part of this paper jealousy of the next younger child is an emotion that is known by the Tallensi and accepted as normal. However, I do suggest that the jealousy is something with which the child is able to cope, partly because he is at an age at which he has achieved some measure of independence from his mother, and partly because he already feels himself part both of the larger family and of his own particular age group. It was striking, in every large family we visited, to see what can best be described as a spontaneous nursery school group which sometimes played alone, sometimes tagged along after older brothers and sisters, and sometimes dispersed as the little ones sought their own mothers or older siblings. The younger groups, by the way, tend to mix girls and boys indiscriminately while those over about 6 or 7 tend to be made up of only boys or girls.

This digression on child rearing has to do with my own search for the answer to two problems which seem related: the seeming lack of overt guilt feeling that one observes among the Tallensi people; and the benign form of hallucinatory experience reported by Tallensi psychotics. It should also be borne in mind that it may not be necessary to project bad feelings because they are already incorporated in tangible “evil” objects, that is the evil trees and stones, as well as, perhaps, the punitive aspect of the ancestors.

**Onset and Precipitation of Psychosis.**

Another feature worth mentioning has to do with the onset of psychosis. In every case it was described as acute. This does not mean, of course, that there might not have been mild prodromal symptoms or long-term eccentricities that the Tallensi would not in any case recognize as important; however, had they been so extreme as to prevent a person from working (as one would expect with an insidious onset), it would have been noticed.

I do not wish to make too much of this feature since this might be where my inability to speak the language made it impossible to get a history detailed enough to reveal early signs of illness.

On the matter of precipitating events there were some apparently significant coincidences. Of the whole group of 17 persons, 10 had either become psychotic while in the South or very shortly after returning from a first trip to the South. It should be understood that for a resident of the Upper Region of Ghana to go to Southern Ghana is still like going to another country; not only is the way of life and of work completely different, but the prevailing language is a foreign one and Northerners are liable to feel at a loss there if circumstances become difficult.

There was no sex difference in this apparent tendency to become ill
in the South rather than at home. However, when I looked at the men and women separately, it was interesting to note how many of the women but none of the men had either had peculiarly unhappy life histories or had become psychotic after a particular traumatic incident. Tenga had become ill immediately after the death of her husband; this occurred in the South so she did not until later have the support of her family and, contrary to usual custom, she did not marry another member of her husband's family although she returned to live with them. There was Atia who, after having lost two babies in succession, became mad immediately after the death of her husband in Southern Ghana. This happened before she returned home and she too did not remarry. There was Baaga (not in the sample as she was one of the Gorensi women who refused to be interviewed) who became mad the day that her second child turned over a cooking pot and was burned to death before her eyes. Bugre, the depressed one, had borne six children five of whom had died, while the sixth lived in the South. Kurug had not been able to conceive at all—than which there is no worse tragedy, except to have all your babies die.

Response to Treatment.

The other difference from psychosis as I had known it before was the surprising response to treatment. It had not been my intention to attempt any therapy. The very idea seemed absurd to an analytically oriented practitioner who was going to spend a couple of months with people whose language she did not understand. However, since I was known as a doctor it was assumed that when I asked to see mad people it was with the intention of curing them; medicine is very highly esteemed and it seemed only reasonable that they would be given some in return for answering my questions.

The hospital serving this area had a limited supply of largactyl in 25 mg. tablets. The amount I was able to obtain from the hospital was so small that it did not occur to me that it would have other than a placebo effect. Had I known that there would be some dramatic results I would have treated half of even my small sample with aspirin or glucose. As it turned out, I could not tell whether it was the small doses of largactyl or the large doses of suggestion that were effective, but the results were startling. Of fifteen schizophrenics treated, generally for a week and in only two cases for more than eleven days with doses of largactyl varying from 25 to 100 mg. daily,

1. I am greatly indebted to the Medical Officer then in charge of the Bolga-tanga Hospital for the help thus generously given to our research project.
2. The post-partum psychosis and acute psychotic episode are included.
five went into remission, one was greatly improved, four were improved, five were slightly improved or unchanged. If I exclude the Gorensi who, as has been pointed out, have had a longer exposure than the Tallensi to outside influence, the results are still more striking. Five of the ten treated schizophrenics went into remission, four were improved, one was unchanged. My standards for remission were arbitrary. I called it a remission if the person was working as effectively as before the illness, if I could see no residual symptoms and, most important, if the family considered the patient cured. Of the five who went into remission one was the man who suffered the acute episode. He had different treatment from the others as I happened to have a sample of six sparine tablets (25 mg.), I gave them to him over a two day period. The other four had been ill for six months, two years, two and a half years and nine years respectively.

That these remissions were not cures was evidenced by a follow-up study six months later by an anthropologist, S. Drucker, who was working in a nearby area. Two of the five patients who had gone into remission, plus the one who had been greatly improved were now as sick as they had been before treatment. Another two who had been unimproved were now well, and attributed this to the treatment that they had had six months before! Incidentally, these changes in six months time were all among the Tallensi. The Gorensi remained as they had been when I left the area.

I think we are justified in making the tentative suggestion that among the Tallensi schizophrenia is a more reversible process than it is in a western society. This possibility is made more interesting by their own belief, stated in informal talks with older men, that madness was formerly more curable by their traditional methods than it is nowadays.

All of the patients I saw had had native treatment which is different only in detail from that for other sorts of illness. As described to me, independently of Professor Fortes, the first step in treatment is to consult a diviner for only he will be able to ascertain the cause of the madness. If, as is usual, a bad tree or stone is found to be the cause, the diviner and the owner of the medicine must go off together to locate it and to discover if possible what it was that the particular tree or stone wanted from its victim.

The rest of the treatment is carried out by the “doctor”. Before starting he will say to the patient “Tell me clear from your heart, do you have any evil thoughts”1. It is said that if he hides such thoughts he cannot be cured. The next step is to prepare the medicine. Roots are gathered from various trees because of their magical association.

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1. I quote from a description given to me by a well known owner of medicine for treating madness who claimed to have achieved many cures in the past.
with madness; for example there must be roots from a certain tree which has red fruit because of the redness of a madman's eyes. The roots must all be taken from trees that are known to be bad. Bark must then be taken from both the eastern and western side of the particular bad tree involved. Six ingredients are gathered, including barks and roots from four kinds of trees. These ingredients are divided into two piles each of which contains half of all six ingredients. One of the piles is burned to cinders and for the next few days, three days for a man and four days for a woman, some of the cinders are added to everything the patient eats. The other pile is put into water and boiled each day for the next three or four days. The patient drinks of the hot infusion and is bathed in it every day. This part of the treatment, the drinking and bathing, which forms part of the treatment for all kinds of illness, is particularly intriguing for it repeats a rite which is practised for both mother and baby at the time of child-birth (see p. 9 above, f.n. 1).

At the end of the prescribed period, the roots and bark left in the pot are buried in the home compound. Whatever is left of the cinder medicine is taken, along with specially brewed beer and whatever special food the tree desired, by the "doctor" and patient to the bad tree. They must go alone and at night. The patient has had his head shaved. They eat and drink sitting under the tree; what is left of the food is buried under the tree and what is left of the beer is poured over it.

If the agent has been a bad stone rather than a bad tree, the treatment is different in some details.

There is, of course, no way of verifying the impression given to us by a number of the older men that such treatment used to be far more effective than it is now. I cannot say that I am convinced of this. But if it were true it might help to explain why psychosis is more in evidence now than it was a generation and a half ago. And if it were true one could only speculate as to why this is so. Perhaps the social changes described by Professor Fortes have undermined their faith in traditional treatments. This would be in keeping with the surprising response of my patients to my treatment which must surely have had to do with their expectations of miraculous cures from Western medicine. Such expectations naturally follow from having witnessed overnight cures of physical illness by anti-malarials and penicillin.

Illustrative Cases.

Although no case is ever an average or a typical one, I have selected that of Awuni to illustrate some of the similarities and differences
between psychosis among the Tallensi to-day and the picture I am familiar with in the United States and in England.

Awuni was a young Tallensi living in a compound in Tongo. He was about 25 years old. He was the eldest son of his father’s first wife, therefore the eldest of all his father’s sons. His father had died seven years earlier. The head of the compound was his father’s brother whom he called father. His mother was alive and well. The history was given by his younger brother, assisted by the rest of the family. There was no history of madness in the family. The patient was illiterate, and not a Christian; at home he had been a farmer but a few years ago he went South and found work as a “sanitary labourer”. The family knew of no precipitating event but one day, two and a half years before, he ran into the house of strangers and acted queerly. The people in this house got in touch with his own family. (It should be pointed out here that when members of a tribe migrate South they usually live and associate with compatriots and even though most of them are illiterate news travels fast often by word of mouth.) When the family heard about his illness Awuni’s brother went south to fetch him home. He came along willingly enough and even talked sensibly at first; but when they arrived home “it gripped him” and he ran off into the bush, not returning for three days. Running into the bush is a common early symptom and nothing worries families so much, partly because of the very real dangers. After his return he behaved very strangely. His talk made no sense; he tore up his clothes; if he saw a chicken he would beat it to death then throw it away. That was why they put him “in log”. (This is a method of confinement in which one foot is put through a hole in a large log. The log is not too big for the patient to drag about, but it is too heavy for him to go very far.) Sometimes they took him out, but then he found people’s clothes and tore them up. Sometimes he ate and sometimes he threw away the food he was given . . . sometimes he sat talking as if to someone who was not visible to the others. There had been no period of remission since he became ill.

His family consulted a diviner and called in one herbalist after another but the treatments were of no avail, even though many fowls and a goat had been sacrificed.

This history although told in the main by Awuni’s brother was listened to by the assembled family who would break in from time to time to supplement with details. Awuni sat amongst them under the baobab tree, his foot stuck in a log. He was well built but skinny and quite naked; he had the vacant look of the schizophrenic. He

1. This was a family well known to Professor Fortes during his fieldwork in 1934-1937.
said nothing spontaneously, but answered questions, although often in a tangential or ambivalent way. When I introduced myself as a doctor he said, "Where is the medicine?" When I asked him how he felt he said, "It's inside . . . in my stomach . . . in my chest." I asked what had happened to him and he replied, "It happened in Kumasi." I asked if he dreamed and he said, "As I sit and talk to you I get hungry." I ventured, "Do you mean you don't like my asking these questions?" and he answered, "Nevertheless, I want them to be asked."

My interpreter had a hard time asking about voices in Tallensi; and while all the family tried to understand and to re-interpret to the patient, he suddenly began to giggle, "Yes, . . . they used to be here . . . but not now . . . not very much . . . yesterday it happened." His voices were kind. "Sometimes they say, 'You are ill' and I say to them yes, I know I am ill."

I told him I had medicine which might cure him and if so it would take about a week (a limit imposed by the number of pills at my disposal). I started him off on 50 mg. of largactyl a day, increasing it to 100 and then decreasing it to 50 and then 25 mg. daily. In all he had a total of 825 mg. of largactyl given over a ten day period.

The first interview was on the 25th of October, 1963. On the 27th his family reported improvement. He seemed glad to see me, but this time appeared embarrassed about his nakedness and said, "Tell them to find me that with which to cover myself." I told the family this was a good sign and suggested that they take him out of log and get him a loin cloth.

Eight days later, on November 2nd, he was out of log and doing a little work. He looked anxious, moved uncertainly and had an infected ulcer on his ankle where he had been logged. It had become apparent that his family either could not afford, or would not buy him a loin cloth so we presented him with a fine one from the local market. He put it on rather clumsily while the family stood around offering excited direction and encouragement. He then came forward and thanked me spontaneously. He still seemed to me to be rather apathetic and withdrawn.

Three days later he was unchanged and stopped the largactyl. One week after stopping the medication he was working regularly and four weeks after the first visit the family considered him well.

We saw him for the last time five weeks after the first visit. He had gained weight, was working regularly and had begun to talk of looking for a girl. His family considered him cured and said, "He is now fit to marry." He did not want to talk about his former symptoms, but he knew that he had been mad and was confident that he was now cured.
Six months later, when seen by S. Drucker, he was naked and in
log. His mother said he had remained quite well until about a month
before when he had got up in the night and tried to break down his
own room with a hammer.
This second case is of a young woman who has never been far from
home.
Kologu is a young Tallensi woman of about 25, the first and only
wife of her husband. Her mother and father are alive and well as are
her two younger brothers. Nothing unusual was elicited about her
childhood. There is no history of madness in the family.
Kologu lived in her father's house until she was in her late teens.
One day she was selling her yams in the local market place when a
lorry stopped. “They just took me by force . . . this Ghambigo . . .
after three days I escaped from his house.” This was her description
of her first marriage. No child was conceived and she remained in
her father's house for a year before being courted by her present
husband. She married him three years before and said, “This time it
was not by force.”

The patient was a sturdy, pleasant looking woman who was
stripping leaves from a plant when I came to see her. She was shy
but not unfriendly and she co-operated with her husband in giving me
a history. Her husband said that she had been entirely well until
about a month after the delivery of her first child, some seven months
before. One evening, after a visit to her father's house, she started to
insist that she must take her baby son back to her father. She then
began to “talk bad” (i.e. foolishly, not making sense). Although she
cried a lot and talked in this way, she continued to care for the baby
who unfortunately died in its fourth month. She mourned the baby
“as any mother would”, but in other ways she remained sick. She
complained that her body was weak and refused to grind the millet for
their meals. She walked aimlessly about the compound and then
would sit in front of her house going through peculiar motions.
Kologu told me that she was troubled by seeing people whom
others did not see. “Something was standing by my head . . . others
are making noises . . . they say no bad things . . . sometimes
they say, ‘come, come’ and then I go to the market and buy grain and I
divide it with them.” Here her husband interrupted to tell me that
she did not really go to market at all but wandered around and then
sat down and pretended to apportion grain.
They had not consulted a diviner but had seen a local herbalist.
He prescribed fowl droppings which they burned in the fire with
various roots. She had followed the “doctor's” prescription and held
her head in the smoke of this fire but it had not helped.
I gave her 50 mg. of largactyl daily for one week. On my
<table>
<thead>
<tr>
<th>Name</th>
<th>Tribe</th>
<th>Sex</th>
<th>Age (Approx.)</th>
<th>Former occupation</th>
<th>Duration of illness</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nafo</td>
<td>T</td>
<td>M</td>
<td>40</td>
<td>Farmer</td>
<td>9 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>2. Awuni</td>
<td>T</td>
<td>M</td>
<td>25</td>
<td>Farmer</td>
<td>3-4 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>3. Anaba</td>
<td>T</td>
<td>M</td>
<td>25</td>
<td>Farmer, had also been a domestic servant</td>
<td>2 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>4. Waafo</td>
<td>T</td>
<td>M</td>
<td>25</td>
<td>Farmer</td>
<td>4 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>5. Kugri</td>
<td>T</td>
<td>M</td>
<td>15</td>
<td>Farm helper</td>
<td>1 year</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>(Brother's son to Waafo-4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Yimbil</td>
<td>T</td>
<td>M</td>
<td>55</td>
<td>Farmer</td>
<td>1 day</td>
<td>Acute Psychotic Episode</td>
</tr>
<tr>
<td>7. Baaga</td>
<td>T</td>
<td>F</td>
<td>30</td>
<td>Housewife</td>
<td>2 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>8. Tenga</td>
<td>T</td>
<td>F</td>
<td>43</td>
<td>Housewife</td>
<td>10 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>(Mother of Anaba-3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Adongo</td>
<td>T</td>
<td>F</td>
<td>14</td>
<td>Helping in the home</td>
<td>1 year</td>
<td>Affective Psychosis-Manic</td>
</tr>
<tr>
<td>10. Bang</td>
<td>T</td>
<td>F</td>
<td>50</td>
<td>Housewife and seller of beer</td>
<td>5 years</td>
<td>Schizophrenia, Paranoid</td>
</tr>
<tr>
<td>11. Kurug</td>
<td>T</td>
<td>F</td>
<td>30</td>
<td>Housewife</td>
<td>3 years</td>
<td>Schizophrenia, Catatonic</td>
</tr>
<tr>
<td>12. Kologu</td>
<td>T</td>
<td>F</td>
<td>25</td>
<td>Housewife</td>
<td>7 months</td>
<td>Post-partum psychosis</td>
</tr>
<tr>
<td>13. Bugre</td>
<td>T</td>
<td>F</td>
<td>50</td>
<td>Housewife</td>
<td>4 years</td>
<td>Depression (involutional)</td>
</tr>
<tr>
<td>14. Alaa</td>
<td>G</td>
<td>M</td>
<td>25</td>
<td>Farmer</td>
<td>3 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>15. Doko</td>
<td>G</td>
<td>M</td>
<td>25</td>
<td>Farmer</td>
<td>6 months</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>16. Atia</td>
<td>G</td>
<td>F</td>
<td>30</td>
<td>Housewife and former child's nurse</td>
<td>3 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>17. Soor</td>
<td>G</td>
<td>F</td>
<td>30</td>
<td>Housewife</td>
<td>9 years</td>
<td>Schizophrenia</td>
</tr>
</tbody>
</table>

* Egocentric speech here includes various kinds of disordered speech either of form or...
<table>
<thead>
<tr>
<th>Prominent symptoms</th>
<th>Treatment Given</th>
<th>Response to treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delusions, auditory hallucinations, self mutilation</td>
<td>Largactyl 525 mg. in 11 days</td>
<td>Greatly improved</td>
</tr>
<tr>
<td>Delusions, auditory hallucinations, bizarre behaviour</td>
<td>Largactyl 825 mg. in 11 days</td>
<td>Remission</td>
</tr>
<tr>
<td>Auditory hallucinations, somatic delusions, bland affect.</td>
<td>Largactyl 700 mg. in 7 days</td>
<td>Remission</td>
</tr>
<tr>
<td>Apathy, egocentric speech* ? Hallucinations</td>
<td>Largactyl 425 mg. in 11 days</td>
<td>Improved</td>
</tr>
<tr>
<td>Bizarre behaviour, inappr. affect. ? hallucinations</td>
<td>Largactyl 425 mg. in 11 days</td>
<td>Unimproved</td>
</tr>
<tr>
<td>Paranoid delusions, agression, incoherence</td>
<td>Sparine 150 mg. in 3 days</td>
<td>Remission</td>
</tr>
<tr>
<td>Flattened affect., delusions, auditory hallucinations</td>
<td>Largactyl 625 mg. in 7 days</td>
<td>Improved</td>
</tr>
<tr>
<td>Auditory hallucinations, flattened affect., egocentric speech</td>
<td>None</td>
<td>Unimproved</td>
</tr>
<tr>
<td>Pressured, circumstantial speech, inappropriate affect., hyperactivity</td>
<td>Largactyl 350 mg. in 7 days</td>
<td>None</td>
</tr>
<tr>
<td>Aggressive behaviour, megalomania, delusions, visual and auditory hallucinations</td>
<td>Largactyl 2000 mg. in 40 days</td>
<td>Greatly improved</td>
</tr>
<tr>
<td>Mutism, catatonic postures, hallucinations</td>
<td>Largactyl 350 mg. in 8 days</td>
<td>Slightly improved</td>
</tr>
<tr>
<td>Hallucinations, somatic delusions, egocentric speech</td>
<td>Largactyl 375 mg. in 8 days</td>
<td>Remission</td>
</tr>
<tr>
<td>Depressed affect, slow speech, expressions of guilt</td>
<td>Largactyl 575 mg. in 10 days</td>
<td>Unimproved</td>
</tr>
<tr>
<td>Aggressive behaviour, hallucinations, near mutism</td>
<td>Largactyl 525 mg. in 7 days</td>
<td>Not seen</td>
</tr>
<tr>
<td>Hallucinations, apathy, mutism</td>
<td>Largactyl 575 mg. in 9 days</td>
<td>Slightly improved</td>
</tr>
<tr>
<td>Hallucinations, somatic delusions, egocentric speech</td>
<td>Largactyl 750 mg. in 15 days</td>
<td>Slightly improved</td>
</tr>
<tr>
<td>Auditory hallucinations, bizarre behaviour, egocentric speech</td>
<td>Largactyl 625 mg. in 8 days</td>
<td>Remission</td>
</tr>
</tbody>
</table>

Note: The table details the prominent symptoms and related treatments along with the response to treatment after 2-6 weeks and 6 months.
return visit, at the end of the week, Kologu greeted me in a friendly way and thanked me for making her well. Her husband agreed that she was cured and pointed out with special satisfaction that he no longer had to pay to have his millet ground.

The medication was stopped. I paid another visit to the patient two and a half weeks later. She came out of the house to greet me. She and her husband both assured me that she was quite normal again. She no longer heard voices and her body was no longer weak and “queer”. However, she volunteered that there were times when she felt as if the sickness were coming back. Asked to describe this feeling, she said, “I begin to think and think and think,” but added with a little smile, “But I am able to stop myself.”

I considered this a case of post-partum psychosis with features of simple schizophrenia.

She was visited six months later, in June 1964 by S. Drucker, who found, however, that Kologu was away on a visit to her father’s house. But her husband said that she had remained well.

**Conclusion**

One must of course be wary about drawing conclusions from a few cases seen over such a short period of time. Such results as we found must be stated tentatively and possible explanations even more tentatively, perhaps as guesses rather than conclusions. It seems, however, from this study that:

1. There is more psychosis in this area than there was thirty years ago.

2. There is evidence that there is more psychosis among persons who have been exposed to the conditions of life in the alien and largely urban environment of South Ghana than among those who have remained in their traditional social environment.

3. Among women, there is often a precipitating event connected with marriage or motherhood and that this is especially traumatic when occurring away from home.

4. Schizophrenia among the Tallensi is easily diagnosable by Western criteria, the one striking difference in their symptomatology being the relative benignity of their auditory hallucinations.

5. Schizophrenia, at least when treated in the family setting and with the very real support of the whole family, seems to be a more reversible process than it is in more complex societies.