UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL

Distr.
GENERAL

E/C.2/544
27 January 1960

ENGLISH ONLY

AFRICA: SOCIAL CHANGE AND MENTAL HEALTH

Statement submitted by the World Federation for Mental Health, a non-governmental organization in category B consultative status

The Secretary-General has received the attached report[1/] of a panel discussion conducted at United Nations Headquarters on 23 March 1959 by the World Federation for Mental Health. He is circulating it in accordance with paragraphs 22 and 23 of Economic and Social Council resolution 288 B (X).

1/ The report has been received in limited quantity only.

AFRICA
SOCIAL CHANGE AND MENTAL HEALTH

Report of a Panel Discussion
Conducted in
Conference Room No. 1
United Nations, New York
March 23, 1959
by the
World Federation for Mental Health

WORLD FEDERATION FOR MENTAL HEALTH
19 Manchester Street, London, W.1.
U.S. Office: 162 East 78th Street, New York, 21, N.Y.

CONTENTS

FOREWORD

THIS is a report of the third discussion organized by the World Federation for Mental Health at the Headquarters of the United Nations in response to the expressed concerns of the United Nations. The first, in 1955, dealt with the Social Implications of Technical Assistance. The second, in 1957, discussed the Mental Health Aspects of Urbanization.

Since that time, the interests of the United Nations and its Specialized Agencies and of the Federation have focussed more sharply on Africa. The U.N. Regional Economic Commission for Africa held its first session in 1958. In that year, the Federation, in co-operation with the World Health Organization and the Commission for Technical Co-operation in Africa South of the Sahara, convened at Bukavu the first Conference on Mental Health in Central Africa.

It seemed appropriate, therefore, to organize a discussion on Social Change and Mental Health in Africa at the Headquarters of the United Nations. The Federation was especially happy to bring to the discussion Dr. Tigani El Mahi, the leading psychiatrist of the Sudan, then a member of the Executive Board of the Federation, subsequently appointed Mental Health Adviser for the Regional Office of WHO for the Eastern Mediterranean, with headquarters at Alexandria.

This pamphlet is an edited report of the discussion, which was attended by more than 250 people, members of national delegations to the United Nations, members of the Secretariat and representatives of non-governmental organizations. The planning and arrangement of the meeting were carried out by Mrs. Charles S. Ascher, who represents the Federation at the Headquarters of U.N. We owe much gratitude to Mr. Charles S. Ascher who has edited the transcripts from which this report is made.

JOHN R. REES,

Director, WFMH.

June, 1959.

AFRICA

SOCIAL CHANGE AND MENTAL HEALTH

OPENING STATEMENT BY THE CHAIRMAN

MISS HENDERSON: Ladies and gentlemen, may I call to order this panel discussion of the World Federation for Mental Health. I extend the welcome of the Secretary-General of the United Nations to you all and turn the meeting over to Dr. Brock Chisholm who will act as Chairman.

DR. CHISHOLM: Speaking for the World Federation for Mental Health, may I say how happy all of us associated with its work are to cooperate in this way again with the United Nations, its Specialized Agencies, with other non-governmental organizations, in studying something that we all need to know more about. For most of us Africa has been a continent of mystery. This is not to say that it would not be understandable if we could get more information about it; but it is such a vast place, it holds so many different cultures at so many different stages of development in so many different directions, that it has not been possible for outsiders to get a clear picture of Africa unless they have spent a large part of their lives, not in one place in Africa, but in many places—because Africa cannot be seen from one place. It is too divergent, too big, too various, and some things that are happening in Africa are clearly quite inconsistent with other things that are happening in Africa. On this panel we have available a variety of approaches to the problems of Africa and to the facts about Africa. We have on our panel people with vast experience, some intensive, some extensive, one in fact reflecting a lifetime of work in that vast area.

We are gradually learning the tremendous importance to the world of what will happen during the next ten or fifteen years in Africa. It can hardly be exaggerated, the great importance of this vast continent, with its tremendously rapid growth at the present time—change that happens almost overnight, in some places as much in five years as has happened in other parts of the world in a hundred years or more. It is difficult to keep up with it. I hope that this meeting will be one of the beginnings initiated in many places of a wider knowledge, wider sympathy with and understanding of Africa, not just from inside our own cultures, but from the point

of view of the Africans. If we just think from inside our own culture, it is not possible to see Africa or indeed anything else completely. Every culture provides us, to some extent at least, with distorting or colouring glasses through which we see everything outside and through which indeed we see ourselves also. We have an opportunity to-day to get another orientation, to see Africa through the eyes of people who have lived and grown there and have learned there. Our first speaker, is Miss Julia Henderson, the Director of the Bureau of Social Affairs of the United Nations. She is not only one of the most respected persons in the Secretariat of the United Nations and its Specialized Agencies, but also the best loved, and these two things don't necessarily go together. Julia Henderson has become for many people an outstanding model of what an international civil servant should be. Miss Henderson.

INTRODUCTORY STATEMENT OF THE PROBLEM

MISS HENDERSON: Thank you, Dr. Chisholm. I am quite overcome by your introduction. It is very appropriate that this Conference on Social Change and Mental Health should be concerned with Africa. We have all witnessed the spectacular changes, social, economic and political, which have dominated that continent in recent years. In fact, all of you who have been sitting in the halls of the United Nations during these past years, have witnessed the birth of so many new nations in Africa that you, as I, are now completely devoted to the development of that continent. For all of us who are concerned with international organizations, this change is perhaps best symbolized during this year by the creation only a few months ago of an Economic Commission for Africa. I have personally found myself increasingly occupied with African problems and policies and have had the opportunity to visit various countries of Africa twice within the past fourteen months.

Rapid social change is not, of course, peculiar to Africa. It has recently been evidenced in an intense form in many of the countries of Asia and, indeed, in the industrially advanced countries of Europe and North America as well. As for mental health, both the developed and the underdeveloped countries have had their share of problems. What is it then that makes the subject of social change and mental health particularly important and timely in the case of Africa? It would probably be true to say that the problem of transition, viewed as a social and psychological problem, is to be encountered in Africa in a more extreme form than elsewhere. The gulf in Africa between the old and the new, between the traditional culture and the modern urban culture, is probably wider and deeper than the rural-urban gulf in any other major region of the world. In Africa we have had the opportunity to see the very beginnings of this process of radical transformation, and hence also the opportunity to draw from

the experience of Europe and North America, and most recently of Asia, in helping Governments to plan and direct the forces of change.

The predominant impression that one gains from observations in African countries and territories to-day, is one of rapid change which is proceeding at an accelerating rate. If I may draw from my own personal experience, almost everywhere that I went in Africa I got the impression, from European administrators and African leaders alike, of a sense of urgency, of the necessity to press forward the transition to modern economic and political forms. Much attention is paid to the planning of economic and social development: the emphasis everywhere is on preparing the people for more effective participation in economic, social and political affairs. It is not surprising therefore that the rapidity of the approach to a new era should be bewildering both to those affected and to the observer, and that the very tempo of change should lead to some confusion and conflicts.

Not all this change, however, is systematically organized and directed. In fact, the planning for economic and social change is itself an expression of the underlying and often spontaneous currents of change. As with Asia, Africa has been subject to the general impact of western ideas and technology. The influence of the missionaries has weakened some traditional values of African paganism, and undermined the social relevance of pagan ritual, while at the same time providing new standards and values, not always fully comprehended even by their adherents. Western concepts of law, government and administration have been applied and adapted to varying degrees. At least for the more privileged sections of the population, education has opened up a whole new realm of thought, fostered a more scientific attitude toward natural and social phenomena and led to the acquisition of a wide variety of new skills necessary for development. Improvements in travel (still a major problem, of course) have extended the range of contacts, enlarged experience, increased the rate of cultural change and, through migration, weakened the ties with the home community.

The economic aspects of the changing African scene are especially worthy of note. Subsistence farming is still predominant in most areas, but cash farming is gradually replacing it. Under the stimulus of initial economic development, there has emerged a wage-earning class with concomitant expansion in petty trade. Pecuniary relations are becoming of increasing importance. The emergence of a money economy and the consequent enhancement of the material values of life has increased the desire and opened up new opportunities for individual gain. It has changed the social relationships implicit in economic activities. The growth of a cash economy has been at least one of the factors contributing to the transition from tribal society, with its closely knit relationships and mutual rights and obligations, toward a peasant society in which there is a more direct connexion between personal effort and individual reward.

The initial phase of industrialization on the continent has also had far-reaching effects. The ecological consequences are most apparent in the new dwellings, in the agricultural landscape, and in the creation of roads and markets. The demographic consequences are highlighted by migration and the back and forth movement of people, money, food and ideas between city and country. The wage system has led to the growth of a proletariat, has disturbed the economic equilibrium of the village, and has altered the traditional mechanism of exchange. The inflow of goods and money to rural areas has probably resulted in some rise in levels of living and a change in consumption patterns. Because of the close relationship between family life, division of labour and property in African society, monetary economics has had a profound influence on family life. This has taken the form of a new division of labour between the sexes, the weakening of family bonds, and, in some instances, an increase in polygamy. Changes in the land tenure system have had a widespread effect on the entire pattern of social relations. The emergence of new socio-economic associations, the increase in the scope of social acquaintance, and a wider and more differentiated professional specialization have also contributed to the same end. Finally urbanization—a subject on which I shall have more to say at a later point—has intensified and strengthened this process of change.

All the types of change to which I have briefly alluded here have led to a more basic conflict between the conservation of old values, relationships and techniques and the acceptance of new ideas and approaches. While the traditional values are being lost, a new and equally satisfying set of values does not yet seem to have been established. The release from traditional controls may have increased the potentialities for economic improvement, but it has probably also at the same time undermined the basis of social and economic security in the extended family and the tribe. The implications of this deep-seated value-conflict for the adjustment of the individual are, I think, quite obvious.

Having given a broad outline of the changing situation in Africa, which I have had to cover all too hastily, I should now like to discuss with you two or three special aspects of this broad process. In the minutes remaining, I shall address myself to the problem of urbanization (including especially migrant labour), social disorganization and changing family patterns. I have chosen these three aspects of social change for special discussion not only because of my own personal interest in them, but also because, I believe, they are of particular relevance to the question of mental health in Africa.

Just two years ago the World Federation for Mental Health organized a panel discussion in these halls of the United Nations on the mental health aspects of urbanization. At that time, I reviewed some general conclusions of our urbanization studies and their possible bearing on problems of mental health throughout the

world.* I do not intend to-day to repeat what I said then. In Africa, however, the process of urbanization has in many ways been unique and I shall therefore outline for you some of the salient features of African urbanization in the general context of social change and mental health.

It is now generally recognized that urbanization has been a very potent factor in the decline, and sometimes total disintegration, of the traditional social system in the African countryside. Although the challenge to the traditional social system has come also from many sources, it is probably true that in the process of urbanization the forces of change are much more concentrated than they are in any rural situation. The large-scale movement to the city which has itself become a symbol of social change in Africa has intensified the transformation of the African social structure.

In thinking about African urbanization as opposed to urbanization in general—several things come to mind. We must remember that most African cities were established in a colonial framework and were not intended originally to include a large permanent African population. When Africans eventually started to come to cities in large numbers, they were geographically, culturally and administratively kept separate within the municipality. I must also mention a general conclusion which I noted in my talk here two years ago, which is especially true in Africa. This is that urbanization has not in general been accompanied by large-scale industrialization —a fact which is of considerable significance when we attempt to determine the economic capacity of cities to support an ever-increasing population. Another feature of African urbanization is that the large influx of country-dwellers has had to settle in the periphery of the city in accommodations showing various degrees of improvisation, with all the attendant consequences such marginal existence has on physical and mental health and well-being. Then, again, we cannot fail to be impressed by the transitoriness of the African town-dweller. It is this continuous two-way flow of people between town and country that has made urbanization and urban influence a powerful stimulant of social change in Africa. At the same time it explains the great instability that characterizes rural and urban life in contemporary Africa and provides a clue to the sharpening cleavage between traditional and urban values with which the individual African is continually confronted. This brings me to a related point about the wide difference between rural and urban elements of African life. I have already noted that this difference is greater in Africa than it is anywhere else to my knowledge. The migrant labourer in the city having his roots in the village but living in the town, earning money in the town but sending it to the

* Mental Health Aspects of Urbanization: Report of a Panel Discussion Conducted in the Economic and Social Council Chamber of the United Nations, March 11, 1957. New York and London: World Federation for Mental Health, 1957. Pp. 56. $1.00.

village, finds himself in simultaneous contact with two different worlds and two different value-systems. The contradictions and conflicts he thus faces are often aggravated by the multi-racial environment he is confronted with.

I must mention the multi-racial character of African cities as yet another salient feature of African urbanization and one that probably has much to do with the problem of mental health. To the heterogeneity that has become a distinctive attribute of modern cities everywhere, African cities add the problems created by a multi-racial society, composed quite often of Europeans, Asians, Africans and Arabs all at the same time. Each group is widely separated from the others not only by racial, religious and linguistic considerations, but also (and often even more so), by wide variations in economic and social status and cultural and educational advancement. The African population itself is by no means homogeneous. The problems of different languages and conflicting customs are, however, sometimes solved by the migrants from other tribes adopting the customs, traditions and language of the predominant tribe.

I do not want to sound too negative, however, about the current status of African urbanization and the effects it is likely to have on the physical and mental well-being of the floating population. Considerable efforts have been made to deal with the problems in question. If in my statement here two years ago I was able to mention only the great problems caused by rapid urbanization, I am to-day able to report that a wide range of programmes and policies are being adopted in Africa, as elsewhere, to cope with this problem. The increasing emphasis on the *policy* aspects of solving urbanization problems is reflected, in fact, in a separate chapter devoted to this subject in our second *International Survey of Programmes of Social Development*,* which came off the press only two weeks ago. The results of integrated and comprehensive measures to cope with urbanization are already evident in many instances. The number of permanently settled, reasonably well-paid, well-housed and well-adjusted urban Africans is steadily growing. I do not, of course, mean to suggest that we are anywhere near reaching our goals in this respect.

From the point of view of mental health it is especially important for us to understand the motivations for migration to the cities—so far as we know them to-day. In addition to the usual factors which are well known to you, there are certain special circumstances for the cityward drift in Africa: the desire to obtain some additional money to pay taxes or for newly discovered consumer goods or a bride-price; the pressure of population on rural land due to recurrent

* United Nations Publication, Sales No. 59. IV. 2, pp. 190. U.S. $2. or equivalent in other currencies from U.N. sales agencies in each country. Ch. XIII: Programmes and Measures for Meeting Problems of Rapid Urbanization, pp. 169-90.

crop failure; increased education; the pressure of labour-recruiting agents; and the differential standard of living between rural and urban workers impelling a voluntary migration to the towns.

Apart from these more general factors, I find the personality factors leading to migration especially interesting and significant. The psychologists on the panel may agree with me when I say that motivations in the personalities of individuals for migration to urban areas may provide an important basis for understanding mental health problems in contemporary Africa. I should mention here such things as the desire to break away from the monotony and the strict controls of tribal life; the attraction of the town and its real or imagined opportunities for personal advancement and independence, as well as for improved material welfare; the desire to join one or more members of the family already in the town; and the social prestige associated in certain tribes with a period of urban residence. It has been pointed out that labour migration has become a habit in certain areas and tribes and that migration is considered almost a rite of passage, marking the attainment of adulthood. The implication of this is that migration has come to be regarded as the expected form of behaviour for young men in certain tribal societies and has presumably been incorporated into the normal system of social controls of that society. The definition of the appropriate rôle for a young man of certain age therefore is to leave the tribal area and to make his way to the outer industrial world. Nor can we ignore the importance of a hundred different personal reasons which may cause a young African to move to the city: escaping quarrels, escaping witchcraft, avoiding arduous tribal duties, etc.

Before leaving the subject of urbanization, I should like to comment on the especially difficult mental health problems faced by migrant labour. The sharp increase in the number of migrant workers in recent years has been an important part of the changing social conditions in Africa. Although precise data are lacking, it is recognized that extreme occupational mobility still characterizes most African cities. The mobility of labour is not only geographical (from country to town and back to country), but also occupational—between different kinds of urban employment. For many Africans migration to town for work is often due only to temporary economic necessity or the desire to earn cash for a predetermined purpose; once this purpose has been fulfilled the worker considers it natural to return to his tribal setting. A worker in the city maintains continuous contact with the tribal area where his wife and his family are usually left behind. In any case, he wishes to retain a stake in the tribal lands, which he regards as an essential safeguard, especially for his old age. Other factors that account for the extreme instability of African labour in urban areas are the difficulties of leading a satisfactory family life in towns; the existence of discriminatory measures which impede personal advancement; and the lack of security against unemployment, disease and the exigencies of old

age. Despite all these handicaps, however, the city maintains an attraction for the tribal African and holds out the promise of a higher income level. For this higher income, the migrant seems willing to pay the heavy social and psychological price that such sporadic movement to the city necessarily entails.

I shall now very quickly mention one or two aspects of social disorganization which are to be encountered as a result of the stresses and strains in the rapidly changing African situation. As one would expect from the presence of large numbers of single young men in cities—separated as they are from their families—the incidence of prostitution is high. Closely related to this is the problem of juvenile delinquency in cities—a subject which seems to occupy our own U.S. newspapers. The high rate of illegitimacy, parental neglect of children, and the necessity for most children—legitimate or illegitimate—to learn to fend for themselves at an early age, are factors which have contributed to the spread of juvenile delinquency in many African cities. We must add to this that in many African societies parents themselves are not expected to undertake the disciplining of their children since this is a function for which reliance is placed on the entire community—obviously an impracticable method in the cities.

In any discussion of juvenile delinquency in Africa we cannot ignore the role of primary education. There is a growing demand for education, but there are not yet the facilities to match that demand, which in turn creates serious problems. Many children from rural districts who are unable to find a place in a boarding-school are forced to attend day schools and to find lodgings with relatives or friends or even with strangers. The inevitable neglect of these children, and their need to work and attend school at the same time, expose them to harmful influences. Moreover, having acquired a little education, they are reluctant to return to agriculture or to any employment related to their traditional way of life. However, not enough white-collar or clerical jobs are available in African cities for the many thousands of young people who have had a little education. This creates an educated urban unemployment, and we can see the dimensions that this problem can assume from the experience in Asia. For those who are forced to accept non-white collar jobs, frustration is high. In Africa we are beginning to see that a little knowledge—or, perhaps I should say, a little education—can sometimes be a dangerous thing !

I should like to mention in this connexion an interesting article I came across recently. Professor Arthur Lewis, formerly an adviser to the Government of Ghana and now our colleague in the United Nations Special Fund, has pointed out the dangers of an excessive emphasis on universal primary education to the neglect of secondary and other types of education in Africa.* I cannot go

* Letter to the Editor of *The Economist*. Jan. 10, 1959.

into the details of his argument now, but I want to raise for the panel's consideration the question of the impact of an unbalanced educational and social development on social change and mental health in Africa.

In practically everything I have said up to now the importance of the changing family has been clearly evident. The introduction of modern economic forms and the absence — periodic or prolonged — of an increasing number of young men have caused considerable disruption of the traditional African family even in the rural areas. In urban areas the disintegration of the family has been all the more evident. Traditional marriage customs have not only proved unsuited to urban environments, but have also become an obstacle to marriage. Other obstacles to marriage in cities are the adverse sex ratio; reluctance of urban women to marry due to an enhanced status; economic difficulties; and prejudice against inter-tribal marriage. Conflicting matrilineal and patrilineal family systems have compounded the difficulties in the city. Conflicts between the traditional practice of polygamy and the prevalence of monogamy in cities is yet another problem. There are numerous cases, however, of men who come to work in town and marry there although they have already contracted a customary marriage in the rural area. In the absence of tribal sanctions and mores, the institution of marriage has been weakened further in urban areas by widespread prostitution and adultery, and by frequent divorce followed by almost immediate re-marriage. The economic emancipation of urban women and the frequent necessity for them to contribute to the family budget have sometimes caused them to neglect their family rôle, leading to family instability. These are only some of the ways in which the African family is changing. The change is almost always in the direction of a weakened family with all the consequences that this has on social instability and mental ill-health.

Mr. Chairman, in this short introductory statement I have been able to do no more than touch briefly upon some selected aspects of social change in contemporary Africa. The subject of social change is so vast and complex that it is hardly possible in the space of twenty minutes to say anything that is not highly general and preliminary. The task becomes even more difficult when we consider the great diversities that exist within Africa. Africa is changing so fast to-day that we have continually to revise whatever we say about that continent—even on the subject of change itself. Information once collected becomes obsolete even before it goes into print. I have not dealt in my statement with mental health — a subject which my colleagues on this panel are much more competent to discuss. I hope, however, that I have been able to provide at least a glimpse of the social change in contemporary Africa which may serve as a background for the discussion this afternoon.

DR. CHISHOLM: Thank you. Miss Henderson has given us an insight into the complexities of Africa, of the bombardment of the people in that vast continent by new pressures, by new demands, by new independence, new requirements, which are pressing them from many directions. If we can bring to bear all our own facilities for trying to understand, we may be able to imagine ourselves in the position of Africans with all these things happening to them, from outside, but also among themselves. Their own pressures are complicated by pressures from outside. The people who press from outside in many cases—not just in Africa, but generally—seem to think that their pattern of life would by definition be advantageous and better than the patterns of the people there. I think we should be somewhat humble about this. We should not be too sure that we know better than many of the Africans what is best for them or when and what kind of changes can be applied and initiated, and how fast those changes can best be undertaken by the people of Africa with what help they need from outside. I think that gradually many people in many places are beginning to recognize that you cannot do mental health *to* people any more than you can do physical health *to* people. You can offer them choices of what they can accept. The choice eventually must be made by the people themselves, otherwise it won't work. Our task at the moment is to understand what the peoples of Africa need in terms of *their* goals, for *their* development, *their* intentions, *their* ideas, and where *they* need to go, and not to impose our preconceptions of what we find is good or believe is good for us on people about whom we often know very little indeed, and that which we do know is often grossly oversimplified.

In this effort to understand, which I take it is our common goal here and now, we are very fortunate to have with us Dr. Tigani El Mahi from the Sudan. Dr. Tigani is a psychiatrist of note. I have seen him in a great variety of situations among varieties of people qualified in many aspects of technology. In every case Dr. Tigani El Mahi has been outstanding in a meeting discussing Africa or indeed other countries as well. His experience is wide and how he has been able to make it so intensive at the same time that it is so extensive, I have not yet been able to understand. Dr. Tigani El Mahi has recently been appointed the Mental Health Adviser to the Regional Office of the World Health Organization for the Eastern Mediterranean region, and I would like to congratulate both the W.H.O. and Dr. Tigani El Mahi on this appointment. This will widen the influence that he has already extended over much of Africa, but he will now affect still more people and bring his wisdom to them. I am very happy to introduce to you Dr. Tigani El Mahi from the Sudan.

DR. TIGANI EL MAHI: Mr. Chairman, ladies and gentlemen: Shakespeare in his play, *King Henry the Fourth* used a vivid phrase which is often quoted: "I speak of Africa and golden joys." To-day, as a participant in this panel and indeed as an African, it is my privilege to speak of Africa, but I would rather leave the golden joys for a future Shakespeare.

In a panel like this, there must be a certain order and as a participant I feel that I must sacrifice certain topics which I may feel important so as to maintain the continuity and unity of the discussion. I believe this is precisely the experience of my colleagues on the panel. Africa is an immense and vast continent with many different cultures, but I believe we are fortunate that we find in our country, the Sudan, with a million square miles, many of the cultures of Africa living side by side. In the Sudan we find in the North the Arab and Moslem culture predominating. In the Western Sudan we find our affinities with Western Africa, going back over a thousand years when The Masodi, the historian, wrote about the Kingdom of Ghana, the name given now to Ghana itself. We have had many of our cultural contacts with Western Africa for a thousand years or more and many of the North African cultures actually came to us through West Africa. Moreover, since the Sudan is on the road to the Holy Lands, every year we have thousands of people on the caravan routes from the West to the Eastern Sudan going to the Holy Lands. In the South, we find the Nilohemitics and the Bantus extending to South of the Great Sahara. On the East of the Sudan we have Ethiopia and we have many of the cultures of Asia that have come to us across the Red Sea. So we find in this country, a small representation of Africa, actually a microcosm of a macrocosm.

Now in dealing with African mental health in the framework of this panel and in the time allotted, I shall have to be extremely selective, but I hope not to the degree of being incoherent. At the outset we must reaffirm that psychiatry is inseparable from the community and that it must follow it as a shadow. Cultural institutions are a spearhead and the exponent of psychiatry itself, so that we must begin our psychiatric understanding by the study of the institutions. We find in many of the institutions in Africa definite health values or even mental health values, which are interlinked and interrelated to such a degree that even the psychologists have begun to believe in the fundamental unity of institutions themselves—that even magic, superstitution and the evil eye have health values. This is definite; even polygamy, which was mentioned just now, has definite value in our country. For example, as a response to certain attitudes in the Middle East, we have begun a study: why do people marry more than one wife? In our findings, you get polygamy in the communities where there is a high mortality rate in children, where there is sterility, or where there is a preponderence of females and a dearth of males. This last point is

important, because in a patriarchal system, of course, boys are more favoured than girls. So we have found that this institution itself has a public health side. We have found that it was not hedonistic in origin, it was utilitarian. Because of the high mortality rate in children in certain parts of Africa, if polygamy were dropped, it would mean that the whole race would be extinct. It has a survival value. Therefore, if you are to combat it as an institution, we must develop the public health means of preserving the children and curing sterility.

In Africa we have, of course, many mental health problems, but of late, as a result of the rapid pace of social and economic change, many of our institutions which I called the spearhead of mental health, have become disorganized. In many parts of Africa there is still the tribe, which, as an American sociologist said, is a mutual insurance agency protecting its participants, acting as a buffer between the individuals and misfortune. But we are beginning to have a breakdown in the tribal system. We are beginning to have centralization of nomads and a lot of changes which are disturbing their formal or their normal group, so that they are displaying mental stresses. Of course the problem is not as simple as this, but for the purpose of our discussion and understanding, I think we have to put it like that.

With detribalization we notice a train of new features in the community. I cannot mention them all. One of the most striking that we notice is the quest for identity. In many African countries the tribes have marks. They have identity labels for the members, tattooing them distinctively. With the breakdown of the tribe, with the tendency to individualization, there is definitely a quest of identity. I was happy to read that the World Federation for Mental Health, of which I am a member, had written on Identity while I was working on this problem.* As a result of this trend, in our country where there is the tribal system, it is of interest to note that of the institutions of democracy the one that has the most appeal is the trade union. Here the people are finding again a tribal system, a label for identity. By contrast, in some Middle East countries where identity is geographical and not tribal, where the people become identified by the name of the locality, trade unionism has had no success. So that we see that with the breakdown of traditional groups, of the patriarchal system, the people are seeking new identities and that because of the nature of their groups in the past, it is the collective groups that they are looking for. In my opinion, this is of remarkable importance in the world of politics, because the tribalized person is seeking to be integrated into a group and not acting as an individual. And therefore, out of the contemporary systems, what appeals to him is the one that has the collective tendency.

*Identity—Introductory Study No. 1. World Federation for Mental Health, 1957. 45 pp.

Now to talk about another important feature which is emerging, I would like to borrow a term from Erich Fromm. Dr. Fromm talks about a "fear of freedom," although not quite in the sense that we find among Africans who have lived in a group and who have all their lives participated in tribal life. They feel insecure when it is broken down. Many of the insecurities are due to the sudden change in the pattern of life. As a result, we observe that even the most uncontroversial new developments like medicine, like education have, initially, a havoc effect on the tribal life itself. Several years ago I studied the problems of introducing medicine to an area which had never had medicine; we never entertained the view that medical methods and techniques are benevolent to the people always. There is always a price of progress; people will suffer, the tribal life and tribal economy will be affected even by public health, even by education. When they were introduced we recognized at the beginning that there would be disorganization, which we always regarded as the price of progress.

Now the nomads. It may seem strange that while I was working in Khartoum, I had to do with a lot of nomads. For some reason or other, when they go to town, they lose their nomadic spirit. When they are put into jail, they develop claustrophobia. They can't stand closed space. Two or three were sent to me by the prison authorities. They said, whenever these people are taken out for anything like exercise, they just run away. It is the nomadic impulse in them. And when we discussed it with the prison authorities, they realized the importance, because in our country we now realize the importance of cultural aspects of all problems.

Even in delinquency we have evolved two types. In stealing, we find among children those who steal inside the home and those who steal outside the home. They are quite different. Those who steal inside the home eventually become the adult criminals, according to the statistics of the prison authorities. Those who steal outside the home, mostly come from tribal organizations where stealing or robbery was regarded as esteemed in the past. Except in a few cases, we have not found that those who steal outside the home eventually become criminals. Even in the courts nowadays, they ask: does he steal from the home or outside the home? This example, I hope, will bring home to you the importance of cultural factors.

The last item I would like to talk about is fear. There is so much talk nowadays of shame cultures, of guilt cultures. I am not aware of the validity of this. But I have no doubt that in some parts of Africa there is a fear culture. We have developed this theme because of our study of animistic religions in Africa. We have found, for example, in our study of animistic religion in the Southern Sudan that it has invariably evolved from fear. That is why we regard fear as an important instinct or sentiment. We found that in the fear of natural phenomena, in the fear of that which they

don't understand or comprehend, in the fear of the unknown, there develops the religious idea of animism. You find that these fears are personified in due course, as with the ancient Egyptians and with the gods of Babylon. Fear is a very important factor in mental health, not just in personal mental health, but in the group, because we find that certain superstitious types of fears, particularly when there is a conflict between loyalties, develop into the most ugly form of human behavior. Many of the movements in Africa, although they have other motives as well, have these features : they are very primitive fears and they arise on the basis of a conflict of loyalties. This is also very important from the political point of view. We have found that in certain tribes, when education has been introduced, when there is adoption of a new universal religion, I mean one of the large religions, these superstitious fears do not tend to disappear.

In talking about Africa, I am afraid that what the early travellers and curiosity hunters wrote was all mere rubbish. I believe that people who call it a dark continent have the dark in their eyes and not in the continent itself. What we know about America came to us largely from the cowboy films. What you learned about Africa I presume came from Tarzan films. In Africa, as in any other culture, the worker in mental health or in any other field must have a value system. This is very important. He must support the values of his community and of his day and he must not act as a rebel. In fact this was stressed by the Arab physician about eight centuries ago, that in order to be a good worker for the community you must love that community and you must love its culture. Out of our love of our culture we have been able to understand that many of the demoniacal states, the possessional states, have extremely valuable therapeutics for the patient himself, that many of these magics actually have a real therapeutic basis. Superstition is protective and the whole culture should be looked upon in a different light. But Africa is changing very rapidly. Even in my country I am unable to keep abreast. Some years ago I was asked by my government to write a report on the influence of independence on mental health. I quote a small extract from this report :

> " The emergence of this country as a sovereign state in January 1956 was indeed a factor positively contributing towards better mental health adjustment by liquidating the various political and social tensions, and by doing away with the insecurities and purging out the inferiorities born of a colonial system of government. But self-government is never a panacea. It naturally and inevitably involves and imposes an experience of life which is in itself a test of national temper. Endurance of the government of any country in its attitude toward its public and its problems plays an exceedingly important role in the implementation of mental health."

I find that the latter part of this statement is incorrect because matters have been moving so quickly that I have been unable to keep pace with them. In my latest report last year, I said, commenting on the rapidity of pace:

"Finally we should be aware of the impending changes of the cultural, psychological patterns in our communities in response to the impact of contemporary social and economic patterns. We must be alive to what Siegrist, medical historian in Switzerland, has said, that each change of cultural conditions has a definite repercussion on the diseases of the time."

DR. CHISHOLM: Thank you, Dr. Tigani El Mahi. If anyone here had any illusions about the need for foreigners to do some thinking for the people in Africa, that illusion may well be dispelled. There are many people in Africa quite capable of doing their own thinking and doing it very effectively indeed. Dr. Tigani El Mahi has given us some extremely important indications which we need to incorporate into our own attitudes and feelings. For instance, he has indicated that the best way to cope with polygamy is to do something about the health of infants and mothers: maternal and child health is the best approach to polygamy and legislation alone is not going to be an answer. It is important for us all to learn that sort of fact, because we have illustrations in our own countries of problems with which legislation did not deal effectively. There must be growth and change among the people, the conditions need to be changed and *then* the thinking and feeling can be changed and *then* effective legislation can be used. The quest for identity that Dr. Tigani El Mahi speaks about is a common human quest. It is part of the struggle of each one of us. What am I? Who am I? Where do I belong? Who is on my side? What is the picture of myself and my environment that I am developing? And the more rapid the change, the more acute is the search, the more confusion may arise in relation to it. Dr. Tigani El Mahi also suggested that for some people jail is a different experience *and a different thing* than to other people. Jail for the nomad is not the same thing as jail for a city dweller; a nomad develops feeling there that a city dweller doesn't develop. Again we see that we cannot generalize. Things are different, depending upon the experience that precedes them and the experience of things varies with the previous experience. Out of this realization I hope will come for all of us more respect for other peoples' cultures, perhaps a little less willingness to prescribe answers.

We have still another approach. I am very glad to welcome to this panel Dr. Francis Sutton. Dr. Sutton has worked extensively in Africa, travelled and lived there. He holds a Bachelor's degree from Temple University, he is a Master of Arts of Princeton, and a Doctor of Philosophy from Harvard. He was Assistant Professor of Sociology at Harvard from 1949 to 1954. Since 1954 he has

been with the Ford Foundation in its African programme and he brings to us another experience, another set of insights and experience that comes from the continent of Africa.

DR. SUTTON: Thank you, Mr. Chairman. If there were many people like Dr. Tigani who sits here beside me, I would be embarrassed to speak on this topic at all. I hope you all appreciate what a rare bird he is. There are not more people like him than you can count on the fingers of one hand. I don't think there are half a dozen African psychiatrists at work or perhaps in training to-day. I therefore venture forth on this topic not because of any great powers on my own but because there aren't many people preempting the field. Actually there are some problems of Africa that are rather well studied, and it isn't an entirely dark continent to those of us outside. For example, the sociology and the anthropology of some areas of Africa have been rather well studied. Indeed, one of the most distinguished applications of social science that we possess is the study of native African societies. But through perhaps an accident of history, much of this work has remained rather rigorously ethnographic and sociological and hasn't dealt with psychological aspects to the degree that would have happened had this work been in the hands of Americans, let us say. It is a curious element in the intellectual history of the 20th Century that Americans have been rather psychological in their approach to anthropological questions while the British, and to a lesser extent, the French and the Belgians, have stayed more on what we call the cultural or the structural and sociological levels. As a result there has not been the thoroughness of study of psychological and psychiatric questions in Africa that there has been of some other things. It is striking, the paucity of even expatriate psychiatrists and psychologists in Africa. I don't think there is a single psychologist in either Ghana or Nigeria. I exclude educational psychologists as a special breed, not necessarily having a full union card in psychology; maybe that's not fair. I'd be delighted for someone to correct me, but I don't think there is anyone who is just a plain psychologist in these two quite advanced and intellectual countries. Thus the understanding of the effects of social change on the mental health of people in Africa is not advanced by any active group of researchers on the question. We know much more about what has happened to the American Indian than what has happened to the African in any serious professional way. My first point therefore is that we need much more professional understanding of this question and rather less of the remarks of concerned travellers like myself. But in the absence of that I press bravely on.

I want now to add a few comments to Miss Henderson's remarks, to emphasize some of the points about the pattern of social change going on in Africa. I want, first of all, to say something about urbanization. This phenomenon is perhaps more spectacular than

is commonly realized. It is a phenomenon of the speed and of the fundamental character of the quick emergence of African nationalism in all these new African independent states. When you see some manifest phenomenon like that in the world, you ask yourself: what are its correlates, what has gone along with it that is fast and new and different? And one correlate is the rapid growth of cities. Some African areas show overall a rather low percentage of urbanized population. But there are many areas which for the state of development of these countries show extraordinarily high states of urbanization. For the Belgian Congo, for example, I don't have very recent figures here, but in 1949 19% of the population was in cities of more than 20,000. This is high. Consider that the Soviet Union had only 12% in the 1920's, that India had only 12% in cities over 20,000 in the early 50's. I do not have the precisely comparable figures for the United States. In preparing for this panel I could find statistics of cities over 5,000, cities over 2,500, cities over 10,000, not for those over 20,000; but the turning point for comparable figures in the United States would have been about 1900. So one can see there urbanizing territories—and the Belgian Congo is by no means an isolated example—Senegal is an even more striking example. There are of course some African territories like Western Nigeria with high percentages of urbanization, but without the implications of fundamental change, because these were areas in which urbanization was part of the traditional African culture. The areas I have in mind are ones where there has been a significant intrusion of Western life, which has brought degrees of urbanization which are quite unusual. This is possible because Africa, after all, is not a very populous continent; you don't have the massive rural population that one sees in Asia. You can therefore get a relatively large number of people into a limited number of cities in a short time through the impetus of the intrusion of Western economy.

In addition to relatively substantial urbanization you have this striking phenomenon of extensive migration. The use of migratory labour, has, of course, been one of the standard practices in Africa. After Miss Henderson's statement, I want merely to underscore the phenomenon and to emphasize that it brings more people into the orbit of that social change that is generated in the cities than would otherwise be the case. I suspect that in the Southern half of the continent migration has reached a magnitude that is unparalleled any place else in the world. We have seen the spectacle of great migratory movements, say in Japan or India. I have no precise comparisons, but I think that the process is more permanent, certainly in the Southern half of the continent, than it may have been elsewhere.

A third aspect that I would emphasize is the rapidity of the spread of a taste for education. I don't know where this came from, whether it followed the path of the migrations. The exact natural history of the spread of education isn't clear to me, but the appetite

for education in Africa is something that is hard to understate. It is extraordinary and it extends into very remote areas. The efforts of African countries toward universal primary education that Miss Henderson has mentioned are a response to a genuine demand as I see the situation in these countries; it indicates that the urge to a different kind of life, to some new range of opportunities and possibilities is spreading toward universality in the African countries. It is hard to find any more the remote and untouched bush.

So much for social change. With this social change, one sees findings of all sorts of strain and difficulty that one would expect to find even by textbook analysis and by the experience elsewhere in the world. We here in the United States have something very comparable to this appearance of large new populations in cities in Africa. We have had in the great wave of immigration in the late 19th and early 20th century the appearance in our cities of many people from different cultural backgrounds who had to adjust themselves in a new life and many of the phenomena that occurred here are being repeated in Africa. Delinquency and crime, the deterioration of old family structures, the difficulties of control of parents over the young, are fairly familiar features of transition to a modern type of economy with considerable urbanization. And they have recently become manifest in Africa. Since I am an employee of a charitable foundation, I hear the concerns of people about a wide variety of social problems. I have heard few more persistently mentioned than that of managing juvenile delinquency in African cities at present.

It is not just the people who have difficulty getting into schools, about whom Miss Henderson told us, who present evidence of strain. One sees a great deal of it among those who are members of a happy élite and achieve higher education in African territories. There one finds a curious combination of complaints among the people who run these institutions of higher learning. On the one hand, you have a certain self-satisfaction with high status combined with a certain unruliness and unmanageability. On the other hand, it is said that these fellows work too hard, they keep their nose to the grindstone too much. Such a combination of complaints points to the characteristics of a people under considerable strain. The difficulties, particularly of students going overseas, have been so serious that the governments of Nigeria and Sierre Leone have taken steps to account better for the frequency of breakdowns among their students in whom they are investing considerable sums.

In mentioning further evidences of strain, one should not pass over the great array of ideological and political phenomena. The kind of excitement that's going on in Africa now, the sheer evidence of turbulent energies, is impossible to conceive without a population undergoing all sorts of disturbances resulting from basic changes in their manner of living. That Africa is now a continent of the most

exciting political developments is to me evidence that it is troubled by various emotional problems of transition.

So much for the change and the evidence that it is causing trouble. What are the possibilities of analysis that lead towards suggestions of profitable things to do? The crucial question here is the framing of policies that may help Africans to grasp the new kind of life that is being put before them and somehow to do this in a fashion that will not remove all the props provided by an older way of life. It is one of the fundamentals of the developments that go on now in Africa that there is so little turning back for a man who has once started away from the traditional life of his tribe or village. Once started on the path of a new kind of life by going up the educational ladder, he finds great difficulty in any sort of turning back. Particularly if he rises to the secondary schools and beyond, there is a great remove from anything that has been characteristic in his kin group, his own tribal group, so that he has to hold on in some fashion or fall into a life that has lost all meaning to him. The possibility of making effective progress through an educational system in this way depends not only on the initial capacities of the man, but also on the characteristics of the educational system itself. One of the weaknesses of the African educational systems in the past has been that they have been importations from the Western world; they have been poorly equipped to provide anything but the preparation needed for jobs defined in the terms of the Western world. There has been little in the way of incidental gain to provide a satisfactory mode of existence in a transition from the older way of life. Obviously one of the great needs in African society is the adaptation of an educational system that will provide what we used to call here unabashedly "education for living." The philosophy that has now become unfashionable in American life, with the decline of John Dewey's philosophy and the decay of progressive education as a popular ideology, seems to me to have a ready application in African society at present.

There are of course certain cushions for people who move some distance up the educational ladder or who go to the towns and step out of their original settings. The preservation of tribal ties in towns in Africa is a striking phenomenon, to which Dr. Tigani has referred. It is one of the cushions provided for transition in Africa just as national groups were cushions in the transition of immigrant groups in American society over past generations. Groups of this sort play an important rôle and in any wise management of the transition towards a new society in Africa this function must clearly be recognised. Another kind of cushion in Africa is a rather slow movement of the women towards a new style of existence. There is no question that this is more fundamental at the moment than the policies concerning the education of women in the development of mental health in Africa. We know in many societies around the world that their conservatism has expressed itself in slowness

for education in Africa is something that is hard to understate. It is extraordinary and it extends into very remote areas. The efforts of African countries toward universal primary education that Miss Henderson has mentioned are a response to a genuine demand as I see the situation in these countries ; it indicates that the urge to a different kind of life, to some new range of opportunities and possibilities is spreading toward universality in the African countries. It is hard to find any more the remote and untouched bush.

So much for social change. With this social change, one sees findings of all sorts of strain and difficulty that one would expect to find even by textbook analysis and by the experience elsewhere in the world. We here in the United States have something very comparable to this appearance of large new populations in cities in Africa. We have had in the great wave of immigration in the late 19th and early 20th century the appearance in our cities of many people from different cultural backgrounds who had to adjust themselves in a new life and many of the phenomena that occurred here are being repeated in Africa. Delinquency and crime, the deterioration of old family structures, the difficulties of control of parents over the young, are fairly familiar features of transition to a modern type of economy with considerable urbanization. And they have recently become manifest in Africa. Since I am an employee of a charitable foundation, I hear the concerns of people about a wide variety of social problems. I have heard few more persistently mentioned than that of managing juvenile delinquency in African cities at present.

It is not just the people who have difficulty getting into schools, about whom Miss Henderson told us, who present evidence of strain. One sees a great deal of it among those who are members of a happy élite and achieve higher education in African territories. There one finds a curious combination of complaints among the people who run these institutions of higher learning. On the one hand, you have a certain self-satisfaction with high status combined with a certain unruliness and unmanageability. On the other hand, it is said that these fellows work too hard, they keep their nose to the grindstone too much. Such a combination of complaints points to the characteristics of a people under considerable strain. The difficulties, particularly of students going overseas, have been so serious that the governments of Nigeria and Sierre Leone have taken steps to account better for the frequency of breakdowns among their students in whom they are investing considerable sums.

In mentioning further evidences of strain, one should not pass over the great array of ideological and political phenomena. The kind of excitement that's going on in Africa now, the sheer evidence of turbulent energies, is impossible to conceive without a population undergoing all sorts of disturbances resulting from basic changes in their manner of living. That Africa is now a continent of the most

exciting political developments is to me evidence that it is troubled by various emotional problems of transition.

So much for the change and the evidence that it is causing trouble. What are the possibilities of analysis that lead towards suggestions of profitable things to do? The crucial question here is the framing of policies that may help Africans to grasp the new kind of life that is being put before them and somehow to do this in a fashion that will not remove all the props provided by an older way of life. It is one of the fundamentals of the developments that go on now in Africa that there is so little turning back for a man who has once started away from the traditional life of his tribe or village. Once started on the path of a new kind of life by going up the educational ladder, he finds great difficulty in any sort of turning back. Particularly if he rises to the secondary schools and beyond, there is a great remove from anything that has been characteristic in his kin group, his own tribal group, so that he has to hold on in some fashion or fall into a life that has lost all meaning to him. The possibility of making effective progress through an educational system in this way depends not only on the initial capacities of the man, but also on the characteristics of the educational system itself. One of the weaknesses of the African educational systems in the past has been that they have been importations from the Western world; they have been poorly equipped to provide anything but the preparation needed for jobs defined in the terms of the Western world. There has been little in the way of incidental gain to provide a satisfactory mode of existence in a transition from the older way of life. Obviously one of the great needs in African society is the adaptation of an educational system that will provide what we used to call here unabashedly "education for living." The philosophy that has now become unfashionable in American life, with the decline of John Dewey's philosophy and the decay of progressive education as a popular ideology, seems to me to have a ready application in African society at present.

There are of course certain cushions for people who move some distance up the educational ladder or who go to the towns and step out of their original settings. The preservation of tribal ties in towns in Africa is a striking phenomenon, to which Dr. Tigani has referred. It is one of the cushions provided for transition in Africa just as national groups were cushions in the transition of immigrant groups in American society over past generations. Groups of this sort play an important rôle and in any wise management of the transition towards a new society in Africa this function must clearly be recognised. Another kind of cushion in Africa is a rather slow movement of the women towards a new style of existence. There is no question that this is more fundamental at the moment than the policies concerning the education of women in the development of mental health in Africa. We know in many societies around the world that their conservatism has expressed itself in slowness

in changes in the lives of women, and this has provided a cushion, again, to give the society protection against the severity of strains imposed by a new way of life. On the other hand, there are considerable difficulties if education of women and their involvement in the new patterns of change are not pushed.

Clearly, one of the sources of real difficulty in facing the demands of a new society is sheer ineffectiveness. Many people in newly developed societies have great difficulty in attaining to effective standards in many fields. This is quite obvious in some fields in Africa. One must develop people who are highly motivated to fulfill many of the demanding rôles of the new society. One way to attain this is through the stimulus that comes indirectly from a leap of generations, perhaps by the education of women. So we seem to face a dilemma here. We invite difficulty in really effective performance in facing the challenge of a new type of society, if we do not proceed vigorously with the education of women ; on the other hand, in doing so, we remove one of the cushions, one of the sources of stability that one needs while difficult transitional processes are going on. I stress these questions of education because in the whole question of mental health and social change this may be one point for effective means of intervention. Many of the changes will come about whether we like them or not and it is difficult to do anything about them. Perhaps at least we can understand them. Coming back to my point of beginning, I think that this is especially important for Africa and that there is a great need for more people to be knowledgeable about the questions we are discussing here, to guide these new societies, than we have had to have in other societies, perhaps because they have moved more slowly, perhaps because they grew up in simpler times and have not needed such a high level of sophistication.

DR. CHISHOLM : Thank you, Dr. Sutton. Dr. Sutton has certainly extended the picture of the complexity and the variety of problems and situations that can be seen in Africa. He stresses particularly, amongst many other things, the problem of training. Many of us are concerned in our own countries with the training that is provided for people who come from Africa and other countries for technical training. In recent visits to medical schools, schools of public health, schools of public health nursing, and health education, I have found this a live question indeed and there is a rising feeling that we are not doing as well as we should. Many suggestions are being made.

Let us put ourselves in the place of a student coming from an African or Asian country in process of rapid change, having to learn an enormous amount of technical skill in a short time, at the same time perhaps learning the language or parts of it that he needs to learn with expertise, at the same time learning how to live in an utterly strange culture where he doesn't know the customs of the

natives at all and is required to conform to them. This is a heavy burden and defeats many fine young people who have great potentialities but are overwhelmed by the speed of learning and adjustment that is expected of them. It begins to appear that some other methods must be devised. For instance, possibly we should allow a student coming for technical training to have at least six months with no technical responsibilities whatever, or any responsibilities for learning expertise, but only to learn how to live comfortably amongst these " queer " people, who are queer to him and whose customs he must learn in order to be able to live reasonably satisfactorily. And it may well take six months just to learn how to eat, where to find the things one needs, how to get the services one needs—all very complex and difficult. If people could have a short time, at least a few months, to improve their language in relation to the particular expertise, at the same time learn to live in the community, then they might much more effectively concentrate on the technical job that is expected of them and perhaps not so many of them would be defeated.

Dr. Sutton also stressed the need to preserve sufficient emotional stability during rapid change. Sometimes this means that the change may be too rapid; sometimes it means that the methods by which changes are initiated or developed in the country might be better adjusted to the needs of the people; but in each instance this will have to be a decision related to a particular time and a particular place. We are very grateful, Dr. Sutton, for your help in understanding this total situation.

Our next speaker is Dr. John Rees, Director of the World Federation for Mental Health, known to all in the United Nations or the Specialized Agencies or in the non-governmental organizations. I don't know him very well. I sat at his feet first, I think, in 1924, but ever since I have been finding new depths and the extent of his personality and his experience. Dr. Rees comes closer to being an institution in himself than anyone I know. He can bring wisdom to bear on an extraordinary variety of phenomena, including most kinds of human beings. Dr. Rees.

DR. REES: Mr. Chairman, ladies and gentlemen. My own experience in Africa has been limited to rather brief visits of observation and consultation; but I am enormously interested and the Federation is much concerned about Africa, because the continent is opening up. Africa is changing so rapidly, and Africa has undoubtedly been neglected. We have known too little about it and we have learned too little from it and until now we have been able to take little of our particular skills to Africa that was of use and could be made of value to it. There is a great need for well coordinated activities in Africa because this question of social change and mental health in Africa is not one just for psychiatrists, however clever they may happen to be. This is a question for sociologists

and anthropologists, for educators, for the doctors in general or physical medicine, and for the nurses who work with them, for psychologists and psychiatrists, for the churches and for governments and administrators of all kinds. The problems of change in Africa cannot be answered by any one of these groups of people from different professions. The answers must be found by a pooling of experience and wisdom from various sources.

I quote very often an interesting little story about Oxenstjerna, the great Chancellor of Sweden in the 17th century, whose son had been offered a post in diplomacy, but who had refused it saying that he did not know enough about the work. His father wrote him a charming letter in which he said, " My boy, you have no idea with what little wisdom the world is governed." I think that was true in the 17th century, I think it is true to-day, and I think it is particularly true when we look at the enormous problems that face the Africas, the countries of that great continent, each with its special difficulties. Whatever work we are in, whether in government, in the United Nations, in inter-governmental agencies, or in non-governmental organizations, we must all recognise our responsibility to add something to the sum total of wisdom that can be made available to help our colleagues there and at the same time, as I said just now, to learn from them.

In the World Federation for Mental Health, our special interest in any activity in this area actually began in this house when a young anthropologist working in Miss Julia Henderson's Bureau asked to see me. He was from Uganda, from the Institute of Social Science Research, and he asked, " Can the Federation do something about the problems that seem to us to be mounting all across Central Africa (the so-called Africa South of the Sahara) because we find that with the increasing industrialisation and development of the countries and attempts to raise their standard of living, the amount of anxiety, neurosis and other mental illness is also increasing." This was rather a challenge for someone who really knew very little about Africa, and we began to think of ways in which we could be useful and of people who had real competence in this field, which we certainly had not in the Secretariat of the Federation. The way we began was rather laboriously and with some difficulty to collect from government sources the names of the Africans, Belgians, Portuguese, French, British and others working there as psychologists, psychiatrists, anthropologists, educators, who were concerned about our problems. After considerable correspondence with them, I discovered that each was extremely lonely. They had all kinds of good ideas, they were doing research and they were all interested, but they had nobody to talk to, nobody with whom to discuss things. They didn't know their neighbours in the next country. They were unable to travel within Africa, because such fellowships as are given are not usually given for travel *within* a continent or a country ; they are usually given for travel outside it.

The result was that we called a Conference just a year ago which Dr. Chisholm, Dr. Sivadon of France, Professor Krapf of WHO and I attended, which was largely brought together by the efforts of the World Health Organization's Regional Office for Africa and the Commission for Technical Co-operation in Africa South of the Sahara (C.C.T.A.), an African inter-governmental organization. We held the Conference in their headquarters at Bukavu in the Congo. The meeting brought together people from some fourteen countries or territories and was extremely informative and enlightening. It was worth while because it created contacts and exchanges of information, inspired a lot to people to new ventures and opened up a channel of communication that is now very busy and much occupied. The recommendations of that Conference, of which Dr. Tigani was Vice-Chairman, have already been implemented in some measure and plans are laid and already being worked out, largely by the efforts of C.C.T.A., to continue and carry out some of the major recommendations, which will be useful, I think, to Miss Henderson's Office here and to many other people.

Making visits before this Conference, we found extremely good and encouraging things going on in the way of psychiatric treatment and social experiment. In Ruanda Urundi, we found that all the psychiatric patients of that whole territory were treated in the General Hospital of the capital city (Usumbura) in open wards, with freedom to walk around, no locked doors, no bars—walking around just like the ambulant patients from the other wards in the General Hospital. And this has been going on for nearly ten years with extremely successful results, under two Belgians, one a general physician and psychiatrist, the other a brain surgeon.

There were less good things also ; 19th century concepts being put into new architecture for the detention under prison-like conditions of psychiatric patients. Things that should never have existed, things that show the lack of enlightenment of some physicians and administrators. There were far more good things than bad ones, however.

The quality of men and women, the Africans and the people from outside Africa itself, who have been living and working there for a good many years, was impressive. Their approach to psychiatry was strikingly good, both the treatment of patients and the much greater interest in prevention than one finds in many over-privileged countries of the world. Their work is excellent, the research that is going on is good, but the number of people available to do this is infinitesimally small. This is one great problem of Africa : to provide more people who can produce on the spot, through research and through the distillation of their clinical experience, the basic principles which can be used in the field of prevention.

Of course, from every country you got the same story of the disturbance of culture. May I say here that I have visited many countries in the world and I don't believe there are fundamental

or basic differences between anything that I heard in Africa and the things you find in other countries, except naturally in the cultural determinants of some symptoms of illness. There are, however, perhaps greater difficulties in Africa than in other continents.

Raising the standard of living in the under-privileged countries appears to be one of the factors which leads not only to disturbance of culture patterns but to many anxieties. The introduction of competition, the fear of not getting a job, or the fear of losing a job, the necessity to "keep up with the Joneses," give rise to a good deal of anxiety, as do many other things that we are familiar with. This happens in every country, and it happens of course in Africa, and we heard about it from our colleagues who had been working there, all of them for many years. What we were looking for and what we have to study all over the world and not merely in Africa, is how to prevent things going wrong: how to prevent the development of unnecessary anxiety, how to obviate social disturbance and social unrest, how to prevent delinquency, and so on.

Here I would like to quote the highly enlightened plan of the government of Ghana, who I am told asked the United Nations for technical assistance from an anthropologist for six months to work in the bush in Ghana. At the end of that time he was asked to forecast what would happen four years from then, when the Volta River Dam Project is completed, if the Government supplied electricity to the up-country districts of Ghana. This seems to be prevision which you don't find in many countries. It is a striking instance of a government looking ahead to see what difficulties may arise and how they can be circumvented. The report, I understand, points out first that, if you are to persuade the people to pay for electricity, you must have some kind of industry; therefore you must collect people in small townships where it is worth while putting an industry and bringing electric current. If you are to have that, then you must first of all have pure water. So pure water is the first necessity, electricity is the second, and here is a whole chain of events all worked out and thought about in advance. This seems to me to be planning wisely, sensibly and well.

We were told repeatedly by workers in Africa with different experience, educationists, sociologists and others, that two of the great problems that rose from social change was that children and adolescents were confused easily because of the tendency to break up the strong tribal and family system of these countries and that the old people, on the other hand, were getting a great sense of insecurity which they didn't have before under the old system. These are very serious problems, because there are of course many old people and only recently has there been any awareness of the need for special care or hospitalisation for the elderly. Although the problem is now recognised, there are no statistics of its extent. One of the projects that we hope to undertake in World Mental

Health Year is to get proper statistical surveys made, because there are no figures in any country - not even in our over-privileged countries here or in Britain or in Europe anywhere which show the true incidence of psychiatric illness. So that we cannot say positively that there is an increase. The general feeling amongst well trained psychiatrists in Africa, trained in this country or in Europe, is that there is no real increase in the psychoses, the insanities as they are often called, but they certainly are appearing more often because sick people cannot be tolerated or held in the tribal system as they used to be in the past, and so they become social problems for the community, and there is a demand for more care and treatment for them. There is probably a true increase of the anxiety states. The actual nature of the diseases that occur seem to be very little different from those that we are accustomed to in western countries. There are a few special problems in certain territories, not in all. For some reason that nobody knows and which needs investigation, there seems to be an excess of epilepsy. In other countries of Africa, there is a complaint of a disorder that they call *frenzied anxiety*. It has a French name, " bouffée confusionnelle délirante," and this may be the same as Amok. I don't know ; I would like to ask Dr. Tigani if it's so. Amok doesn't seem to appear in Africa but it does in many other countries. We here call it " running amok," which is a state of frenzied anxiety, as a rule.

We were very conscious all through the Conference of the fact that social action which leads to prevention will have, more often than not to come through education, since that is the right method of approach, and we were happy to have educationists there, extremely good ones, who were advising us about this.

I would like to mention an interesting experiment that was going on at the same time that we were having our Conference. The Governor-General of Ruanda Urundi, who having been the Secretary of an international non-governmental organization concerned with the preservation of nature, had perhaps a special interest in nature, had asked a very high-powered professorial group from Liege to come out and examine whether it might not be better for the education of African children to begin simply by giving them more familiarity and more capacity to verbalize about the trees, the plants, the animals and other things with which they were familiar in their everyday life. Only when they had got this kind of education would they go on to more ordinary academic subjects, such as are taught in western schools and are indeed taught in the Belgian schools in the Congo and at present in Ruanda. The report of Professor Paulus was interesting because it seems to agree that this would be a very useful experiment and possibly a real contribution to the education of illiterate people. This might apply elsewhere and not only to Africa, of course.

Other interesting points came up at our Conference. For example, nobody could explain why, not only in the mental hospitals but in

the general hospitals for Africans in many territories the proportion of the women to men was two to one. This is an unusual figure and it probably has a sociological background that we don't as yet understand. I recall other interesting points. For example, we had an excellent anthropologist who became a psychiatrist during her anthropological work and who has worked for about thirty years in Ghana. We were talking about witchcraft, as Dr. Tigani will remember, and she said, " I have many good friends in Ghana who are witches, forty or fifty at least." And she said, " If only we could manage to get hold of women who get depressions and treat them early, there would be no witchcraft." She meant that a woman who has recurrent depressions, during her first depression accuses herself of all kinds of things, (as they do in New York City or anywhere else) and, particularly in Ghana because of the cultural patterns, accuses herself of " making bad medicine " for people, and so on. The depression clears up, and she becomes normal, but her reputation remains, and from then on she's a witch.

I had a fascinating discussion in the Institute of Personnel Research, Dr. Biesheuvel's Institute in Johannesburg. He has devoted his whole life to the personality problems of Africans. I talked with him and three of his distinguished African colleagues about superstition. I cited an instance. I had just been in the African General Hospital and the matron had told me of a nurse who had a successful operation for gallstones and then went home for three week's convalescence. The matron went to call on her and found her in her own home with a bandage tied round her head with some magic substance tied into the bandage. Evidently having gone back for convalescence, being extremely well, she still felt compelled to report to the local healer who wasn't particularly knowledgeable, who had suggested this as the necessary treatment. I asked these men, " If you were to have an operation and you went back to your own village, would you consult the local healer ? " The eldest, a western trained scientist, said, " You know, I believe I should." And I asked, " How many generations does it take to get rid of superstition ? " and added, " I think we may need at least twelve generations to get rid of superstition in England and possibly more in the United States ! How many do you think it would take in Africa—fourteen ? " " Yes," he said, " fourteen or fifteen generations. I'll close for that." So one felt again that we differ only in degree. When we talk of African superstition we often do it with superiority. I can never feel superiority about a thing of that kind again, because these are matters of degree and questions of opportunity. This is one of the things that I, at any rate, learned in Africa.

One of the other conclusions that emerged very strongly from our Conference is the need for more training on the spot in Africa for Africans. And here we were talking specifically about psychiatrists, because very few Africans will become psychiatrists.

They make more money by going into general practice when they are qualified as doctors and there is little encouragement or inducement to become psychiatrists. I think the only answer is that somebody must help the universities that have medical schools like Makarere and Ibadan and so on, to build up more adequate medical facilities, which will include psychiatrists and the other social scientists who can contribute, who can train these people and show them what an exciting job psychiatry can be in a great territory like their own, which ever their country is on the African continent.

There were a number of recommendations, as I say, made at this Conference. Many have already been implemented in various countries by the people concerned. I have a lively correspondence that keeps me more or less up to date on this. The World Health Organization has held a training seminar in mental health which they had arranged for nine months later, which I am told was very successful. I haven't seen the report as yet. C.C.T.A. has arranged an expert meeting in Tananarive in August 1959 on the psychology of the African child and the development of the African personality, and in the following year, in 1960, it has arranged for a conference on the psychological problems of social status in Africa and the mental health of African students. These are real advances.

Now please don't think that any of us in the World Federation believe that this approach made by a mental health group is a major advance in Africa ! I am concerned, we all are concerned, that whatever our particular special competence and interest, we must make the best possible contribution to the study and the solution of the problems that face our colleagues out there. We are merely part of a large team in which we must have economists and politicians, historians and demographers, all kinds of people as well as those in the social sciences and medical sciences, that I referred to just now. But the problems of Africa, as you have been gathering from Dr. Tigani especially and from the other two speakers, are so enormous and so complicated that our task surely is to above all to train as far as we can, and to encourage the people on the spot to get down to the solution of these problems. We cannot take our own ways of life into other countries. We can establish principles and we can give them to other people who comprehend these principles and who can try to see if they work out. As we do this we also learn a great deal that is useful and valuable for ourselves in the over-privileged countries.

DR. CHISHOLM: Thank you, Dr. Rees. Dr. Rees has again added depth to our potential knowledge of Africa, particularly through his interpretation of the Conference at Bukavu and the attitudes that were expressed there and the experience brought together at that time. He has indicated that the mental health problems are the same kind of problems that are met everywhere, although, of course, the symptomatology is produced by the local

customs, whatever those happen to be. I hope we will seriously take note of our ordinary, usual superiority about such things as superstition. May I tell a very brief story indeed. Just about a year ago I was attending a great university not far from here and I was lunching at the Faculty Club with a group of the faculty of this very great university. One of the professors, a very eminent professor indeed, mentioning that he had not had a cold for a year or so, quite unobtrusively reached out and touched wood as he said it. I don't need to comment. I have also recently been in a hotel that did not have a floor numbered Thirteen.

When I introduced Dr. Rees I should have said something about what he was. You can see that he is an Anglicized Welshman. This is in his background. He has been a professor and a teacher for many years, head of the great Tavistock Clinic in London for a long time, chief consultant in psychiatry to the British War Office through the war, inspiration to a great many people, as is obvious.

DISCUSSION

Now I think we may take a few minutes for any comments or questions by the members of the panel addressed to each other or to Dr. Tigani, whichever we like.

DR. REES : I have a question for Dr. Tigani. I would like to ask him, because I think it would be of interest to others in the room, whether I am right in what I said : that there are few fundamental differences in the kinds of mental disturbances, whether psychoses or neuroses, that occur in Africans, granting that the form in which they are expressed will differ, obviously, because of cultural differences.

DR. TIGANI : I fully agree and I think now the trend in psychiatry, with the decay of formalism, is that disturbances are no longer studied in terms of their structure but in terms of their dynamics; so that what is important in any difference is its dynamics and not its expression. Of course you refer now to the *Latah* and *Amok* and probably the *Mali-Mali* in the Philippines. We have found in our part of the world that in certain possessional states there are states of frenzy very much like these, and in fact, these states of frenzy are very valuable for the reintegration of the preliterate mind. We have seen patients who have been on the borderline of abnormality for a long time, and once they go into these states of frenzy, they become very much better. I was also struck by the incidence of frenzy states in one of the Middle East countries which has been isolated for a very long time, where it appeared to me that even the ordinary structure of the disorders was very medieval. We look upon this *Mali-Mali*, this *Latah*, *Amok* and these other frenzied states, sometimes as spontaneous abreactional states, actually nature's method of trying to work-out all these repressions, all the

repressed anxieties, because the patient tends to feel much better after them. I am not very sure about it, but I hope that sometime in the future I shall have more opportunity of studying these frenzied states in one of the Middle East countries—a very interesting feature, particularly in women—and we may be able to know more about them.

DR. CHISHOLM: Thank you very much. I shall ask Dr. Michael Sacks of the World Health Organization for his comments.

DR. SACKS: Thank you, Mr. Chairman. Although I am neither an African nor a mental health specialist, public health administrators, such as I am, have a profound interest in this subject and I beg your indulgence for a few minutes to tell you a little of the World Health Organization's activities in the field which you have under discussion to-day. WHO is gratified that this Conference is taking place and pleased to participate in our small way. We have, of course, a very close working relationship with the World Federation for Mental Health and with the World Federation we are trying to promote a broad mental health programme throughout the world. Our relationships with the United Nations Bureau of Social Affairs is well known to all the people here.

During the course of 1958 in Bukavu, the African Office of the WHO, jointly with the World Federation and CCTA, sponsored the meeting of specialists on mental health in Africa to which Dr. Rees has referred. In our view, this coming together of a multi-disciplinary group of experts from many countries is unquestionably a turning point in the understanding of the mental health problem in Africa and the beginning of new approaches and new efforts by all concerned, including WHO. I shall not rehearse any of the discussion that took place at that meeting, since Dr. Chisholm, Dr. Rees and Dr. Tigani El Mahi were all participants at that discussion and know the details far better than I. I would like to tell you briefly, however, some of the main themes of the Conference.

First of all, the conference made it possible for the first time in history for experts to survey the present situation of mental health in various African territories against a historical background. Particular consideration was given to statistics on prevalence of mental ill-health and their reliability; existing facilities for treatment and prevention; available trained personnel and existing training facilities. There followed a discussion on the psycho-cultural characteristics of Africa affecting mental health. Thus it was pointed out that magic practices are used in some parts of Africa to maintain the mental stability of individuals and groups. Some "possession dances" had been especially studied for the Conference as "traditional psychotherapeutic activities used by African healers" and it was considered that the subject merited further research for the benefit which might be derived by psychiatrists. The Conference also considered in detail the needs for prevention and care of mental

illness in Africa. I repeat that WHO considers that the recommendations of the Bukavu Conference for future activities will lead to much greater efforts by all concerned in this very important field.

Dr. Rees has also mentioned that subsequent to the meeting of experts, a mental health seminar, which had been planned in 1956, was held in November 1958 in Brazzaville, under the joint auspices of WHO and CCTA. In accordance with the recommendations of the Bukavu Conference this seminar gave priority to the consideration of a detailed programme, and to a consensus on the education of mental health personnel in and for Africa, which was considered one of the outstanding problems in this field. The participants in the seminar were chiefs of health departments, public health administrators and others. It might be useful to give the general recommendations of that seminar, since some of them are particularly germane to the discussion at hand.

First and foremost, the seminar noted that all experts had laid stress on the urgency of mental health problems in Africa and were convinced that this urgency could only increase in the near future. They recommended strongly that measures for the treatment and prevention of mental illness should be given increasing priority in any public health programme ; they pointed out that the increased initial outlay in personnel and equipment needed for active treatment and prevention was amply repaid by the diminution of the number of chronic patients who would need custodial care eventually.

The Seminar stressed that too large funds were presently being expended on building hospitals for the running of which there was a notorious lack of trained staff, and pointed out that the initiation of mental health services in Africa must await the availability of adequately trained personnel.

In Africa, perhaps more than in any other part of the globe, mental illness is often associated with and perhaps even caused by physical factors, and the Seminar emphasized the desirability of a close association between psychiatry and all other branches of medicine and public health.

As in other parts of the world a programme in mental health calls for team work which must include representatives from related fields and therefore the Seminar drew attention to the necessity for the closest liaison between mental health teams and social welfare services in the area.

Recognizing the influence of the sociological and cultural structure of a community on mental health, the Seminar noted the need to use the disciplines of social psychology and anthropology in the planning of mental health services, and recommended the use of qualified social psychologists and cultural anthropologists in the planning and conduct of training programmes for all levels of mental health personnel.

The Seminar reemphasized, as Dr. Tigani has just done, that the basic principles of mental health are universal and therefore

applicable to the continent of Africa. It did however, lay great stress on the need for giving full consideration to the problems of human ecology in view of the recognized importance of the relationship of man and his environment in psychiatric work.

Great attention was given by the Seminar to the training of psychiatrists, child psychiatrists, nurses, occupational therapists and other members of the mental health team required for present day work in Africa. The Seminar emphasized specifically that nurses and orderlies should be persons of character and understanding and high personal quality to meet the challenges which exist in that continent.

As for psychiatric services for children, the Seminar recommended that they should start wherever possible with the formation of guidance centres in which psychologists, parents and teachers can meet and collaborate, but warned that rigidity should be avoided in the approach to the whole question, as well as in the application of methods and techniques.

Great stress was laid by the Seminar that both patients and mental health personnel keep in close touch with the community in which they work. Positive action should be taken so that patients preserve their social contacts and that mental health personnel are not cut off from the social life of the community. Psychiatric centres, they felt, should be sited as close as possible to the community they serve.

The Seminar recognized the need for patients and their families to keep in touch with each other and with the social services, and for personnel to perform this liaison function. The Seminar did not feel in a position to make specific recommendations on this point but they noted that the qualifications of such social workers should be related to the work that they do and that they should be selected not only for their educational attainment but for their spontaneous ability to establish and maintain and develop the necessary social contacts. It recommended that each territory should plan the recruitment of such workers at an early date and afford them a status in accordance with the importance of their work.

I have gone into some detail into the recommendations, Mr. Chairman, since I believe that the Seminar has done much to further the collective thinking and to focus attention on the increasing importance of the education and training of African mental health workers and also has some relevance to the topic under discussion.

DR. CHISHOLM: Thank you, Dr. Sacks. Dr. Sacks has given us considerable indication of the sound work that has been done and is now going on. He indicates the awareness of the Seminar in Brazzaville of a factor that I personally found rather disturbing in some parts of Africa, an accent on buildings. There are some most beautiful glass and stainless steel buildings that I found somewhat inappropriate to the circumstances. They have been sold

to the people by foreigners. I think this is not a good service. There are other ways in which progress might have gone on using that same amount of money more constructively, more appropriately to the actual situation; because many of those hospitals are not staffed properly, cannot be staffed properly in the near future, nor are people available for adequate maintenance of the complex equipment which goes to make up such a complex as a modern hospital. I think there must be some fresh thinking about this problem. Miss Swing from UNESCO is now with us. Miss Swing.

MISS SWING: Mr. Chairman, the problem of education for girls and young women in Africa can perhaps be most clearly brought out by noting that in Ethiopia where primary education has long been offered both through church schools and through a government programme, the proportion of girls in primary school to-day is still only 14 per cent. In Italian Somaliland that percentage is higher; it is now 19 per cent. But in the whole area that we are discussing here the percentage drops and varies depending on the availability of schools to rural areas. To give you an idea of the difficulties facing girls and women in getting an education, I cite a comment from the Seminar held in July 1958 in Lome, Togoland, where the working group of women who had come from many countries in that area complained that parents were much more interested in getting their sons educated than in encouraging their daughters to study. They were apt to consider girls as potential helpers around the house who cost nothing and who were certainly not worth spending money on for education, while young men were often wary of educated wives who might not prove submissive enough. I shall not take the time here to expound the various social aspects of this problem, but I urge that they be borne in mind in discussing education on this level. UNESCO has received many requests from these governments specifically about the availability of education to girls and women. In fact, so many requests came in that about four years ago the Education Department of UNESCO recommended that access of education for girls and women in this area become a specific topic of regional concentration, rather than be taken up by country or project. As a result of these several requests, UNESCO has decided to study the access of women in tropical Africa to education at all levels. This includes primary, secondary, vocational and professional education, but we plan to give particular emphasis to access to vocational and professional education in the coming two years.

This study will be undertaken by the following means: First, UNESCO has already sent out letters to governments in the area asking them to state specifically their problems in this field and to let UNESCO know what steps they are planning to take. Within the next year, UNESCO hopes to make available scholarships to women in six countries in southern and central Africa to visit

Europe and the Middle East, to see how the problem is being tackled in these places. Then UNESCO plans to call a Conference of experts in the spring of 1960 which will discuss the reports of these six women as well as working papers prepared by the secretariat of UNESCO from data furnished by the governments. Out of this Conference, UNESCO hopes to formulate a long term programme with specific recommendations, to be sent back to the governments for their use in drawing up their own educational programme. Non-governmental organizations will be invited to send observers to this Conference and we certainly hope that you will be able to send observers from your group. Following the Conference UNESCO secretariat will continue to work on those aspects which the Conference designates as particularly important. UNESCO fully recognizes the crucial importance of the economic and social aspects of this problem. During the next year and a half UNESCO's Department of Social Sciences will conclude a study on the economic and social factors which favour or hinder access to education for girls and women in the tropics. A full report of this study is to be published at the end of 1960, but a resumé of the report will be used as a working document at the Expert Conference which I have mentioned. UNESCO has received an invitation from the government of Nigeria to hold this Conference in that country, an invitation which we welcome, and the place of this Conference is now under consideration. Thank you, Mr. Chairman.

DR. CHISHOLM: Again we have information of what is going on, serious work carefully considered, trying to be helpful in the development of Africa. Is there any one else here who would like to comment or who has a question to ask of any of the panel. If not, then, Dr. Tigani El Mahi, would you like to make some final observation?

DR. TIGANI EL MAHI: My final observation will be to speak again of the "golden joys." In a recent book by Father Temples, who is the Almoner of the High Technical School, Kolweizi in the Congo, you will find some of the most inspiring and interesting notes about Africa. In this book Father Temples says that the Africans are not children; far from being children, he argues, they possess, have long possessed an ontology, a theory of knowledge of their own, and this theory is typical of a coherent explanation of the world within the limit of their society. He goes on to say that there is fresh evidence that these primitives are something other than children afflicted by fantastic imagination, and he concludes by saying, we thought that we were educating children, big children, and that seemed easy enough, and then quite suddenly it seemed that we were dealing after all with an adult humanity conscious of its own wisdom, penetrated by its own universal philosophy, and at this point we began to feel that the ground was moving under our feet.

WORLD FEDERATION FOR MENTAL HEALTH
FEDERATION MONDIALE POUR LA SANTE MENTALE

In official relationship with ECOSOC, ILO, UNESCO, WHO and UNICEF

The World Federation for Mental Health is an international non-governmental organization, whose purpose is to promote good human relations among all peoples and nations, and the highest level of mental health in its broadest biological, medical, educational and social aspects.

To this end the Federation aims to :

* co-operate with the United Nations Economic and Social Council (ECOSOC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and other Agencies of the United Nations ; collaborate with governments and with inter-governmental or international voluntary organizations that are concerned with mental health ;

* foster the ability to live harmoniously in a changing environment ; promote and encourage research and the improvement of standards of training in professions concerned with mental health, and of treatment for mental patients ; collect and disseminate relevant information ;

* work with its membership towards the improvement of mental health services, and the development of an informed public opinion throughout the world ;

* promote mutual understanding and the exchange of knowledge by bringing together at its Annual Meetings people of all disciplines concerned with mental health ; by organizing periodic international congresses, conferences, seminars and study groups, and in all ways promoting activities in favour of good mental health and the improvement of human relations.

* * *

Membership of WFMH is open to mental health associations and professional or specialized societies only. Individual persons may enrol as Associates, and organizations and groups for which full membership would not be appropriate, may become Affiliated Organizations.

The Secretariat will be glad at any time to answer inquiries, or supply fuller information about the Federation.

19 Manchester Street, London, W.1, England.
U.S. Office : 162 East 78th Street, New York 21, N.Y., U.S.A.