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Discussion guide 4: Non-western concepts of mental health

THE AUTHOR

Dr Alcinda Honwana is currently a Programme Officer in the office of Olara Otunnu, Special Representative of the Secretary General for Children and Armed Conflict. Previously she was a Senior Lecturer at the Department of Social Anthropology at the University of Cape Town in South Africa. Born in Mozambique, she holds a BA in History and Geography from the University Eduardo Mondlane in Mozambique; an MA in Sociology from the University of Paris VIII in France; and another MA and a PhD in Social Anthropology from the University of London (SOAS) in the UK. Her research interests cover topics such as: spirit possession and traditional healing in Mozambique; cultural politics; and local mechanisms of healing and reconciliation in the aftermath of war in Mozambique. Having done extensive research on child soldiers in Mozambique and Angola, Alcinda is currently working on the impact of the war on young women in Mozambique. She has published several articles about the war, politics of culture, and processes of social reintegration and trauma healing in postwar Mozambique and Angola.
shonwana@un.org

ABSTRACT

This discussion guide examines non–western concepts of mental health, specifically from Mozambique and Angola. It looks at the ways in which mental health and illness can be understood outside the framework of western biomedical paradigms. It discusses how mental health is understood by local people, how it relates to war and other social crises, and what kinds of therapeutic strategies people use to deal with the social and emotional problems caused by deep social crisis.

Is mental illness a universal phenomenon? Are there different ways of dealing with mental health problems? Does culture have anything to do with

it? What is the relationship between culture and mental health? Why is it important to consider non-western understandings of mental health? These are some of the issues which are analysed throughout this discussion guide.

OBJECTIVES

The objectives of this discussion guide are to:

* *engage the reader in a discussion of the reasons why it is important to consider non-western approaches to mental health and well-being when considering the experiences of war-affected populations worldwide*
* *examine briefly the issue of culture and mental health by looking at western concepts of mental health as social and cultural constructions*
* *introduce the reader to some local concepts of health, illness, and healing in Mozambique and Angola, and the role of the spirits of the dead in processes of causation and healing of ill-health in these societies*
* *analyse some of the therapeutic strategies employed by local populations to deal with mental distress caused by war. Community rituals to appease the spirits as well as cleansing rituals to purify polluted individuals are also discussed.*

CONTENTS

◆ Prior to reading the chapter take time to consider your own ideas of mental health. Ask yourself the following questions as a means of teasing out your own concepts. What is mental health? How do you know if someone is mentally sick? How do people respond to mental illness in others? What are society's expectations of the mentally ill? What happens to people with mental illnesses in your society?

1. INTRODUCTION

This discussion paper discusses non-western concepts of mental health. It looks at the ways in which mental health and illness can be understood outside the framework of western biomedical paradigms. But, if we already know about western concepts of mental health, why are we looking for non-western concepts? This is a question that many of you might ask. The main aim of this paper is to engage you in a discussion of the reasons why it is important to consider non-western approaches to mental health and well-being when considering the experiences of war-affected populations worldwide.

In the previous discussion papers you were introduced to the issue of mental health as a social and cultural construction which needs to be understood in the context of the society and culture we are dealing with. In this paper we will take this discussion a step further by analysing specific social and cultural notions of health, mental health, and healing. A number of case studies from Mozambique and Angola will be presented and examined, and we will then consider why such understandings and practices are fundamental to the well-being of these populations.

The paper is based on research carried out in Mozambique and Angola[1] in the postwar periods, as people were trying to deal with and heal the social wounds of war.[2] These are two countries completely ravaged by the war, with millions affected by it (refugees, displaced people, disabled people, orphans, widows, infant soldiers, abused

girls, and so forth), and with very poor networks of modern health care systems (especially in rural areas), let alone psychological care. So, in this context if any mental and psychological healing had to take place, it had to be based on local systems of health care. During my research I was interested to know how mental health was understood by local people, how it related to the war, and what kinds of therapeutic strategies existed to deal with the social and emotional problems caused by a deep social crisis such as war.

♦ Reflect on a people group you have worked with. What were you able to understand as their view on 'mental health'? How did you come to such an understanding?

Also, and while writing this paper, I posed myself the following questions: Is mental illness a universal phenomenon? Are there different ways of dealing with mental health problems? Does culture have anything to do with it? What is the relationship between culture and mental health? Why is it important to consider non-western understandings of mental health? These are the issues that I will try to deal with throughout this paper. More than general theoretical analysis, this discussion paper deals with field material which will help you contextualize some of the conceptual discussions initiated in the previous discussion papers.

The paper is organized in three main sections: the first one examines the issue of culture and mental health by looking at western concepts of mental health as cultural constructions. The second deals with local concepts of health, illness, and healing in Mozambique and Angola, and highlights the role of the spirits of the dead in processes of causation and healing of ill-health. The third and final section considers some of the therapeutic strategies employed by local populations in Mozambique and Angola to deal with mental distress caused by war. Community rituals to appease the spirits as well as cleansing rituals to purify polluted individuals are analysed. Each

section ends with a summary box that emphasizes the main points, and provides some exercises. You are invited to engage with the material, make your own reflections, and give your own opinions on the matters under discussion.

2. CULTURE AND MENTAL HEALTH

In order to introduce this section, we will start with an examination of the concept of culture, and then see how culture and mental health relate to each other. The concept of culture has occupied the minds of social scientists for many generations and continues to do so. Anthropologists are particularly interested in the study of culture in their analysis of human social behaviour and interactions in society (Swartz, 1998).

Culture has been described as a

set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in relation to other people, to supernatural forces or gods, and to the natural environment.
(Helman, 1994)

Therefore, culture constitutes a 'pattern of meanings' (Geertz, 1973) that shapes human experiences and provides a framework of understandings and beliefs which underpin people's life actions. Culture is about the rules and norms of a society and the ways in which these are enacted, experienced, and transmitted. Thus, culture cannot be static because interpretations of rules and norms change over time and are constantly being re-created. Culture plays a crucial role in issues of health and well-being, since the processes through which people manage their afflictions are built on cultural perceptions.

Health is defined by the World Health Organization as not merely the absence of disease and infirmity, but a positive state of physical, mental, and social well-being. This shows that mental health or mental well-being is part of health and cannot be dissociated from it. This definition goes beyond the

western biomedical tradition that separates body and mind. Dominant western biomedicine is based on the premise that some afflictions are purely physical in nature (the domain of the body) and others are purely psychological (the domain of the mind). This dichotomy has a very long history that goes back to Descartes in the seventeenth century, when he articulated the split between the tangible body, which should constitute the field of science, and the intangible mind, the field of theology (Swartz, 1998).

This separation between mind and body is not true for many other medical systems that approach health and healing in a more holistic way. The WHO definition is in itself a negation of the Cartesian dichotomy because it includes physical, social, and mental well-being in its notion of health. Even within biomedicine this split is increasingly becoming unsustainable as the understanding of social sciences is developed.

Thus, mental health is part of the whole concept of health. As White (1982) rightfully asked 'what is "mental" about "mental health"?' Indeed, in many cultures mental health is not perceived in isolation from the physical body and the social and natural environment. Rather, mental and physical health are understood to be interrelated: the mind influences the body as much as the body impacts on the mind. In these cultures there is a holistic approach to health and healing as ill-health is primarily perceived to be a social phenomenon which might be reflected on the body. Fainzang's (1986) study of concepts of health in Burkina Faso suggests that ill-health constitutes an event that marks an alteration in the normal course of life of individuals and groups. Divination is the method employed to 'diagnose the social life', as it relies not on the physical manifestation of the affliction, but rather on the social origins of it.

Mental health is closely linked to culture because the ways in which people express, experience, and give meaning to their afflictions are tied to specific social and cultural contexts. Psychological distress and trauma have a social and cultural dimension. The manner in which people understand their afflictions is undoubtedly connected to beliefs about the origins of such afflictions. Such beliefs are central in devising appropriate therapeutic strategies for their alleviation and elimination. Because different cultures have different beliefs about causation and treatment of ill-health, there will be differences in the way health and mental health are conceptualized and dealt with.

♦ Write a little on your thoughts about the link between culture and mental health.

The main paradigms that shape aid and relief policies and interventions in African conflicts have been strongly informed by western biomedical notions of health and illness. Such paradigms have often been imposed on societies that possess different worldviews and sociocultural patterns (Honwana, 1997; Dawes & Honwana, 1996). Because mental health is not a universal phenomenon, it is important to look for local knowledge about mental afflictions. It is this local knowledge that informs specific cultural understandings about the causes of ill-health, including psychological distress, and about the effect that traumatic experiences and events might have on individuals and groups. Only through an understanding of local notions of mental health will it be possible to devise the appropriate programmes to deal with it.

In Mozambique and Angola, for a variety of afflictions patients often move across the boundaries of medical systems in search of the most effective treatment. It is common to see people making recourse to both the hospital and the traditional healer or even the prophet of a religious denomination. In some cases people start with one and then move on to another, or use them simultaneously. Therefore, a pluralistic approach to healing, combining several therapeutic strategies (western, non-western, pagan, religious, and the like) should be considered. One therapeutic approach does not necessarily eliminate another. However, some obstacles to a pluralistic approach

may occur due to lack of understanding of other cultural forms, and to the imposition of one to the detriment of others. So while western therapies should not be considered the rule, and superior to all local therapies, they should also not be completely discarded. When appropriately used, modern psychotherapies can be effective in conjunction with local concepts and therapies. We will come back to this issue later in the paper.

2.1. Mental health as a social and cultural construction

As mentioned above, dominant western psychotherapeutic models are often seen as universally applicable. However, this assumption is being challenged, as modern psychology is also a culturally constructed system. Modern psychology generally locates the causes of psychosocial distress within the individual, and devises responses which are primarily based on individual therapy (Boyden & Gibbs, 1997). Thus, recovery is achieved through helping the patient deal with their intrapsychic world and 'come to terms' with the traumatic experience. Healing is mainly held in private sessions aimed at 'talking out', externalizing feelings and afflictions. As White & Marsella point out:

> the use of 'talk therapy' aimed at altering individual behavior through the individual's 'insight' into his or her personality is firmly rooted in a conception of the person as a distinct and independent individual capable of self-transformation in relative isolation from particular social contexts.
> (White & Marsella, 1982)

These approaches, which are based on individual therapy and 'talking out' methods, have to a certain extent been fairly effective in Euro–American contexts. Such effectiveness derives from the fact that these methods are rooted both in the biomedical conception of the self framed by the philosophical premises of the Cartesian dichotomy, and by the fact that they are connected to local ancient religious traditions, such as the institution of the confessional (Dawes, 1996). Also important is the fact that modern psychological therapy became

part of the popular consciousness and is a form of 'common sense' especially among the middle class. Although in modern psychotherapy there is a rise in interest in areas such as family therapy, community psychology, and behavioural public health, the dominant approaches are still centred on the individual self as a unit in itself.

However, in other social contexts (such as Mozambique and Angola) there are certainly other forms of 'common sense' routes to understanding the origins, manifestations, and treatment of mental health problems. In these non-western settings there are different conceptions of the self, and of the relationship between self and others (both the living and the dead). The self is not understood in isolation from the collective. Control and autonomy over one's body–mind and health transcends the boundaries of the individual, and they can become ill, for example, due to someone else's intervention. The spirits of the dead as well as some human beings are often believed to be at the root of a person's illness, death, and other misfortunes. In these societies a great deal of importance is placed on the role that the spirits of the dead play in the processes of causation and healing of mental health problems. Here, the emphasis is not only placed on the individual self as such, but also on the wider collective body which can interfere and affect the health and well-being of the person in ways that they cannot control. In these contexts, therefore, an exclusive, or rather dominant, focus on the individual self would not take into account the roles of the family and the community in the causation and elimination of ill-health (Honwana, 1997). I will come back to this discussion when examining local notions of health and ill-health in Mozambique and Angola. Next I will consider the application of post-traumatic stress disorder as a western construct in non-western contexts, using the examples of Mozambique and Angola.

2.2. Beyond post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) constitutes a new discourse of trauma and its psychological sequels which emerged in the 1980s in the USA (Bracken et al., 1995). Many authors have studied

this new mental disorder and its effectiveness in non-western societies (Young, 1995; Bracken et al., 1995, among others). PTSD was born out of trying to understand the experiences and problems faced by the American veterans of the Vietnam War. In this regard it was conceived as an instrument to deal with psychological distress in men who left a situation of relative 'normality', went into a traumatic experience (the Vietnam War), and then returned to 'normality'. That is the reason for the prefix 'post'.

What happens in Mozambique and Angola, and in other ongoing conflict zones, especially in Africa, south Asia and central America is that the vast majority of adults and children we are dealing with today have lived most of their lives or were born during periods of conflict and social unrest. The armed conflicts in Mozambique lasted more than fifteen years, and in Angola more than twenty years (recent reports indicate that UNITA has re-enacted the war in certain areas of the country). Thus, for these people violence and trauma is not 'post', but is rather current and very much part of their everyday life.

Nordstrom's (1997) work on war and violence in Mozambique stresses the fact that there the notion of violence should be understood well beyond the war itself – military attacks, landmines, and other direct war situations. The notion of violence here is embedded in everyday life and touches on spheres such as poverty, hunger, displacement, loss of dignity, and the like. In line with this argument, one can say that most people we have been dealing with in the aftermath of the war in Mozambique are still living under violent and potentially traumatic circumstances. Many refugees and displaced people returned to completely devastated villages, where the houses and agricultural fields were burnt, where schools, hospitals, factories, roads, and railway lines were destroyed. Many continue to live without the basic livelihood conditions (lack of food and clean water, lack of proper clothing to wear, lack of jobs and basic education, lack of proper shelter, and so forth). In the case of Angola, where the war has restarted after a period of ceasefire and peace agreements, thousands of civilians have again been plunged into

full-scale armed conflict, and many young demobilized soldiers have been re-recruited into the military. When applying western psychotherapeutic models such as PTSD to other social and cultural settings, we need to be aware of local specificities and worldviews in order to adapt the models to the particular needs of the people. This is one of the ways of making the use of such models relevant and more effective.

Another issue related to the application of PTSD concerns the healing therapies used to deal with it. As mentioned above, 'talk therapy' in small or larger groups constitutes one of the fundamental processes of coming to terms with the traumatic experience. However, studies on the healing of war trauma in Mozambique and Angola have shown that recalling the traumatic experience through verbal externalization (talk therapy) as a means of healing is not always effective (Marrato, 1996). Because the person is not perceived to exist in isolation from the group, dealing with their intrapsychic problems will not be sufficient to eliminate the problem, especially if the origins of the affliction are believed to be 'located' outside the person. Thus, treatment procedures should not only be focused on the intrapsychic problems of the individual, but should also address those or the entities believed to be causing the problem. Instead of individual treatment sessions, rituals are organized to deal with these types of afflictions.

The rituals are full of symbolic meaning, and draw on cultural beliefs and understandings of the problems at hand. They involve not just the patient and their immediate family, but also neighbours, friends, passers-by, and the dead. In many of these rituals people do not talk about what happened, and do not look back at the past. They would rather start afresh after performing the ritual procedures. These do not necessarily involve verbal expression of the affliction, but a series of symbolic actions aimed at putting aside the traumatic experience. Many people believe that talking about the past (the trauma) can be equivalent to opening the door for the malevolent human beings or spiritual forces to intervene again.

This issue also arises in Summerfield's discussion guide in this module. He points out that Cambodians do not share or talk about feelings and memories relating to the Pol Pot years with foreigners (p. 39). He also mentions that Mozambican and Ethiopian refugees describe forgetting about the traumatic past as means of coping with it (p. 43). In the next section I will develop this discussion by drawing on case material from Mozambique and Angola.

This part of the paper has explored the interrelationship between culture and mental health by problematizing mental health as a universal phenomenon. It has considered the social and cultural dimensions of mental health.

◆ What are some of the factors which demonstrate that culture and mental health are interrelated?

◆ If you have had the opportunity to participate in programmes that imposed foreign models on victims of political violence, reflect on that experience to see how and where you might have acted differently in light of the ideas offered here.

◆ If you have participated in programmes that imposed foreign models on victims of political violence, reflect on that experience to see where and how you could have acted differently. (Question for group or class debate.)

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3. NON-WESTERN CONCEPTS OF MENTAL HEALTH IN MOZAMBIQUE AND ANGOLA

In this section we start looking at other than western concepts of mental health by examining case material from Mozambique and Angola. We will first look at notions of health and ill-health in general because mental health is not separated from a general state of health and well-being. Given the centrality of spiritual agents in matters of health and healing in these two contexts, the role of such spiritual entities will need special consideration. Mental health as a collective matter is particularly important in moments of deep crisis, such as a war. So we will analyse how the spirits of the dead who did not have a proper burial during wars are believed to be able to afflict people and cause mental illness. Finally, we examine the issue of social pollution by showing that individuals who have been in the war (both soldiers and civilians) are believed to be polluted by the 'blood of the dead', and are seen as potential contaminators of their relatives and other members of the community.

3.1. Notions of health and ill-health

In southern Mozambique people perceive health as being a natural state for all human beings. To be unhealthy denotes abnormality, showing that somewhere something is out of its normal place, that harmony is jeopardized. Health in this context is approached in terms of a life process rather than just in terms of a bodily process, and in this sense it acquires a broader dimension in comparison with western concepts. Health is defined by the harmonious relationships between human beings and the environment (their surroundings), between human beings and the spiritual world. and between human beings within their environment. Rather than being narrowly defined realms, the social (the spirits and the living) and natural worlds are united within a larger cosmological universe.

Thus, rain should fall at its ordinary time, crops should grow, people should not fall sick, and children should not die. If this harmonious state fails to come about, it is perceived to be the result of intervention of malevolent forces. It can also be a sanction of the ancestral spirits for incorrect behaviour, or a sanction of other spiritual forces. Therefore, the relationships amongst human beings, between human beings and the ancestral spirits, and between humans and the environment have to be balanced so that health ensues. If they are disrupted in any way, the well-being of the community is at risk. In order to maintain this balanced state of affairs, there is a complex set of rules and practices, which govern society.

Ill-health is therefore considered to be primarily a social phenomenon which results from an imbalance in these relationships. Traditional healing presents a holistic approach to health by combining both the social and the physical dimensions of the affliction in order to treat the person as a whole. Here there is an overall integration of body and mind, and the Cartesian dichotomy does not apply. The social imbalance in a patient's life is generally reflected in the physical body, and both dimensions are equally taken into consideration to restore the patient's health. The corollary is that healing is achieved through a double strategy: divination, which deals with the social causes of the patient's affliction and prescribes the rituals to repair it; and physical healing, which addresses the suppression of the bodily symptoms through the use of herbal remedies.

Moreover, the individual is not seen as a singular entity, but rather as part of a community. During the divination seance the diviner carries out a careful examination of the state of the patient's social relationships in the community (relationships with the living, with the spiritual world, and with nature) to achieve a diagnosis. The diviner–patient dialogue, developed during the consultation, represents a reciprocal learning process in which, as Jackson (1978) puts it, a process of 'transference and counter-transference' of information occurs and brings them together. In this context, the relationship between practitioner and patient becomes very close and enhances the cultural bonds between them. In this regard, traditional healing can be extremely effective in dealing with mental illness.

3.2. Spiritual agencies' role in health and healing

In Mozambique and Angola the ancestral spirits constitute part of everyday life action. It is believed that when an individual dies and the body is buried, the spirit remains as the effective manifestation of their power and personality. Death does not constitute the end of an individual's existence, but rather marks the transition to a new dimension of life. Spirits of the dead take possession of a person's body and operate through them, exercising a powerful influence over the living (Honwana, 1996).

The Supreme Being, or the Creator, constitutes a remote divinity, which does not have a direct relationship with the community. People relate directly to the ancestral spirits with whom they share a combined existence, and with whom they interact in everyday life. The ancestral spirits are believed to be real entities whose action interferes with the life of human beings in society. They are the ones who protect and guide the communities. They promote fertility of the land and of women, good agricultural production, and good hunting and good relations among members of the group. They also protect the communities against misfortune, disease, ecological dangers, and evil, namely witchcraft and sorcery. In short, the spirits care for the well-being of the communities. However, the ancestral spirits can also withdraw their protection and create a state of vulnerability to misfortune and evil intentions, or even cause maladies to show their displeasure or anger with their descendants. They are believed to protect and give health and wealth to those who respect the social norms of the group, and to punish those who are antisocial, who act against the norms which disrespect social order. Ill-health can also be caused by the intervention of malevolent spirits manipulated by witches and sorcerers, or by the spirits of bitterness, those of individuals wrongfully killed or not properly buried.

Communities venerate and worship the ancestral spirits through special rituals to propitiate them. In southern Mozambique, *ku pahla* is a verb which means 'to venerate' or 'to honour' the ancestral spirits. *Ku pahla* is a permanent way of paying respect to one's ancestors, and it is performed on multiple occasions such as on the birth of a child, before harvesting, during a meal, before a long trip, and the like. The performance of *ku pahla* gives individuals and groups the sense of security and stability which they need to carry on with their lives. It is this permanent liaison between the living and the dead that gives meaning to the existence of both the spirits and the community. Another way of establishing contact with the spirits is through possessed practitioners known as *tinyanga*. They are the mediums who act as intermediaries between the living world and that of the ancestral spirits.

3.3. The war and the spirits of the dead

In Mozambique and Angola there are local ways of understanding mental health. In both countries people believe that mental illness is directly related to the anger of the spirits of the dead. In southern Mozambique these spirits are called *Mipfhukwa*. *Mipfhukwa* are the spirits of the dead believed to have been killed unjustly, and who did not have a proper burial, with all the rituals aimed at placing them in their proper positions in the world of the ancestors. Thus their souls are unsettled, they are spirits of bitterness. It is believed that these spirits have the capacity to afflict, by causing the mental illness and even death of those who killed or mistreated them in life. This revenge is also extended to the family of the killers, who have to pay for their relatives' behaviour in the past. The *Mipfhukwa* spirits may also be nasty to passers-by, especially to those who cross their path.

Mipfhukwa spirits are particularly important after a war, when soldiers and civilians are not appropriately buried. In fact this phenomenon is often referred to as a result of warfare. Some of the elder participants in this research recalled that after the Nguni wars in southern Mozambique in the nineteenth century[,3] the spirits of the Nguni and Ndau warriors killed in this region far from their homes were not buried, and afflicted and killed many local families.

This recent war, between the government and Renamo (Mozambique National Resistance) rebels is also believed to have 'produced' many spirits of bitterness, which can cause mental problems or death to the living if not properly appeased. People were unanimous in stating that rituals for appeasing these spirits have to be performed in the places where battles occurred and many people died. These rituals are seen as vital to calming the spirits and placing them in their proper positions in the spiritual world. They are generally performed by traditional practitioners who have the capacity to 'capture' and exorcise or appease these spirits.

3.4. The war and the performance of burial rituals

In Angola this is also a common phenomenon. In the areas where we carried out our research (Uige, Bie, Huambo, Moxico, and Malange), people mentioned that the spirits of the dead had to be appeased so that peace would ensue. Burial rituals for the dead are considered to be very important, but in difficult circumstances such as the war, in which many people died of unnatural causes, it becomes extremely difficult or almost impossible to bury the dead properly. The number of people who died without proper burial in the postwar period is enormous, and the living have to deal with that problem. People mentioned that soldiers who killed people, and civilians who were present during killings, are particularly vulnerable to insanity, which can be caused by the spirits of the dead they killed or saw being killed. This idea is discussed later in connection with the notion of social pollution. For now, let's consider some of the stories about the dead of the war which people shared with us:

> My mother was killed during the war, and because at that time there was no way of performing the burial, we did not do anything. After some time my daughter became very ill, and ordinary traditional treatment did not cure her illness. Later a kimbanda (spirit medium) told us that the spirit of my mother had possessed my daughter because since she died we did not do anything. After performing the rituals the child's illness disappeared.
> (Mr Lohali, Bie, 1997)

> During the war my father was killed. I did not perform a burial because I thought that in times of war there is no need for that. But, during the night I was unable to sleep … I was dreaming with my father telling me that 'I am dead but I haven't reached the place of the dead; you have to perform my burial rituals because I can see the way to the place where other dead people are … but I have no way to

get there'. After I performed the rituals, and I have never dreamed of my father again.
(Mr Samba, Huambo, 1997)

It is interesting to note in the above statement that the dead father needed the rituals in order to make his way to his proper position in the world of the spirits. Despite seeing it, he could not get there. In this regard, an elderly traditional healer explained that when someone dies it is imperative to perform the burial rituals because without them access to the spiritual world can be blocked. So the unburied dead have to catch the attention of their relatives (through illness or dreams) and ask them for a proper burial, as in these two cases. In other circumstances the spirits may cause illnesses (mental illnesses are very common) in their killers or relatives or even passers-by, until the rituals are performed. We will examine some of these cases in section 4.

In times of war, most of the burial rituals performed happen in the absence of the dead body, as most often people receive the news of a relative's death by word of mouth. In such circumstances burials continue to take place because it is believed that the spirits of the dead will 'come with the wind' to join their kin for the ceremony. This view is expressed in Mr Kapata's comment that 'even when the person dies far away from home (and the dead body is not present) the spirit comes with the wind'. The very same idea was expressed by Mr Marimba who pointed out that even those who 'died away from home need a burial ceremony. When they die far away their soul stays there unsettled. With the performance of the burial the soul comes with the wind and settles down.'

♦ As you were reading the material on the spiritual connection between health and ill-health what was your response? Take time to reflect and write on your responses.

3.5. The notion of social pollution

In rural communities most people believe that individuals are potentially exposed to pollution in their contacts with other social groups and environments. Those who migrate across group boundaries, such as migrant workers, are particularly exposed to social contamination. This kind of contamination comes from being victims of witchcraft and sorcery, from picking up unknown spirits, or from being more vulnerable to illness in an unknown environment. Ecological conditions too may be a source of pollution (Ngubane, 1977).

Social pollution constitutes an important factor in the context of postwar healing in both Angola and Mozambique. Pollution may arise from contact with death and bloodshed. Individuals who have been in a war, who killed or saw people being killed, are seen as polluted by the 'wrongdoings of the war'. They are seen as the vehicles through which the spirits of the dead of the war might enter and afflict the community. These spirits may afflict not only the individual who committed the offences but also their entire family or group. After the war, when soldiers and refugees return home, they are believed to be potential contaminators of the social body. The spirits of the dead, which might haunt them, can disrupt life in their families and villages. The cleansing process is therefore seen as a fundamental condition for collective protection against pollution and for the social reintegration of war-affected people into society (Honwana, 1997).

This section has described how health, illness, and healing are conceptualized in certain regions of Mozambique and Angola. It has highlighted the position of the spirits of the dead in the cosmological map of these societies by showing their centrality to matters of health and well-being. This section has also discussed how mental health problems are seen to be caused by spirits of bitterness as revenge for killings or mistreatment. Examples and case studies were drawn from interviews carried out with local people.

♦ Summarize the fundamental differences of approach between western and non-western understandings of mental health presented in this section.

♦ If you happen to be from a non-western society, reflect on the ways in which mental health problems are understood in your own society.

♦ If you were confronted with a situation in which you have to devise a programme to help victims of political violence in a non-western context, what steps would you take to ensure that the programme would be effective?

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4. CASE STUDIES FROM MOZAMBIQUE AND ANGOLA

In this section, I analyse some cases of different therapeutic strategies used in the postwar period in Mozambique and Angola. I discuss how individuals, families, and entire communities try to heal the social wounds of war through ritual performance. However, not everybody in these places performs rituals to appease the spirits of the dead. Such practices are, of course, more common in rural areas, although they are also performed in urban settings. The closeness of the individual or the family to their cultural roots, the availability of health care alternatives, as well as religious and political affiliations are important factors in determining the ways in which people make decisions about the therapeutic or healing strategies to adopt.

In the postwar period people perform various types of rituals. Some are aimed at addressing the problems of the community at large, and are not centred on particular people. Others are directed towards healing particular individuals or families from pollution caused by the war. I will start by discussing the first category, which I call community rituals. Three cases are presented and analysed. I will then examine rituals for former child soldiers who are trying to deal with what happened during the war. Acknowledgement of the atrocities committed, and a subsequent break from that past is articulated through ritual performance.

4.1. Community rituals

Case study 1

After the war was over, traditional healers and diviners from Munguine in the district of Manhiça (about 100 kilometres north of Maputo) were called to perform a ritual in the road that links the locality of Munguine to Manhiça. The ritual was needed because as soon as it got dark nobody could use that road to get to Manhiça. Local people reported that as they approached the place they felt 'something' beating them or heard voices sending them back, or became blind and could not see their way to Manhiça. They suspected that something was wrong in that place and requested the traditional practitioners' help. After analysing the situation the specialists decided to perform a ritual of divination to diagnose the problem. The ritual was performed at dawn in the presence of local chiefs, local government authorities, and the people of Munguine. The specialists performed *ku femba* (to catch the spirit) and identified the spirit of a Renamo commander killed in that place during the war. Then the spirit spoke through a medium. The spirit acknowledged that he had been afflicting local people because he wanted to go back to his place and have a proper burial. In order to do so, the spirit requested some money and *capulanas* (local pieces of fabric) to take with him. The local population agreed to contribute money to give the spirit, and buy the *capulanas*. The chiefs and the government also gave a contribution. A week later, the spirit was caught again. A ritual took place in which the spirit was symbolically placed in the *capulanas* and tied together with the money. Then the whole thing was buried far away from Munguine. Some herbal remedies provided by the healers were also placed in the *capulanas* to prevent the return of the spirit. According to the local people, since then no more problems have occurred on that road.

Case study 2

The town of Kuito is situated in the plateau of Bie in the central region of Angola. This town was severely affected by the 1992–1994 war (which erupted when UNITA lost the general elections of 1992 to the MPLA). Thousands of people lost their

lives in that 'urban' war. Many of them died on the plateau as they tried to escape from military attacks, or look for food to eat. Until July 1997 many of the dead of the plateau remained there. Landmines prevented people from reaching the plateau to identify the dead and organize burial rituals. Many people in Kuito believe that things will not go well unless something is done to appease the dead and place them in the world of the spirits. Kutximuila and Aurora are two female healers from Kuito who stated that the government should organize a big ceremony to honour the dead of the plateau. Their views were shared by the traditional chief of the area, who pointed out that:

> The government must think of having collective ceremonies to bury the bones of those killed in the war ... here in Kuito many people died and no ceremonies were performed to appease their souls. Their souls are wandering about and can afflict anyone.

Case study 3
In the aftermath of war in Angola, people from the areas of Huambo and Bie perform a ritual, which is called *okusiakala ondalao yokalye* (let's light a new fire). According to the local population, this ritual is performed after crises such as natural disasters, war, and other misfortunes of great magnitude. On the day of the ritual every household extinguishes their old fires. The chief, helped by traditional practitioners, lights a new fire, sparked out of the friction of two stones, in the centre of the village. The people of the village are present to witness and participate in the ceremony. A portion of this new fire is distributed to every household so that all new fires have a common origin. The symbolism is simple but powerful: a burial of the past, a new start, a fresh beginning, and a rebirth of hope.

These rituals are not aimed at addressing the afflictions of one person but those of an entire community, which is being haunted by the spirits of the dead or by the troubles caused by the war. In the case of Manhiça, it was the spirit of the dead Renamo soldier who afflicted the people; in Kuito the fear of retaliation from the spirits of the dead of

the plateau; and in the case of the new fire ceremony of Huambo and Bie, the need to break from the terrible past, and start afresh. In the first two cases we are confronted with examples of failure to bury the dead. Both the Renamo soldier and the dead of the plateau were not granted proper burials because of the war. Therefore, and as stated above, people fear that peace and stability may be jeopardized. Community rituals are generally officiated by traditional leaders and practitioners who look after the interests of the community as a whole.

♦ Describe a community ritual you have had the opportunity to observe. How was it determined as being needed? Who were the key people in the ritual? What was the result of the ritual being conducted? If you haven't observed a community ritual in a humanitarian care setting, describe a community ritual practised in your own culture.

4.2. Cleansing and purification rituals
In Mozambique and Angola, traditional healing for war-affected children, particularly former child soldiers, consists fundamentally of purification or cleansing rituals. Family members and the broader community attend these rituals. It is during such rituals that the child is purged and purified of the 'contamination' of war and death, as well as of sin, guilt, and of the retaliation of avenging spirits of those killed by him. These rituals are replete with symbolism, the details of which are specific to particular ethnolinguistic groups, but whose general themes may be common to all groups (Green & Honwana, 1999).

Case study 1
> The day of his arrival his relatives took him to the ndumba (the house of the spirits). There he was presented to the ancestral spirits of the family. The boy's grandfather addressed the spirits, informing them that his grandchild had returned and thanked the spirits for their protection as his grandson was able to return

alive ... A few days later a spirit medium was invited by the family to help them perform the cleansing rituals for the boy. The practitioner took the boy to the bush, and there a small hut covered with dry grass was built. The boy, dressed with the dirty clothes he brought from the Renamo camp, entered the hut and undressed himself. Then fire was set to the hut, and an adult relative helped out the boy. The hut, the clothes and everything else that the boy brought from the camp had to be burned. A chicken was sacrificed for the spirits of the dead and the blood spread around the ritual place. After that the boy had to inhale the smoke of some herbal remedies, and bath himself with water treated with medicine. (Fieldnotes, Mozambique)

This healing ritual brings together a series of symbolic meanings aimed at cutting the child's link with the past (the war). While modern psychotherapeutic practices emphasize verbal exteriorization of the affliction, here through symbolic meanings the past is locked away. This is seen in the burning of the hut and the clothes and the cleansing of the body. To talk and recall the past is not necessarily seen as a prelude to healing or diminishing pain. Indeed, it is often believed to open the space for the malevolent forces to intervene. This is also apparent in the following case from Uige (Angola).

Case study 2

When the child or young man returns home, he is made to wait on the outskirts of the village. The oldest woman from the village throws maize flour at the boy and anoints his entire body with a chicken. He is only able to enter the village after this ritual is complete. After the ritual, he is allowed to greet his family in the village. Once the greeting is over, he must kill a chicken, which is subsequently cooked and served to the family. For the first eight days after the homecoming, he is not allowed to sleep in his own bed, only on a rush mat on the floor. During this time, he is taken to the river and water is poured on

his head and he is given manioc to eat. As he leaves the site of the ritual, he must not look behind him.
(Angola, notes from research undertaken with Christian Children's Fund)

This case emphasizes the non-interaction with family and friends before ritual cleansing. The child is kept out of the village until the ritual is performed, and cannot greet people and sleep in his bed until the ritual proceedings are over. As mentioned above, although children may be asked about war experiences as part of their treatment, this is not a fundamental condition for healing. The ceremony aims at symbolically cleansing the polluted child and at putting the war experience behind him, to 'forget' (note the symbolism of being forbidden to look back, in the example from Uige). Food taboos and other kinds of ritual restrictions are applied. For example, in Uige the cleansed person must avoid fish and fowl for one to two months, after which the person must be reintroduced to these foods by the traditional healer who officiated at the ceremony.

Case study 3

The *Okupiolissa* ritual from Huila in Angola clearly shows the active participation of the community in these rituals, and stresses the idea of cleansing from 'impurities'.

The community and family members are usually excited and pleased at the homecoming. Women prepare themselves for a greeting ceremony ... Some of the flour used to paint the women's foreheads is thrown at the child and a respected older woman of the village throws a gourd filled with ashes at the child's feet. At the same time, clean water is thrown over him as a means of purification ... the women of the village dance around the child, gesturing with hands and arms to ward away undesirable spirits or influences ... They each touch him with both hands from head to foot to cleanse him of impurities. The dance is known as *Ululando-w-w-w*. When the ritual is complete, the child is taken to his village

and the villagers celebrate his return. A party is held in his home where only traditional beverages ... The child must be formally presented to the chiefs by his parents ... the child sits beside the chiefs, drinking and talking to them, and this act marks his change of status in the village.

(Angola, notes from research undertaken with Christian Children's Fund)

These cleansing and purification rituals involving child soldiers have the appearance of what anthropologists call rites of transition. That is, the child undergoes a symbolic change of status from someone who has existed in a realm of sanctioned norm-violation or norm-suspension (i.e. killing, war) to someone who must now live in a realm of peaceful behavioural and social norms, and conform to these. In the case presented above from Huila, the purified child acquires a new status that allows him to sit beside the chiefs and interact with them. Until the transition is complete (through ritual performance), the child is considered to be in a dangerous state, a marginal, 'betwixt and between', liminal, ambiguous state. For this reason, a child cannot return to his family or hut, or sleep in his bed, or perhaps even enter his village, until the rituals have been completed (Green & Honwana, 1999).

Manifest symptoms associated with PTSD and related stress disorders reportedly disappear shortly after these ceremonies, after which the family, indigenous healers, and local chiefs direct attention towards helping to establish an enduring, trusting relationship between the traumatized child and family members, and with adults of good character. These ritual interventions are also intended to re-establish spiritual harmony, notably that between the child and his ancestral spirits, his family and other community members.

These healing and protective rituals do not involve verbal exteriorization of the experience as an important condition for the cure. Healing is achieved through non-verbal symbolic procedures, which are understood by those participating in them. That is why clothes and other objects symbolizing the past need to be burnt or washed away, to impress on the individual and the group a complete rupture with that experience and the beginning of a new life. Recounting and remembering the traumatic experience would be like opening a door for the harmful spirits to penetrate the communities. Viewed from this perspective the well-meaning attempts of psychotherapists to help local people deal with war trauma may in fact cause more harm than help.

The performance of these rituals and the politics that precede them transcend the particular individual(s) concerned and involve the collective body. The family and friends are involved and the ancestral spirits are also implicated in mediating for a good outcome. The cases presented above show how the living have to acknowledge the dead (the past), both the ancestors and the dead of the war, in order to carry on with their lives. The rituals are aimed at asking for forgiveness, appeasing the souls of the dead, and preventing any future afflictions (retaliations) from the spirits of the dead, thus closing the links with that 'bad' past.

This last section of the paper presented some case material of rituals performed to heal the social wounds of war. There were basically two types of rituals: community rituals and cleansing or purification rituals. The first group of rituals was aimed at addressing the problems of the entire communities, while the second was more directed at solving the afflictions of particular individuals or groups of individuals. In both instances family and community participation was fundamental for the healing process to be effective, not only for the person but for the community as a whole. The underlying idea is that one polluted individual can contaminate the whole social body.

♦ Compare and contrast the rituals described above. What were the purposes of each ritual? How did the rituals differ from a western therapeutic approach?

♦ Write about your responses to the alternative ways communities deal with mental affliction.

♦ Identify appropriate rituals within your own culture.

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5. CONCLUSION

This paper has discussed non-western concepts of mental health by examining case material from Mozambique and Angola. It considered indigenous notions of health, illness, and healing, and the powerful role of the spirits of the dead in matters related to health and well-being. The war was also analysed as a space which differs from normal society, and in which people can be polluted from death and bloodshed. These polluted individuals can contaminate society if on their return they are not properly cleansed, because mental illness can result from war pollution. Therefore, cleansing rituals are vital for society's protection against the evils of war and for freeing the individual from spiritual retaliation which can lead to mental illness or death. The paper examined some of these rituals by looking at particular cases and unpacking the different symbolic meanings embedded in them.

I have argued throughout this paper that there are many ways of 'seeing' things when it comes to mental health. Mental health and culture are intertwined, and every system of knowledge about mental health is culturally constructed. As Swartz (1998) points out, 'we all make meaning of our lives in the light of our own experiences and those of the people around us'. As we have seen, in the cases of Mozambique and Angola, modern psychotherapeutic interventions are just some among many ways of understanding and dealing with mental illness in ongoing and post-conflict zones. These various systems of knowledge about mental health can be complementary. A pluralistic approach, which brings them together in a creative and efficacious manner, seems to be the most appropriate one. The great challenge of mental health practitioners and other aid and relief experts is to be able to understand this diversity and be prepared to teach, but above all to

learn. Practitioners have to be able to move their own views and practices from centre stage, and to accommodate others, in order to achieve the best possible outcome. To illustrate this point, I will mention the example of the WHO smallpox eradication campaigns in India. According to Arnold (1989), several attempts to eradicate the disease proved to be unsuccessful because biomedical knowledge about the disease was imposed on the population with complete disregard for their local understandings of it. Success was achieved only when attention was also paid to local worldviews and local medical knowledge. Biomedical treatment and vaccinations were then complemented with Ayurvedic medical understanding about the disease, and with religious ritual prayers and offerings to Sitala, the goddess of smallpox among Hindu Indians.

Considering that the majority of the Mozambicans and Angolans affected by the war are from rural settings, any attempts to help them have to take into account their worldviews and systems of meaning. This paper has suggested that local understandings of war trauma, of healing, and of community cohesion are vital, and need to be taken into account when dealing with populations affected by conflict and political violence. From the research undertaken in Mozambique and Angola, it is apparent that at the local level families as well as traditional chiefs and healers are already creating their spaces in these processes of healing the social wounds of war. They are not waiting for the government to bring in psychologists and other medical practitioners to solve their problems. They are using the means available to them to restore peace and stability to their communities.

♦ As a humanitarian care worker working in a setting with victims of political violence how would you prepare your colleagues to work with cultural sensitivity to the issues surrounding concepts of mental health?

NOTES

1   My work in Angola was possible thanks to a Christian Children's Fund consultancy in 1997/1998. The Angolan data presented in this article was collected both by myself and by members of the CCF team in Angola.

2   Angola and Mozambique were both Portuguese colonies, which after a long period of armed struggle for national liberation acceded to independence in 1975. Both postcolonial governments adopted a Marxist orientation, and socialist models of development. After independence opposition parties Renamo (Mozambique National Resistance) and UNITA (National Union for the Total Independence of Angola) initiated a war against the FRELIMO (Mozambique Liberation Front) and the MPLA (Popular Movement for the Liberation of Angola) governments. In the case of Mozambique, Renamo was created in 1977 by the Rhodesian Central Intelligence Organization (CIO) which was interested in sponsoring a rebel force within Mozambique in retaliation for FRELIMO's support to ZANLA (Zimbabwe National Liberation Army) and for its Marxist policies. Renamo was later taken over by South African Security Forces in 1980, as FRELIMO was also a strong support base for the ANC (African National Congress) in the 1980s. In Angola, UNITA was one of the anticolonial movements, which, alongside the MPLA, UPA (Popular Union of Angola), and FNLA (Angola National Liberation Front), fought against colonial rule. However, with the end of colonial rule in April 1974, these three movements fought each other for control over the country. The MPLA emerged victorious, the UPA and FNLA faded in importance, and UNITA reconstituted itself with mainly US and South African support, and continued its fight against the MPLA government. See Vines (1991); Minter (1994).

3   In the nineteenth century the Nguni broke from the Zulu state of Shaka and migrated towards Mozambique, conquering and dominating the peoples they encountered in their way. During this process they subjugated the Ndau (a group from central Mozambique) and forced them south as slaves in the Nguni state of Gaza, which they established in the southern region after dominating the Tsonga. For more information see Rennie, K. (1981) *Christianity, colonialism and the origins of nationalism* and Liesegang, Gerard. (1981). Notes on the internal structure of the Gaza kingdom of southern Mozambique, 1840–1895. In J. B. Peires (Ed.), *Before and After Shaka*. Grahamstown: Institute of Social Economic Research, Rhodes University, 1981; Rita-Ferreira, Antonio (1982). *Fixação Portuguesa e História Pré-colonial de Moçambique*. Lisbon: Junta de Investigações Científicas do Ultramar.

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