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The African Attitude toward Sickness Its Relation to Sculpture*

LADISLAS SEGY

Section I

The social life of Africans has been misunderstood by Arab and European chroniclers since early times. Missionaries failed to comprehend that Africans believed in one god (Ref. 1); and that religion conditioned their existence from birth to death. Early explorers described African customs as “barbaric” or “savage” and considered the sculpture “grotesque” or “crude”. They never tried to understand the fundamental psychological reasons behind these socio-religious institutions or how much such institutions contributed to the coherence and stability of their society. Colonization brought the “benefits” of a materialistic civilization to Africa, and until the last few decades no one raised the question as to whether the spiritual life of the African was as well or better suited to satisfy basic human needs than the cult of wealth or the science of efficiency.

The African’s belief in the existence of spiritual entities is the key to all his activities and his outlook on life. This belief gave him an ideological background and conditioned his modality of thought, and, as a consequence, his way of being and living. We shall endeavor to show that ritual actions connected with spirit worship are based upon one of the fundamental attitudes of all men. We shall also attempt to show that the methods used by the African to diagnose and cure his sickness, although some at first may appear to be beyond rational explanation, nevertheless can be readily understood in terms of the *universality of human psychological motivations*.

The key to the African’s way of thinking is *ontology*. Ontology, the science of Being, or reality, was the subject of very elaborate studies by Heidegger, Husserl, and Merleau-Ponty in the context of man’s existential problems. But we shall use it here in a very limited sense as TEMPELS (Ref. 2) used it. He noted that for the African all things in nature considered as divine, cosmogonic, related to forces of earth,

* My short article “L’attitude de l’africain à l’égard de la maladie. Ses rapports avec la sculpture” was published in the *Revue de la Psychologie des Peuples*, Le Havre, 11, 1956, 283–296. This is an entirely revised and enlarged work with additional materials and illustrations.

such as man, animals, vegetation, and minerals, are animated by their indwelling forces, or vital energy. In their animation, or radiation, they are intimately related to one another, they influence each other, and at the same time they are subject to increase and decrease. Consumption of food, for instance, augments man's vital force, not because of its alimentary value; – the herbs used to cure the sick, not because of its pharmaceutical value, which scientific investigation has demonstrated, but because both, medicine and food contains a vital energy of its own.

Although, as TEMPELS states, for the African “all forces were in relation and interdependence without having the need of an intermediary between them”, we shall demonstrate that sculpture had its important role in this process.

Concept and cause of sickness

We shall study in detail that the traditional healer has an important role in the life of the African, but on an essential level his actions, varied as they may be, are based upon the belief that spiritual forces penetrate everything, a belief shared by all members of his community. The African's fundamental and traditional belief is that whatever happens to human beings in terms of sickness or misfortune is due to one of the malevolent spirits. Consequently the very same force is petitioned to cure the illness, or rather rituals are performed to eliminate their influence and remove from the body their malefic presence. This mysterious universal harmful energy was conceived as a fluid which would enter the body to cause sickness or death. The Chaldeans, as MASPÉRO (Ref. 5) points out, had a similar concept, namely the term “virus”, which caused the illness.

The capacity of man to receive this “fluid” is best described by LAVIGOTTE (Ref. 3, p. 27), who observed among the Fang in Gabon the presence of a psychic entity in man called *evur*. It is given to a child in a ceremony by someone who is the possessor (*beyem*) of this inner force. One can, in a state of excitation or sometimes trance “command” his *evur* to depart his body and enter another person in his place, causing sickness or death to that person. But one's *evur* is also vulnerable and can be subjugated or killed by someone else's stronger *evur*. So for this reason one uses one's *evur* guardedly in fear of revenge from a stronger.

The belief that the malevolent spirit actually penetrated the body of the sick man is best illustrated by the remedy of pouring animal blood over the body (Ref. 4, p. 135). It was believed that the vital energy contained in the blood would penetrate through the pores and

nourish the *evur*, or rather appease him, and thus remove the cause of sickness. Often autopsy is performed after the death, and if any irregularity such as a tumor is found in the body, this is considered the “embodiment” of the *evur*.

Since the African believes that it is the malevolent spirits which cause sickness, he naturally assumes that the spirit can be controlled or conjured. Various operations are set into motion, such as transfer of thought, either with or without the aid of an object or a particular sculpture created for this purpose.

Transfer of thought

A French doctor (Ref. 6, p. 157) relates that when he was on his way to an emergency case, he met a medicine man who forbade him to cross a road. He ignored this command, but after a few days his arms became stiff and covered with pustules. Neither he nor his colleagues could diagnose this affliction, but one of them advised him to consult the same medicine man he had met on the road. After he explained the urgency of his trip, the “féticheur” gave him a vial of medicine which in two weeks restored his arms to normal. But the cicatrices from the sores never disappeared. A scientific analyses of the medicine revealed that it was nothing but water.

Not only sickness but also death can be caused by thought-transfer, as was observed in Eseke in the Cameroon (Ref. 6, p. 152). Several persons under the effects of a drug entered into a frantic dance sacrificing a lamb, and voiced the wish that a certain person should die. Later it was confirmed that this person actually died.

Malediction (spell or curse)

Casting a spell or incantation of an evil wish is within the function of transfer of thought, but an evil deed (malefaction) is within the realm of action. Both are connected with black magic (witchcraft), and they can be initiated by a single person, usually a professional. They both serve personal ill-will, revenge, or jealousy – hence they are antisocial. The professional sorcerer, and the one who is accused of being one, was relentlessly persecuted; often special groups were formed (like the *atinga*, among the Yoruba) which undertook a witchhunt.

The witch is supposed to keep an immaterial substance in a calabash, or may proceed by placing or rubbing a medicine on the victim’s clothes. Most frequently, however, the action of the witch cannot be

clearly traced to a material substance, but lies rather in the realm of casting a spell. Both Dr. PRINCE (Ref. 27) and Dr. MACLEAN (Ref. 30) observed that in the Yorubaland, witchcraft is usually attributed to older women. Dr. MACLEAN studied this question and suggested that because the new-born child needs breast feeding, the older child feels rejected and “perhaps this is the point at which he begins to realize that women can be witches as well as mothers” (Ref. 30, p. 54). But most often it was believed that the witch transformed herself into nightly flying animals, such as owl or bat, or into a white bird with red beak and red claws, this being the bird which is represented on the herbalist’s staff (Fig. 26). It was also believed that such a bird perched by night in a tree close to the victim’s house and was supposed to have attacked the head of the victim to suck out blood.

Other information (Ref. 3) attributes the power of the sorcerer to a personal force (*evur*, as already described) or to a belief that he is the agent of a supernatural power, so that the spell actually was considered the emanation of the very force. The spell, under given or chosen conditions, had to be pronounced correctly with a precise verbal formula so that it should become a dramatic or solemn declaration. We shall see that the same incantation, providing the *power of the word*, was uttered with authority as accompaniment to the correct ritual action while the herbalist prepared the “medicine” (Ref. 23). In both cases the aim was to imbue the “expression of wish” with “energy” which was believed to enter into the body of the victim, causing either sickness or death, or in the case of medication, giving it power to cure the illness.

The psychic effect of the spell can be compared to the mental attitude of a person who breaks a taboo (a “not to do”) and sets into motion the mechanism of a sense of culpability and the automatic unconscious expiatory act. We shall attempt to offer some hypothesis in our Section II regarding this and other psychological motivations for the effectiveness of the spell and other magical acts.

As to our comparison with the breaking of the taboo, GREBERT (Ref. 4, p. 151) relates a story of a child in the missionary school who ate bananas which he did not know had been cooked in manioc. Manioc was his *eki* (taboo). When he learned that he had broken the prohibition, a sense of guilt was activated which produced a spasm of suffocation, and he died in spite of the medical aid.

An evil deed often consists of poisoning, following the verbal curse. This is accomplished in various ways: placing poisoned thorn for instance in the pathway of the victim or putting poison into his food or drink.

The spell is only a small part of the powers that threaten the African’s health and life, most of which are attributed to malevolent

spirits. He takes constant precautions to avoid sickness and misfortune. One is to consult the diviner-medicine man; another is to wear amulets; a prevalent one is to use statuary believed to incarnate the spirit. Among the Yoruba (Ref. 27) the Gelede society is formed, the members of which wear masks (Fig. 27) and dress up as women with large breasts, aiming to placate the witches.

We must place two other phenomena within the category thought-transfer: presence at a distance and vision at a distance.

Presence at distance

Bilocation means that the body is at one location but the emanation of the spirit (or soul) of the same person is somewhere else. R. D. Trilles, a French missionary, wrote that among the Fang in Gabon several missionaries watched the body of a medicine man who was "travelling". His body looked dead, completely insensitive, his eyes were convulsed. This medicine man, however, was "seen" by a number of people in a far-away village, and the account that the medicine man gave after his return, or awakening, was confirmed in all its details by what the villagers related.

Another example is a traveller in Togo who arrived in the village of Atakpame (Ref. 6, p. 156) after three days' journey, and here discovered that he had left his canteen at the point of departure. The local "féticheur" voluntarily offered his services to undertake the trip to get the canteen, but he only said so, but did not go, only sent a "mental message" and in fact after three days a man unknown to the traveller brought it to him. Upon investigation, the traveller learned that the medicine man of the first village was visited by the "féticheur" of Atakpame, who asked him to send a messenger with the canteen.

The use of an object to cause sickness

The most widely used black-magical act consists in getting hold of a nail-paring, some hair, or part of the clothing of the person to be harmed. As it is believed that a part of something is a substitute for or represents the whole, the destruction of the hair, for instance, would mean the destruction of the person whose hair was used.

On the Ivory Coast the custom was to place an arrow in the fire (Ref. 7, p. 43) in which some herbs and cola nuts were also burned, and a red rooster sacrificed on the arrow itself. This was then thrown into the air with the acclamation, "Arrow, I gave you a red rooster to kill..." and the name of a person was announced. Believing that

a certain action can cause similar action (and this we shall see again in the selection of medications), one may break the leg of a chicken and cast a spell on his enemy to make him also break his leg; one can kill a bird, take out its heart, and pronounce the wish that his enemy's heart should stop beating. Although the person may live many miles away, frequently such a spell is known to be effective.

On statues causing and healing sickness in West and Central Africa

The basic thought which governs the function of a statue is that it incarnates a spirit which can cause sickness. But the spirit can also be appeased; hence by appeasement the cause of the sickness can be removed. The Bakongo of Zaire have a great many such magical statues, among which a further distinction is that some are used as abodes of the good (*nkisi*) and some of the bad (*ndoki*) spirits (Ref. 8).

The best known among them is the nail fetish (*konde*) incarnating a dangerous *ndoki* which can inflict disease. For this reason it is kept in a special hut. This statue is petitioned to suspend its malefic effects. There is one in human form (Fig. 1) covered front and back with iron spikes and nails. It has a menacing facial expression, mouth half open with tongue protruding, one arm raised and brandishing a dagger (which is now missing) to attack a spirit.

There is a box attached to the abdomen sealed by a mirror which contains the magical substance (*bilongo*). There are also nail fetishes in animal forms, called *kozo*, most in the form of a domesticated dog, single or double headed (Fig. 2), with a box on the back which contains *bilongo*, and is covered with a mirror. Both the human's and the two-headed animal's eyes are made of splinters of mirror or glass.

The driving in of a nail has its psychological motivation. We use the expression "to pin someone down to a promise". In medieval times wax figures were used to "drive in a wish". Hence in driving a nail one can aim to express a wish to harm another, but one can also do it to drive out an ailment, especially when the nail is driven into that part of the body where the pain is felt.

The same tribe burns statues as effigies of another person, a ceremony used widely today in various political street demonstrations.

Another magical statue is *m'pezo* or *pezu* or *panzu mbongo* (Fig. 3). Sometimes it is painted partly white, and has a box on its abdomen containing some magical substance; often magical additional material is attached to it. However, the *konde* can kill people, but the *m'pezo* only makes people sick.

The *na moganda* (or *noganda*) is the incarnation of *nkisi* (good spirit) and it belongs to the village medicine man (*noganda*) (Fig. 4).

Usually these statues are made with greater care than the *konde*, with arms plainly carved, and magical substance is put on the abdomen. They can help the medicine man to recognize the plants whose potent vital energy is able to cast the evil spirit from the body of the patient. The same statue can also serve other functions: it can save people from misfortune or give vitality to the newly born infant. The *mbula* (fire fetish) (Fig. 5) has a box on the abdomen containing iron fragments and eight reefs filled with gun powder, which explode when an enemy sorcerer tampers with it. It is also used as a "bomb" against a sorcerer.

From a different region (Bateke of Zaire) comes the *butti* fetish (Fig. 6) which, instead of a box on the abdomen, is covered with magical substance (*bonga*) composed of different ingredients, one being white earth signifying "the bones of the ancestor". When the *bonga* is removed a cavity in the abdomen is apparent (Fig. 7). Illness and misfortune are attributed to the decrease of the protective power of the statue and the medicine man (*nga*) is called to restore its power, after which it is placed beside the sick (Ref. 14).

In addition to various magical statues, there are other methods to cure the sick, and one of the simplest is to change the name. Names have much deeper significance among the Africans than in our civilization (Ref. 9). A name expresses an *identity*, often the reincarnation of an ancestor. When a new name is adopted, it is believed that the person with the old name has died and a new person without the sickness is born, having a better chance to survive. A noteworthy comparison is that among the orthodox Jews when a child is very sick, his name is ceremonially changed, as if the child with the old name has died, and the new name gives him a new lease on life. The same principle of new identity is involved in the initiation ceremony of the adolescent into the male adult society. He undergoes a ceremonial death, severing his ties with his family, hence breaking the infantile dependency, and with a new name he emerges as a different person, an adult, a new member of his community (Ref. 10).

Exorcism

The ritual of exorcism, or driving out the sickness-causing spirit from the body of the patient, consists of various operations. One of them involves the use of a mask (like the *kifwebe* mask of the Baluba-Basonge of Zaire) (Fig. 8). The healer places the mask next to the sick man, as if he would cast it into the fire, but the sick man holds to it. Another mask of the Bapende (Zaire) known as *giphogo*, (Fig. 9) incarnating the power of the chief, is also employed in exorcism. Such use of the mask is found all over the world. We mention only the

Iroquois of New York State who had a “false face” society in which masks with highly distorted human features were used in exorcism.

Another aspect of exorcism is the transmission of sickness to another human being, an animal, or an object. FEUILLOLET (Ref. 11) describes the treatment of an ailing man by a group of about fifteen men assisted by a medicine man. A calabash was filled with the blood of a freshly killed chicken. The sick man chewed a handful of grains and spat it into the container. This was given to a boy, who started to howl like a savage cat with a stomach ailment. The patient was cured by the transmission of the ailment to the boy. It was believed that the spirit of the savage cat caused the sickness, and so the boy could only howl instead of speaking. The village had to treat the boy well, providing him with lodging and food for fear that the spirit residing now in the boy might take revenge.

Protection against sickness

As indicated earlier, protection is also achieved by placating the malevolent spirit residing in the statue through prayer, incantation, or sacrifices. Female infertility preoccupies the African woman because children are desired by men to maintain their lineage as well as because the emotional relationship between mother and child is closer and more enduring than that between man and wife (Ref. 24). The first step is to take medication prescribed by the herbalist, but if this fails, the belief that fertility is dependent upon the benediction of a spirit becomes paramount, and various statues are used which in fact can be very effective in reducing the tensional anxiety.

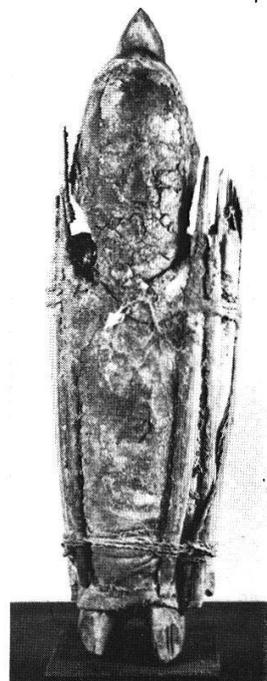
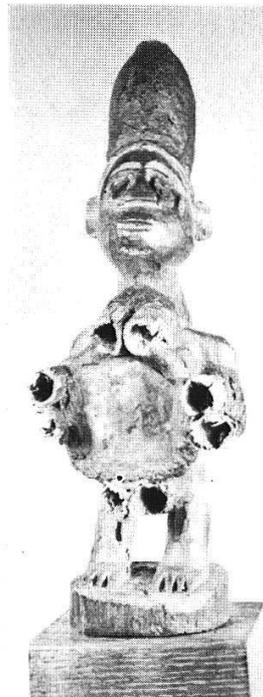
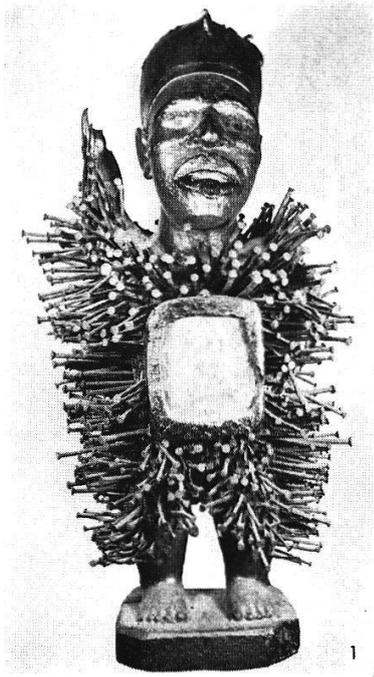
The Ashanti (Ghana) woman carried a discoid headed statue, *akua'ba*, (Fig. 10, Ref. 12) and so did the Fanti woman, (Fig. 11) the latter using a rectangular instead of a round head. These statues were carried by the pregnant women to prevent any misfortune and also to protect them against the “evil eye”, but they were also used as “medicine” by sterile women, who believed that carrying the statue would induce pregnancy. The same principle was adopted by the Mossi people of the Upper Volta (Ref. 13). Barren women carried phallic shaped statuettes with prominent breasts (Fig. 12) under their skirts to effect fertility. Actually the statues were given to female children at an early age to accustom to handling babies, and a girl gave away the statue only after her first child was born.

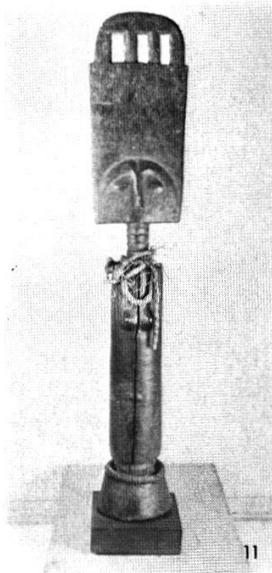
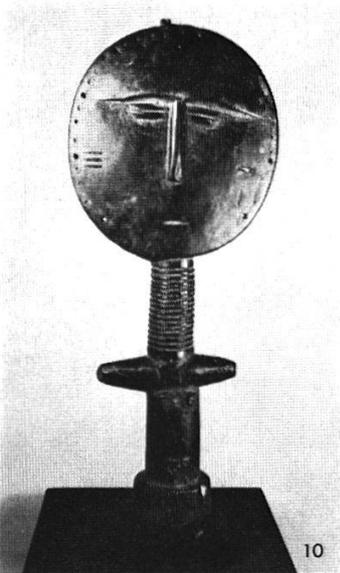
Several kinds of statues have multiple usage. We mentioned before the *na moganda* statue (Fig. 4) used to cure the sick; the same statue was also placed before the hut of a mother when delivery took place. Another statue is the *butti* (Fig. 6) of the Bateke, used to cure the sick, and also to protect children until they reach adulthood.

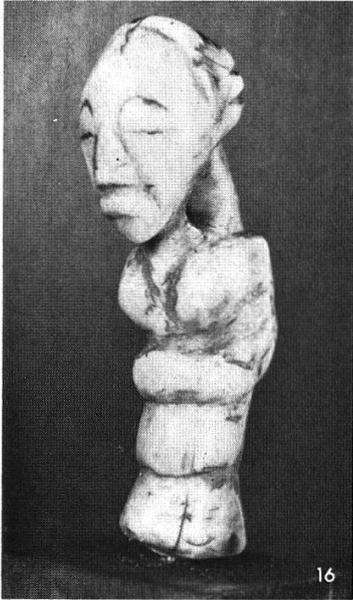
Legends to figures

1. Nail Fetish [*konde*], Bakongo tribe, Zaire (25 inches).
2. Double headed animal nail fetish [*kozo*], Bakongo tribe, Zaire (6 × 20 inches).
3. Statue with magical substance attached to the abdomen and sealed by a mirror [*m'pezo*], Bakongo tribe, Zaire (10 inches).
4. Magical statue with feathers [*namoganda*], Bakongo tribe, Zaire (19 inches).
5. Fire fetish [*mbula*], Bakongo tribe, Zaire (6 inches).
6. Fetish with magical substances attached to the body [*butti*], Bateke tribe, Zaire (9 inches).
7. *Butti* fetish, Bateke, tribe, Zaire, with magical substance [*bonga*] removed (18 inches).
8. Mask [*kifwebe*], Baluba-Basonge tribes, Zaire (17 inches).
9. Helmet mask [*giphogo*], Bapende tribe, Zaire (h. 12 diam. 12 inches).
10. Fertility protective statue [*akua'ba*], Ashanti tribe, Ghana (12 inches).
11. Fertility protective statue, Fanti tribe, Ghana (14 inches).
12. Fertility figure [doll], Mossi tribe, Upper Volta (9 inches).
13. Twin protective statue, with scarification marks on the body and face [*ibeji*], Yoruba tribe, Nigeria (11 inches).
14. Ivory mask as talisman [*ikhoko*], Bapende tribe, Zaire (3 inches).
15. Protective amulet mask [*ma*] used by various tribes in Liberia and Ivory Coast (4 inches).
16. Protective talisman carved from animal tooth [*mikisi mihasi*], Baluba tribe, Zaire (4 inches).
17. Statue-talisman, Basonge tribe, Zaire (4 inches).
18. Ifa divination bowl [*adjella-Ifa*]. Rooster with snake in its beak holding the bowl. Yoruba, Nigeria (7 inches).
19. Head of Eshu Elegba [*odousa*] with cowrie shells, used in Ifa divination, Yoruba, Nigeria (3 inches).
20. Ifa divination tray [*okoua-Ifa*] with carved border, Yoruba tribe, Nigeria (21 inches).
21. Ifa divination tray in rectangle form with face of Eshu in the middle of the border. Yoruba tribe, Nigeria (8 × 14 inches).
22. Ivory clapper [*iroke*] used in Ifa divination, Yoruba tribe, Nigeria (12 inches).
23. Divination instrument in form of an animal [*itombwa*] Bakuba tribe, Zaire (3 × 14 inches).
24. Divination instrument [*katatora*], Baluba tribe, Zaire (4 inches).
25. Ancestor statue, Dogon tribe, Mali Rep. (10 inches).
26. Herbalist's staff [*opa osanyin*], with bird (wrought iron), Yoruba tribe, Nigeria (16 inches).
27. Mask used by the Gelede society, Yoruba tribe, Nigeria (15 inches).

Credits: All photographs by the author. All objects from the collection of the author or of the Segy Gallery, New York, with the exception of Nos. 1, 5, 8, 16, 19, 24 which are in private collections.







The health and well-being of twins among Yoruba (Nigeria) was protected by a statue called *ibeji* (Ref. 15, Fig. 13). As it was believed that a pair of twins deeply interdepend and have only one soul, if one of them should die, his half soul would be captured in the statue, hence reuniting with the soul of the surviving twin.

Amulets or talismans

There is a great number of protective objects the African carries on his body, such as bones or teeth of animals and horns filled with magical substance. Often the medication given by the herbalist is not



taken internally, but carried in a small bag around the neck. Often when such a “fetish” is not efficient, the client goes to the medicine man for a new one, or he goes to another healer.

Although protective power can be attributed to any object, the African’s innate artistic talent causes him to create such sculptures as amulets which are invested with the same principles, namely the power of a spirit. We cite only a few:

Fig. 14 is a small ivory mask, known as *ikhoko* from the Bapende tribe (Zaire), worn around the neck on a cord. Fig. 15 is a small wooden mask (*ma*) used by the Guere, Wobe, Bassa, and other tribes in Liberia and also by the Dan of the Ivory Coast. It was believed that

these small masks did incarnate the spirit of one of the parental ancestors. How real this concept is can best be shown by the fact that in the Gabon (Ref. 4) a son whose father had died carried a small bag containing his father's fingernails and toenail parings mixed with some hair to give himself the feeling of nearness to his father, who is still considered as living, only on a long voyage. Again the spirit of the deceased person is incarnated in the *mikisi mihasi* amulet from the Baluba, merely a carved tooth of an animal (Fig. 16), to which often the name of a particular person is given, and which is rubbed with oil so as to sustain its vital power. Usually statues are used without being carried on the body, but with few exceptions, as Fig. 17 from the Basonge.

Although we shall discuss the psychological motivations underlying the workings of African medical customs, we wish to emphasize at this time that the very strong *parental protective* aspect is manifest in many of the talismans. We also mention that there are talismans for specific functions: charms for good hunting and good journeying, charms against snake bite, against wild beasts, against crocodiles, if one plans to cross a river.

Divination

If the pharmacological means of the healer do not work, the diviner is consulted as to which new and different medication should be taken. As sickness or death is never attributed to natural causes, often a spirit or witch is believed to be responsible, and the diviner is the professional who should be able to determine what caused it. Very often the diviner's role is combined with that of the medicine man.

This practice is widespread all over Africa. But in the Yorubaland the role of a highly trained diviner (*babalawo*), the priest of the Ifa (fate) cult, is highly developed. His name derives from *baba* meaning father, and *awo*, meaning mystery; hence he was the father of mysteries, and he was able to maintain communications with the spirits (Ref. 28). Usually his profession was traditional in the family. He had to undergo apprenticeship from three to ten years and must submit to a secret initiation to become member of the Ifa cult. He was secretive about his art. Some specialized in women's diseases, others in mental illness etc. He worked by intuition sensing the non-physical causes of the sickness. In this respect he might be compared with the psychotherapist (Ref. 23, 24). He looks into personal relationships – social, religious, etc. – for some disturbance. He often recommends incantations or sacrifices to a suitable deity, amulets, certain taboos (including sexual abstinence), or a particular religious cult which is

suitable to his patient in that it enables him to act out in ritual ceremonies impulses not permitted under ordinary circumstances. The *babawalo* is also the person who deals with witchcraft if he thinks this might be the cause of the disturbance (Ref. 30).

To arrive at the proper diagnosis first and to make suggestions afterwards (suggestion was an important part of his role) he uses the following implements:

First, a bowl, called *adjella-Ifa*, *adjelefa*, or *agere-Ifa*, which contains sixteen palm nuts (called *iki* or *aki*). These bowls are held by a large variety of carved figures: a dove, an equestrian, a mother carrying a child on her back, a kneeling woman, etc., or as our example (Fig. 18) shows a rooster holding a snake in its beak, the tail of the rooster, the head and end of the tail of the snake becoming part of the structure of the bowl-support. The diviner uses 16 kolanuts, palm nuts, or cowrie shells, which he throws on the ground making a figuration called *odu*. The *odu* is also connected (Ref. 28) with an extensive portion of oral religio-medical poems (also called *odu*) which he must memorize and all the 265 *odus* refer to the supplicant's problem of illness. These poems, consisting of from four to twenty lines are actually regarded as the utterances of 265 spirits.

Second, a small ivory or wood head of Eshu, called *odousa* (also *ela* or *irin Ifa*) (Fig. 19) which is placed next to the divination tray and used, previous to the divination, to nullify the malevolence of Eshu. Eshu was considered as the "trickster" of the Yoruba mythology, and represented in fact the chance element. Third, the divination tray or board called *okoua-Ifa* (or *opon-Ifa*, *agbon-Ifa*), carved from a round (Fig. 20) or rectangular (Fig. 21) shape, about 15 inches wide. Its border is always carved, but the main figure is the head of Eshu, sometimes only his eyes, as if looking "down" on the tray. In our examples here we see the Eshu head at the top and bottom, also animals, one couple copulating, two figures combining human heads with two crocodile-legged animals similar to the representation of Oba on many Benin tusks and bronze plaques. On this board white powder, often flour, is spread (white is sacred to Eshu) in which the *odu* are marked with the finger of the diviner. Fourth, a clapper or tapper called *iroke* (*iro-Ifa*) usually made of ivory, and used before the divination begins to call the attention of Eshu. Fig. 22 represents a kneeling female with pendulous breasts. Fifth, an additional carving, a box, *okwong-Ifa*, in which the clay, charcoal, limestone and powder of red cam wood is kept.

The extremely complex system of *odu* configurations, the various implements used in the ceremony, the strict order in which the ritual proceeds all aim to suggest the mysterious function of the Babawalo in consultation with the spirit-powers and ultimately to convince his

“client” of the validity and efficaciousness of the process, to which by tradition he already is conditioned.

We have paid special attention to the Ifa divination ceremony first because it is so elaborate, second because a number of sculptures (for us “artworks”) are used. But the Bakuba of Zaire (Ref. 16) also use sculptures for divination. One is a carved animal elongated in form with a flat back, known as *itombwa* (Fig. 23), on the surface of which a disk is rubbed back and forth while the names of persons suspected of casting a spell, or remedies for an illness are repeated. When the block sticks, it signifies that the name or remedy uttered at that moment is the correct one. Although the diviner holds the disk in his hand, it is supposedly stopped by an external force, thus supporting the authority and credibility of the man as the spirit’s medium. Another version of the same principle is practiced by the Baluba (Zaire), who use a sculpture known as *katatora* (Fig. 24), which is constituted in such a manner that it can be held by a finger of the patient and a finger of the diviner. The *katatora* is rubbed on a flat surface, and when it stops, the sickness is diagnosed. When the medicine man is rubbing the disk, he says “don’t eat fat substance, don’t have intercourse, or drink a medication etc. and when the disk stops whatever he was saying, this is what the patient has to follow. Actually from the symptoms the patient was relating the medicine man intuitively knew what was the ailment, his prescription was only sanctified by the disk stopping at a certain moment. It is not which part of the body was ailing, but which prescription the sick man should follow.

Another such implement is the divining rod (baguette) consisting of a forked twig held in the hand of the dowser. These were used in the West to locate underground water, but the practice in Africa is different (Ref. 6). The rod may jump not from being held in the hand of the medicine man but from being placed on the sick man’s body. It may indicate which organ is to be treated. If the rod is repulsed from a particular part of the body, that is considered the part to be treated; if it falls, the trouble is elsewhere.

Still another instrument is the mask, which is sometimes worn by the diviner to “depersonalize” his own identity and to allow him to appear before his client as a stand-in for the spirit which the mask incorporates.

We finally mention the ancestor cult statue (Fig. 25) from the Dogon in Mali. This was used when the cause of the sickness was attributed to the wrath of an ancestor trying to harm the survivor because of some neglect in filial duty, or for a wrong done to him during his lifetime. The spirit of the dead residing in the statue was petitioned by means of sacrifices or offerings to secure its benediction.

There are various other methods of divination. As in the Ifa

ceremony, the configuration of bones which have been thrown may give the answer to the problem. Water reflection in a calabash may be consulted. In the Cameroon, objects which have a meaning are thrown around a tarantula hole for the night, and next day the diviner makes his forecast from the pattern formed by the spider in moving the objects around. A medium or medicine man forecasts the future or diagnoses a sickness while in a trance, often replying in a language or dialect alien to the people present. This is considered proof that the spirit itself talks through the mouth of the medium. Sometimes a person in trance manifests such violent strength that it takes a number of strong men to subdue him (Ref. 17).

The diviner is consulted not only in regard to sickness or events to come, but also the course of action to be taken. Sometimes he can indicate to a pregnant woman that her grandfather or grandmother will return in the baby to be born and accordingly give his or her name.

Sacrifice and/or offerings

We have demonstrated that the methods the African uses to protect himself against sickness, to diagnose and cure it, are all based upon the *a priori* conviction that the adopted processes are effective.

This faith is not unique with the African. For sickness due to psychosomatic origin, similar faith-healings have been demonstrated since the ancient world by visits to the temples of Aesculapius, the miracles recorded in the New Testament, later mind-healings adopted by the Baptists, the Quakers, etc. Obviously faith in the divine power or trust in relics creates a strong disposition on the part of the patients to suggestion. In Lourdes, or at the tomb of St. Francis of Assisi, or Catherine of Siena, a particular religious atmosphere prevails, with large assemblies forming mass-hypnotic conditions in which the auto-suggestive element in the petitioner is more effective.

For the African, as indicated earlier, belief in the existence of ritually transmitted "vital energy" or the power of spirits plays an important role. Weakness or loss of vitality is not attributed to sickness, but to the loss of "vital energy" caused by malevolent spirits or the effect of a spell.

The various rituals already enumerated form the strategy to make the healer's or diviner's intervention more effective, or to induce greater suggestibility in the patient. But to add drama, all the conjuring ceremonies are usually preceded by offerings and/or sacrifices. The priest in the name of the client announces in advance that for his submission to the power of the spirit, he expects his wish to be fulfilled – in case of sickness he expects a cure.

The sacrificial ritual has many implications not always clearly stated, but understood. 1) The animal's blood is shed to feed or nourish the spirit so as to increase its vital energy and enable it to be more effective. 2) Often part of this ritual is sharing the food. Since inviting someone to share one's food means an equalization of the host and guest, "eating together" establishes an equality among people; hence man becomes "spiritlike". 3) The offering is giving away of something valuable for which a return is expected. The ancient Egyptians offered a deed of land as sacrifice to gods for favors. In this sense the sacrifice can be considered as payment in advance (we may say a "bribe") for benefits which one expects without fail. The Hebrew prophets protested this practice in their time. But in its essence the ritual of offerings aims to *eliminate the chance element* and replace insecurity with certainty. 4) The fact that the wrath of an ancestor is feared means that it is believed that the spirit of the dead is angry for some real or imaginary reason – and we shall see how important a role the sense of guilt plays. We may also add that the purpose of most burial ceremonies is to guide the spirit of the deceased into the "land of the dead", mainly to remove the spirit from among the living and to prevent it from harming the survivors. Offerings and sacrifices aim above all to pacify the spirit, as Eshu in the Ifa divination is pacified, and only after nullifying the spirit's malevolence can the petitioner begin his solicitation for the protection and good-will of the same spirit.

Pharmacopea

Real medications are often used, the therapeutic value of which have been attested by Western investigators (Ref. 7). But the belief persists that they are effective because of the "vital energy" which they contain, and, as mentioned earlier, sometimes the herbs are carried in a bag and not taken internally.

Nevertheless the role of the traditional practitioner of healing is important all over Africa. When illness occurs, he is consulted first. Similar to the diviner the herbalist's profession is inherited or taken up by an apprentice. In both cases there is a long and arduous period of learning lasting from four to eight years. The accumulated knowledge of the name and nature of each plant, the art of mixing and producing complex salves and ointments has been transmitted from generation to generation, coupled with many years of empirical observation. The preparation of medicine often requires secrecy, and along with this the healer must learn appropriate incantation to make it effective. The day and the time are also important. Wednesday dawn at the first crow of the rooster is considered best. The healer must observe whether the leaves

of the plant are turned east or west and whether he uses the right or left hand to collect them. The number of ingredients is important – three and seven are significant numbers. The patient notes which hand he uses to take the medicine, how many times a day, etc. (Ref. 7, p. 72–80, 24, 27, 30).

The most popular usage of the variety of herbs, minerals and animal parts and their mixtures is to ensure conception, to facilitate delivery of the child, to induce abortion, to heal internal troubles, snake-bites, etc. But there are others the function of which is based upon the concept of magical power. These “medicines” are used not only by the healers but also sold in the market places. Dr. MACLEAN (Ref. 30) reports that in Ibadan (Nigeria) in various market places the following items among others were sold: dyed portions of internal organs of some powerful animals, as well as their teeth and paws, blackened flesh of armadillos and bush rats, small rodents on spikes, monkey head and paws, eyes of snakes, tortoise shells, tail feathers of a parrot, various kinds of sands, parched twigs, withered leaves, seeds, nuts and fruits. Some plants are burned to ashes before being put into a liquid.

Sometimes the herbalist is guided by the principle of *similia similibus curantur*, namely that there should be some resemblance between some features of the plant and those of the patient’s condition, or the organ affected. For instance, a plant called “the tongue of the serpent” is used to cure snake-bite; a plant looking like female genitalia to cure sterility. MCLEAN (Ref. 23/4) relates that the Yoruba cure guinea worm by the use of coiled threads inserted into a snail shell, which is then buried with the following incantation: “I bury the dead of guinea worm in my body, let it never attack me again because the dead never rise into the world again.”

The Yoruba herbalist is known as *onishegun* and he uses a wrought-iron staff called *opa osanyin* (Fig. 26) dedicated to the Orisha (demi-god) of the herbalist, Osanyin. The staff has a circle of small birds topped by a larger bird (Ref. 18), which actually represented the witches who are supposed to take the form of birds with long red beaks.

In the Yorubaland (Ref. 28) mental illness is often attributed to Sopono, the spirit of small pox. The most prevalent idea is that the spirit blows hot breeze upon man, heating his blood and brain, and the heated blood causes madness.

The healer also has sufficient knowledge of the human anatomy to ease pain by appropriate massages. The massage, however, sometimes works like exorcism, supposedly forcing the malevolent spirit to leave the body, and often, to show the effectiveness of such a procedure, a piece of material substance is produced as if extracted from the body.

But some practices of the African healer are beyond our medical

science. Let us cite only two examples. In the Cameroon (Ref. 6, p. 164) an African came to an European doctor with a gangrened leg. The doctor advised amputation. But the patient did not follow this advice. He went to the local medicine man for treatment, and after three weeks he came to the doctor to show his healed leg. Another case (Ref. 6) is recorded of a woman who died leaving a three-week-old baby. Another woman, sixty years old, was treated by the medicine man, after which she was able to nurse the baby. MCLEAN (Ref. 23/24) confirms that a Yoruba herbalist was said to have been able to induce lactation in post-menopausal woman by applying a mixture of salve to the breast. The herbalist was actually astonished to learn that this is not a practice in Western medicine.

It is noteworthy that according to extended research by MCLEAN (Ref. 23/24) in such a large city as Ibadan, which has half a million inhabitants, in spite of the proximity of a large hospital and various health centers, nearly two-thirds of the people continue their patronage of the traditional practitioners for magico-medical means of ensuring conception and relieving illnesses. In statistical terms, in a large city 72% in age group 25–34 and 85% in age group 55–64, against 100% in a small city of 5000 inhabitants. The persistence of consultation of local healers (who also publish leaflets about their medications in Ibadan) is due to the fact that their therapeutic methods are culturally approved and personally reassuring; the remedies in which their ancestors found comfort are based upon old beliefs which are central to social stability.

Section II

Psychological motivations

Many of the African's rituals, especially those connected with sickness, are commonly viewed by the West as superstition, an irrational attitude of the mind towards nature itself, including human nature, and the supernatural, proceeding from an unreasoning fear of the unknown and the mysterious. But the African has his own logical reasoning, which, though different from ours, nevertheless is based upon fundamental and universal psychology.

Our deliberation begins with the assumption that the human species has not changed significantly in the last fifty thousand years, and that all men have the same brain structure determining their cognitive capacities and their intuitive faculties, including their capacity for preconscious awareness. It is in the preconscious awareness that man experiences the supra-sensory world, the world of spirits for the Afri-

can. This is a state of awareness which lies at the threshold of consciousness, emanating from the transpersonal unconscious which contains such psychic reality as was formed prior to the ego-dominated personality. This state for the religious, conservative, traditional African is natural; as a member of his community, he submits his ego to the spiritual reality which rules his and his fellow men's lives.

Concepts governing the postulate of deities (mono- or polytheistic) or the existence of spirits, whether connected by natural forces to the ancestor, the institution of sacrificial rituals, or the use of statues and masks are widespread all over the world and adopted at various historical periods in most of the cultures, with great significance in preliterate societies. They all point towards the existence of a *universal pattern* in man's approach to the mysterious, the unknown forces which are influencing his existence.

The African's ritual acts are based upon functions of the human mind, which are not different from that of modern man, who also acts, often in a disguised manner irrationally, motivated by unreasoning fear, because of unconscious compulsions. *Phenomenology*, especially the work of M. Merleau-Ponty, investigated the importance of prereflective, pre-conscious apprehension of reality and showed the significance of the "lived through" experience in human existence, being the only unalienable happening of his own. Actually what the African experiences in his approach to reality, including the reality of the existence of spirit (similar to the belief in god) is lived through first on preconscious level only after conceptualized, – hence very real for him as it was experienced with the depth of his being. As OTTO (Ref. 25) pointed out, first comes the sense of being awe-struck, after the formulation of deity concept to give a cause to this very fundamental experience.

Man's existence from birth to death unfolds between two polarities: what is good for him and what is bad for him. All endeavors – except the distorted unconscious ones, such as auto-punitive mechanism – aim to turn events into what is good for him. Sickness is bad for him; hence all attempts are made to remove the cause of sickness and re-establish the balance of well-being.

As the law governing the turn of events is unknown, the reason for them is often inexplicable, and the African "personalizes" these unknown forces as spirits, placing them in an orally transmitted mythological context – hence he makes them *known*. And to make "real" the polarities of chance, he assigns malevolence and benevolence to them. His great concern, of course, is to cope with what is bad for him, such as illness or misfortune, and so, with the help of specialists, such as the priest-medicine man, all efforts are made to eliminate the negative forces by placating or pacifying them; only after such purification takes place can the benevolent spirit work for him.

The theory that spirits and their malevolent or benevolent natures are creations of the mind and the power of the “omnipotence of thought” (as Freud worded it) will be further studied. This very thought-process conditions man to believe, consciously or unconsciously, that ideas are real. His imagination also produces the belief that he can influence and control the spirit, representing, as indicated, the chance element, which belief in turn can further produce a sense of security or self-confidence and often be practically an effective *self-fulfilling prophecy*, as MASLOW (Ref. 29) called it.

To every human being, including such mystics as St. John of the Cross, faith is subject to a degree of variation. If the African's faith is strong (we may call it optimistic), an increase of security will affect his mental attitude, and his action will be successful – that is, his self-healing mechanism will work. Contrarily, the lack of faith creates a pessimistic attitude, insecurity, and he will by unconscious forces, doom his action to fail, or he will succumb to his self-induced psychosomatic illness.

If we want to reduce a complex mental process and find one essential psychological motivation, it is a non-rational thought-process, *the wish projection*. This phenomenon is based upon man's significant ability to produce an unconditioned *faith that hope cannot fail*, a willing assent to a proposition which according to Western deductive or inductive logic is known to be unverifiable. But for the African, his postulate of the existence of spirits is “logical”, as we shall demonstrate in the sequence of psychological events when he faces a statue incarnating the spirit.

On an essential level the African has faith not in what he can actually observe, but in what he *projects into the external world*. He projects a wish which in fact is an idea, a construct of his mind, and invents a whole strategy to make real what he wished to be real.

Considering the use of statuary, the wish projection (including the removal of the cause of sickness) can be traced through the following sequence involving various aspirations, or, as we said, “mental constructs”: 1) The first prerequisite is the belief in the *concept* of the existence of the spirit. It is not the spirit which is experienced, but the self-generated faith in an idea. 2) The concretization of this idea into a statue follows, which should incarnate the spirit or make the wish concretely real. The statue is not only the *container of man's wish*, but it becomes a focal point on which to center one's attention with intensity, which makes the proper climate for faith to become a psychological reality, and should work as a healing agent. 3) The third step is that after the statue is imbued with power, the wish is projected into the statue – in the case of sickness, the wish to be healed, as the cause is attributed to the malevolence of the spirit. 4) The

“emanation” from the statue, based upon the very same mental attitude which created the spirit, works within the individual with *autosuggestive* power, from the faith that the wish cannot fail. 5) As already suggested, the process ends with the psychic mechanism of the patient “gaining” the benediction of the spirit. The cause of the ailment removed, or more properly the self-harming or self-defeating syndrome eliminated, the normal psychosomatic process is reactivated.

We can now apply this process to a concrete example, namely when the sickness is attributed to the wrath of a deceased father. As long as the spirit resides in the realm of death, it would be difficult to approach it, but as soon as the spirit takes up abode in the statue (Fig. 25) and this is placed in the son’s hut, the spirit becomes concretely real; the son can touch it, have a relation with it, and communicate with it. He can feed it to increase its power. He has to attribute to the spirit a force greater than his own because only through a strong belief can he hope that such a spiritual energy will actually be able to help him. An additional consideration is that the closeness of the deceased father’s spirit will also activate in him infantile dependence; hence the search for protection from the father’s spirit is based upon concretely experienced events from early childhood. By proper rituals – prayers, incantations, offerings and sacrifices – he acquires the certitude that the father’s spirit will protect him and remove the cause of sickness. Having faith in the effectiveness of his action, he believes that his wish will be granted and he will be cured. Here we face a circular psychological action: first, his mind has created the spirit, second this very creation of his mind will affect him, and the result will be again due to his own mental attitude.

A more complex and unconscious process takes place when man’s sense of guilt, a universal phenomenon, is activated and sets into motion a sado-masochistic syndrome, an auto-punitive action. It may be due to neglect of some ritual, failure to placate a deity, breaking a particular taboo. Among the Yoruba there is an affliction called *maagon* (Ref. 23), liable to follow adultery, which may be a serious psychological disturbance induced by guilt and fear. This self-dooming process takes place also when a spell or an evil wish works through witchcraft. When the victim becomes aware of a curse, he awakens to full consciousness of a misdeed or crime which he knowingly committed and for which he was not punished. But the sense of culpability is deeply rooted and often it is freefloating, especially when it evokes an early infantile death-wish, which was repressed, against a parental figure, and under the threat of a spell it emerges as a gnawing, tormenting conscience. Whatever the origin of this sense of culpability, the unconscious need for relief becomes urgent and sets into motion the search for ways and means to expiate

it. He inflicts upon himself sickness, accident-proneness, or failure in enterprise in the hope that in such a manner the sin will be atoned for (Ref. 19, 21). In Africa he seeks protection with the help of the medicine man, whose remedy will nullify the punishing malediction and remove the sense of guilt.

It is interesting that the wish for punishment is overcome by a wish for health, and both are rooted and are effective within the individual's psychic mechanism.

Psychosomatic ailments

We have concentrated our attention on the working of African medicine only in terms of dealing with psychosomatic ailments, since the actual and effective herb therapy is beyond the scope of this study. The self-punishing act and resulting sickness is only *one* psychic manifestation within the realm of psychosomatic ailments; nevertheless it prevails in our civilization as well as among the non-literate people.

Psychosomatic ailments actually result from some disturbance in the physiological organism in man due to stress. Man, since he emerged as *homo sapiens*, has had the same genetic and organic constitution. His evolution is mainly cultural. He has always had the same diencephalic (brain stem) organ, the sympathetic nervous system where instincts (fear, hunger, rage, sex drive) originate. His emotional reactions to a life situation, physical or mental, are connected with the secretion of endocrine glands. Psychosomatic automatic systems are not under the control of man's cortical mechanism or his will and reasoning. In modern man, illiterate people included, psychosomatic diseases (a very large percentage of all ailments) are the result of conflict between the two systems. What we call unconscious or preconscious are postulates to indicate the emotional transformation of the working of the organic systems, and often they are in conflict with the cortical consciousness.

We are aware that numerous ailments, such as peptic ulcer, cardiospasm, and phylorospasm, to mention a few, are caused by emotional factors or stress situations. As BAKAN (Ref. 19) said, "The individual gets sick from immanent forces which can be triggered by threat and which run automatically outside the domain of conscious control." SELYE (Ref. 20) put it more dramatically: "Persons can talk or worry themselves into crippling arthritis."

We can assume that the African is less subject to cortical dominance; hence his sympathetic system is more able to "act to modify and adjust conditions in the body so as to preserve and maintain constancy and stability.. the homeostasis of the body" (Ref. 22).

Because he does not think scientifically, he responds more immediately and excessively to threats. So, in order to "understand" his own self-injurious mechanism, he attributes all his sickness to the working of malevolent spirits, a postulate comparable to that of demons, satan, or the devil in other religious systems.

Para-psychology

We have mentioned such phenomena as presence at distance, clairvoyance, and telepathic thought-transferences. These have been reported by observers, but not under well-attested or controlled conditions. We know, however, that the Society of Psychic Research since 1882 has published in its Proceedings a large number of occurrences connected with supposed or real supernormal faculties of man. It is possible that in the telepathic case, an individual having a particular endowment, the sender subconscious (or subliminal) mind "reaches" out to the receiver unconscious, mainly as visually perceived images. The experiments in Extra Sensory Perception (ESP) with cards, which lend themselves to statistical computation, attest successes exceeding the chance probability.

If we admit the possibility of thought-transfer, many of the cases cited earlier can be explained by hypnosis, an attested means by which the state of consciousness of the self and others can be altered. This method has been used since ancient times by Persian magi, the Indian yogis, and Ural-Altaic shaman. It was reported that an observer, standing among many people, actually witnessed, with others in the group, a yogi climbing on a suspended rope, while his moving picture camera recorded the rope lying on the ground.

There are different hypnotic processes. One is that the medicine man can induce self-hypnosis by altering his state of mind and voluntarily paralyzing his muscles or causing tonic contraction. Hence for the observer he may appear to be asleep, in a trance, or dead – as noted in our examples in Gabon. The second and more important function is that the medicine man can induce a post-hypnotic state when suggestions are made during hypnosis which afterwards the subject carries out without being aware that he is doing so. The African within his frame of reference may attribute his act to a spirit which entered into him and took over the command. Of course such a hypnotic suggestion may also influence the testimony of the witness.

Conclusions

This essay studies first the African's various approaches to the cause of sickness, his methods of avoiding, diagnosing and curing it, and second, to discuss (under "psychological motivations") the reasons why for the majority of the Africans their traditional methods of healing are effective.

One of the basic African concepts is the belief in the existence of immaterial spirits and to make them "real" he personalizes them. The cause of sickness is attributed to the malevolence of one of the spirits, including the act of casting spells (curse) and witchcraft – and all of them belong into the category of transfer of thought.

The person who is qualified in healing is called by different professional names: medicine-man, herbalist, diviner, traditional practitioner (native doctor), priest, magician, but basically they all function as healers. Sometimes (like in the Yorubaland) the professions are separated, but most often they are combined in one person. If the professional is a herbalist, he works with an extended knowledge of the nature of plants, herbs and the secret receipt of combining them into salves, ointments or drugs to be taken internally – but each time pronouncing an appropriate incantation. Both the herbalist and the diviner must undergo many years of study and training. The diviner has an extended role as he also considers by intuitive insight what we call psychosomatic causes of sickness. He diagnoses the ailment, prescribes methods of healing, but he also works as exorcist and is able to forecast the future etc. etc.

Various implements (especially used by the Yoruba diviner, known as Babawalo) have an important role so as to impress the client with the elaboration undertaken in the ritual of Ifa divination. Other implements of magical potency are amulets or talismans which aim at protection or prevention of illness . . .

Carved statuary is used all over Africa and their role is based upon the belief that the statue (for that matter also the mask and all amulets) incarnate a spirit whose goodwill is to be gained so that the sickness be removed, or assurance for a successful life obtained. On essential level the function of these magical statues is based upon the mental mechanism of projection of a wish based in what Freud called the "omnipotence of thought". A wish that there *is* (and not should be) a spirit, second, that the spirit *will* help (that hope cannot fail) if appropriate rituals are performed. Thirdly such a faith works with auto-suggestive power producing what Maslow called "self-fulfilling prophecy". The rituals are accompanied by offerings and sacrifices (working as payments or we may say "bribes") to pacify the malevolent spirit and submit it to man's control.

The African medicine man is effective for various reasons: 1. He gives assurance and security to his patients who are conditioned to respect long established traditions and who have faith in the methods his forefathers used. 2. Many herbs and plants have tested medical values. 3. When we speak of spell or witchcraft we speak of a mental attitude which in fact can cause sickness of psychosomatic origin, not only among the African but also for modern man. Hence the magical procedures are most effective in creating a counter-mental attitude or removing a state of mind with its self-defeating (auto-punitive) syndrome. 4. Those observations which would fit into para-psychology have not been made under well-attested and controlled conditions and we can also assume that the testimony of the witness might have been under post-hypnotic suggestion. Hypnosis, although not consciously practiced, is often the link between patient and healer and also the reason for the success of the treatment.

Although the African's way of life and his attitude towards sickness may appear to be irrational, we know the Western man also often acts irrationally, in both cases acting under unconscious compulsions. For the African his relationship to forces emanating from nature and man is part of a well organized communal, coherent world resulting in a harmonious way of life. He gives up freedom of thought but he gains security. Western man under the illusion of solving his existential

Although the African's way of life and his attitude towards sickness mented from his society and is in an agonizing crisis of meaning.

Post Scriptum

If we consider that ultimately man's purpose is to achieve a meaningful life and concentrate upon what is essentially true for his own being, we can contrast the African's existential resolutions, before Western influence began to erode his traditional outlook on life, with that of Western man.

The West of the twentieth century has witnessed the fragmentation and alienation of the individual from himself and his society, as compared with the African's communal life and his strong social belonging based upon shared religious beliefs. In our society, the most widespread sicknesses are due to constant stress upon our physical and psychic endurance, in contrast to the African who achieves a harmonious way of life. In the Western world we have the principle of equality before the law and a comparative freedom of expression, but this freedom imposes upon man decisions which he is unable to cope with. As Sartre said, "We are condemned to be free.» The African gives up this freedom by being a conserva-

tive, traditional member of his group, but he gains security, acceptance, and a strong identity, not as an individual, but as a member of his society. In the Western world the premium is the result: the least amount of work the greatest efficiency for reaching the goal. The African engages his whole being in the process of life, and the result is only achieved because of his commitment to the action.

We say that belief in the incarnation of the spirit in a carving is an absurd superstition. For the African it is a living reality which helps him to cope with his own unconscious forces by projecting them into the container of his wish, the statuary or mask, a means by which he can find a resolution in his existence.

References

1. SMITH, EDWIN M. (1950). *African Ideas of God*. – London.
2. TEMPELS, PLACIDE (1951). *La Philosophie Bantoue*. – Paris.
3. LAVIGOTTE, HENRI (1947). *L'Evur. Croyance des Pahouins du Gabon*. – Paris.
4. GREBERT, F. (1948). *Au Gabon*. – Paris.
5. MASPÉRO, G. (1894). *The Dawn of Civilization, Egypt and Chaldea*. – London.
6. GARNIER, CHRISTINE & FRALON, J. (1951). *Le Fétichisme en Afrique Noire*. – Paris.
7. KERHARO, J. & BOUQUET, A. (1950). *Sorciers, Féticheurs et Guérisseurs de la Côte d'Ivoire, Haute Volta*. – Paris.
8. MAES, J. (1935). *Fetischen of Tooverbeelden uit Kongo*. – Tervueren.
9. SEGY, L. (1953). *African Names and Sculpture*. – *Acta trop.* 10, 289–309.
10. SEGY, L. (1953). *Initiation Ceremony and African Sculpture*. – *American Imago (South Denis, Mass.)* 10, Nr. 1.
11. FEUILLOLET, B. P. (1934). *Magic and Initiation among the Peoples of Ubnaghi-Shari*. In: *Negro an Anthology*, edited by Nancy Cunard. – London.
12. SEGY, L. (1963). *The Ashanti Akua'ba Statues as Archetype, and the Egyptian Ankh. A theory of morphological assumptions*. – *Anthropos* 58, 839–867.
13. SEGY, L. (1972). *The Mossi Doll. An Archetypal Fertility Figure. A morphological-phenomenological investigation*. – *Tribus, Veröffentlichungen des Linden-Museum (Stuttgart)*, Nr. 21, 35–68.
14. HOTTOT, R. (1956). *Teke Fetishes*. – *J. roy. anthropological Institute, London* 86, 25–36.
15. SEGY, L. (1970). *The Yoruba Ibeji Statue*. – *Acta trop.* 27, 97–145.
16. TORDAY, E. & JOYCE, T. A. (1910). *Notes ethnographiques sur les peuples communément appelés Bakuba, ainsi que sur les peuples apparents, les Bushongo*. – Bruxelles.
17. LEORHARD, A. G. (1906). *The Lower Niger and Its Tribes*. – London.
18. THOMPSON, R. F. (1971). *Black Gods and Kings*. – Los Angeles.
19. BAKAN, DAVID (1968). *Disease, Pain and Sacrifice*. – Chicago.
20. SELYE, HANS (1956). *The Stress of Life*. – New York.
21. LAFORGUE, R. (1950). *Psychopathologie de l'Echec*. – Paris.
22. CANNON, WALTER B. (1932). *The Wisdom of the Body*. – New York.
23. MACLEAN, CATHERINE M. U. (1969). *Traditional Healers and Their Female Clients: An Aspect of Nigerian Sickness Behavior*. – *J. Health Behavior* 10, 172–185.

24. MACLEAN, CATHERINE M. U. (1966). Hospitals or Healers? An Attitude Survey in Ibadan. – *Human Organisation* 25, 131–139.
25. OTTO, RUDOLF (1958). *The Idea of the Holy*. – New York.
26. ELIADE, MIRCEA (1959). *The Sacred and the Profane*. – New York.
27. PRINCE, RAYMOND (1961). The Yoruba Image of the Witch. *J. mental Sci.* 107, 795–805.
28. PRINCE, RAYMOND. Some Notes on the Yoruba Native Doctors and Their Management of Mental Illness. – Montreal, Canada: The Mental Hygiene Institute.
29. MASLOW, ABRAHAM H. (1962). *Toward a Psychology of Being*. – New York.
30. MACLEAN, C. M. U. (1974). *Magical Medicine. A Nigerian Case-Study*. – London.

Zusammenfassung

Diese Studie beschreibt in ihrem ersten Teil, wie sich die Afrikaner mit dem Problem der Krankheiten auseinandersetzen und mit welchen Methoden sie dieselben zu vermeiden, zu diagnostizieren und zu heilen versuchen. Im zweiten Teil wird die «psychologische Motivierung» diskutiert, warum nämlich für die Mehrzahl der Afrikaner die von ihnen verwendeten Heilmethoden erfolgreich sind.

Tief verankert ist der Glaube, daß Krankheitsursachen auf übelwollende unsichtbare Geister zurückzuführen sind, die durch materielle Personifizierungen erkennbar gemacht werden und deren böser Zauber sich in der Regel auf dem Wege der Gedankenübertragung auswirkt.

Die zur Heilkunst befähigten Professionellen werden verschieden bezeichnet: als Medizinmänner, Kräuterkundige, Wahrsager, Diagnostiker, Buschärzte, Priester, Zauberer. Sie alle funktionieren als Heilpraktiker. Zuweilen, z. B. im Yorubaland, können sich solche Funktionen auf verschiedene Spezialisten verteilen, meist aber werden sie von ein und derselben Person ausgeübt. Der Kräuterkundige verfügt über ausgedehnte Kenntnisse von Natur und Wirkungsweise verschiedenster Pflanzen sowie über Geheimrezepte, nach denen er sie zu Salben oder inneren Heilmitteln verarbeitet, wobei aber die Applikationen von entsprechenden Zauberformeln begleitet werden müssen. Alle diese Heilkünstler sind gehalten, sich in jahrelangen Studien und Übungen auf ihren Beruf vorzubereiten. Der Diagnostiker zeichnet sich zudem noch dadurch aus, daß er befähigt sein muß, auch die psychosomatischen Ursachen einer Krankheit intuitiv zu erfassen. Er erkennt das Leiden, schreibt die geeignete Heilmethode vor, versteht es aber auch, den bösen Geist zu beschwören, die Zukunft vorauszusagen usw.

Verschiedene Zaubergeräte (speziell bei den Yoruba-Wahrsagern unter dem Namen Babawalo bekannt) haben die wichtige Aufgabe, den Kunden beim Vollzug der rituellen Ifa-Wahrsagerei zusätzlich zu beeindrucken. Zaubergegenstände anderer Art sind z. B. Amulette oder Talismane als Schutz gegen Krankheit.

In vielen Teilen Afrikas sind nun geschnitzte magische Gegenstände im Gebrauch, und es wird geglaubt, daß die betreffende Statuette (oder auch die Maske oder das Amulett) den Geist verkörpert, den man dazu gewinnen muß, daß er die Krankheit behebt oder im Leben Erfolg bringt. Die Funktion dieser Statuetten basiert auf der Emanation eines geistig konzipierten Wunsches, also etwa auf der «Allmacht des Gedankens» nach Freud. Ein Wunsch, daß in der Tat ein Geist im Spiel ist und, daß die untrügliche Hoffnung besteht, daß dieser Geist helfen kann, wenn das geeignete Ritual zur Anwendung kommt. Die Wirkung dieses Glaubens ist auto-suggestiv im Sinne einer «sich selbst erfüllender Prophezeiung» nach MASLOW. Die Riten werden von Gaben und Opfern begleitet, die

im Sinne einer Vergütung oder gar Bestechung, den bösen Geist besänftigen und dem menschlichen Willen gefügig machen sollen.

Ansehen und Bedeutung des afrikanischen Medizinmannes beruhen auf folgenden Erfahrungstatsachen:

1. Er vermittelt seinen Patienten Vertrauen und Sicherheit, insofern sie alt-hergebrachten Traditionen treu geblieben sind und noch den Glauben besitzen an die Gültigkeit der Methoden ihrer Vorväter. 2. Für viele Kräuter und Pflanzen ist die medizinische Wirksamkeit durch Erfahrung erwiesen. 3. Wenn man von bösem Zauber oder Hexerei spricht, so versteht man darunter eine geistige Ausstrahlung, welche tatsächlich Krankheiten psychosomatischen Ursprungs erzeugen kann, nicht nur beim traditionellen Afrikaner, sondern auch beim modernen Menschen. Daraus ergibt sich andererseits, daß Zauberhandlungen die Wirkung haben können, heilsame Gegenreaktionen zu erzeugen, selbst-zerstörende (selbst-straftende) Geisteshaltung bzw. das Syndrom aufzuheben. 4. Diese Bemerkungen para-psychologischer Natur entbehren allerdings sicherer Grundlagen, und man könnte vermuten, daß sie auf Aussagen von Zeugen beruhen, die sich unter post-hypnotischer Suggestion befanden. Denn wenn auch Hypnose nicht wissentlich praktiziert wird, so spielt sie doch offenbar eine wichtige Rolle in der Beziehung zwischen Patient und Heilkünstler und begünstigt den Erfolg der Behandlung.

Wenn somit das Verhalten des Afrikaners und seine Einstellung gegenüber Krankheit irrational erscheinen mögen, so wissen wir doch, daß auch der westliche Mensch vernunftwidrige Reaktionen zeigt, wobei dies wohl überall unter unbewußtem Zwange erfolgt. Für den Afrikaner sind diese besonderen Kräfteausstrahlungen von Natur und Mensch Teil eines wohlgeordneten harmonischen Gemeinschaftsleben. Es verlangt von ihm Preisgabe seiner Gedankenfreiheit, verleiht ihm dafür Sicherheit. Demgegenüber lebt der westliche Mensch unter der Illusion, seine Existenzprobleme mit Vernunft lösen zu können, wobei er «zur Freiheit verdammt» (Sartre) ist, von seiner Gesellschaft zerrissen und in eine zermürbende Meinungskrise gestützt wird.

Résumé

Dans cet article, l'auteur étudie premièrement les différentes conceptions de la maladie par l'africain, ses méthodes pour l'éviter, la diagnostiquer et la traiter, et deuxièmement il discute (sous l'aspect des motivations psychologiques) les raisons qui font que pour la majorité des africains leurs méthodes traditionnelles de soins apparaissent efficaces.

Un des concepts de base de l'africain est sa croyance en l'existence d'esprits immatériels, et son besoin de les personnaliser pour les rendre «réels». La cause de la maladie est attribuée à la malveillance d'un de ces esprits, y compris l'acte d'enchantement et de sorcellerie; quelque soit l'esprit en cause il s'agit toujours de transfert de pensée.

La personne qualifiée pour donner des soins est appelée par différents noms: homme-médecine, herboriste, devin, médecin traditionnel, prêtre, magicien, mais tous ont toujours les mêmes fonctions de guérisseurs. Quelques fois (comme en Pays Yoruba) les professions sont séparées mais le plus souvent elles sont cumulées par une même personne. S'il s'agit d'un herboriste son travail repose sur une connaissance étendue de la nature des plantes et des herbes et sur le secret de leur combinaison et de leur préparation sous forme d'un produit pouvant être administré par voie interne; à chaque fois cette préparation doit être accompagnée d'une incantation appropriée. L'herboriste et le devin doivent recevoir une formation de plusieurs années. Le devin a un rôle plus étendu car il prend

aussi en considération, par des signes intuitifs, ce que nous appelons les causes psychosomatiques de la maladie. Il diagnostique la souffrance, prescrit des méthodes de soins, mais il travaille aussi comme exorciste et est capable de prévoir le futur etc...

Des accessoires variés (spécialement ceux utilisés par les devins Yoruba, connu comme Babawalo) jouent un rôle important pour impressionner le client durant l'élaboration du rituel de divination Ifa. D'autres accessoires à potentiel magique sont les amulettes et les talismans qui ont pour but de protéger contre la maladie et de la prévenir.

Les statues sculptées sont utilisées dans toute l'Afrique et leur rôle est basé sur la croyance qu'elles (et dans ce cas aussi le masque et toutes les amulettes) incarnent un esprit dont on veut gagner les faveurs pour éliminer la maladie, ou une assurance pour obtenir une vie heureuse. La fonction essentielle de ces statues magiques est basée sur le mécanisme mental de projection d'un souhait correspondant à ce que Freud appelle «l'omnipotence de la pensée»; souhait qu'il y a un esprit et que cet esprit pourra aider si des rites appropriés sont exécutés. Une telle croyance reposant sur un pouvoir d'autosuggestion produit ce que MASLOW appelle «prophétie auto-persuasive». Les rituels sont accompagnés d'offrandes et de sacrifices (tenant lieu de rétribution) pour apaiser l'esprit malveillant et le soumettre au contrôle de l'homme.

L'homme-médecine africain est efficace pour plusieurs raisons:

1^o Il confère l'assurance et la sécurité aux patients qui sont conditionnés par leur respect des traditions, et qui croient aux méthodes utilisées par leurs ancêtres.

2^o Beaucoup d'herbes et de plantes ont une valeur médicale reconnue.

3^o Quand nous parlons d'enchantement ou de sorcellerie nous parlons d'une attitude mentale qui en fait peut provoquer des troubles psychosomatiques non seulement parmi les africains mais aussi chez l'homme moderne. Cependant, les procédés magiques sont plus efficaces en créant une attitude contre-mentale ou en éliminant un état d'esprit correspondant à un syndrome d'auto-punition.

4^o Ces observations qui entrent dans le cadre de la para-psychologie n'ont pas été réalisées dans des conditions parfaites et l'on peut aussi penser que les témoignages découlent d'une suggestion post-hypnotique. L'hypnose, même pratiquée de façon inconsciente, est souvent le lien entre le patient et le guérisseur, et aussi la base du succès de la thérapeutique.

Bien que le mode de vie de l'africain et son attitude vis-à-vis de la maladie puissent paraître irrationnels, nous savons que l'homme moderne agit souvent de façon irrationnelle, tous deux agissant sous l'effet d'impulsions inconscientes. Pour l'africain, ses relations avec les forces émanant de la nature ou de l'homme font partie d'une communauté bien organisée, le monde cohérent résultant d'un mode de vie harmonisée. Il gagne en sécurité ce qu'il perd en liberté de pensée. L'homme moderne, soumis à l'illusion de résoudre ses problèmes d'existence par le seul raisonnement, est «condamné à être libre» (Sartre), il vit divisé dans sa société et dans une agonisante crise de réflexion.