WITCHCRAFT AND DEPRESSION – A STUDY INTO THE PSYCHOPATHOLOGICAL FEATURES OF ALLEGED WITCHES

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SUMMARY
This work sought to find out the kinds of psychiatric illnesses found in alleged witches at some traditional healing centers. One hundred and ninety-four visitors to three traditional shrines in Ghana were interviewed, examined and diagnosed using ICD-10 and standard methods of history taking. Seventeen of them claimed to be witches, all females between 11 and 45 years of age. All the 17 were found to have depressive illness. They had based their confession of witchcraft on inference from physical and somatic complaints, nightmarish dreams and inexplicable mishaps in their family. The significance of the witchcraft belief and the social functions it serves are discussed. It is recommended that there must be psychiatric evaluation of the inmates of witch-villages in the country so that these people, who are poor victims of societal (mis)perceptions, will have the opportunity of psychiatric care to free them of the modern day exile and bondage disguised as witch villages.

Keyword: Witchcraft, depression, delusions of guilt

INTRODUCTION
Descriptions of witches easily fit depressive illness. Imagine this: an elderly barren miserable looking old woman has sleepless nights and burning sensations all over her body. She has frightening dreams of being chased by an unknown man and she wakes up one day to claim she is a witch who has caused her own barrenness. That is a typical description of a ‘witch’. There are ‘witch-villages’ in the northern parts of Ghana, notably Gambaga and Gnani, where suspected ‘witches’ or people who have confessed to being ‘witches’ are incarcerated. While the existence of the craft cannot be proved, the belief is widespread and it exercises its effects in the minds and behaviours of believers.

Witchcraft belief is pervasive in Africa. In Zambia there was a government legislation to ban its practice. The belief affects the practice of psychiatry by influencing our illness behaviour and affecting the manifestation of psychiatric illness. Many people have found themselves at spiritualist homes and traditional shrines accused of witchcraft or having confessed to being witches. When these people are eventually brought to the hospital, they are found to be depressed. In a few cases relatives have insisted on the discharge of patients who clearly have depressive illness and the reason for the discharge is that they are ‘witches’. Many people are seen in the community with mental illness who need to be treated but are refused care on the grounds that they are witches.

There are many reviews on witchcraft and its various definitions. In Ghana, witchcraft is the belief that at night the spirit of an individual leaves the body, transforms itself into some creature and goes to prey on the innocent soul of other people and inflicts disease or misfortune. A ‘witch’ may ‘confess’ to causing accidents, misery, poverty and even drunkenness in the victim. She may harm a loved one only to regret later, and one may also possess the craft without knowing it. All these features fit into the concept of depression with guilt feelings and this makes it important to really find out more about witchcraft and how ‘witches’, or the belief thereof, fits into recognized phenomenological category of psychopathology. Then people could be better educated to take the appropriate timely intervention rather than maltreat patients on grounds of witchcraft, mythical or real.

SUBJECTS AND METHODS
Three prominent shrines or traditional healing centers in the Ashanti Region of Ghana were visited during their consultation days in a period of one month. All attendants at these healing centers were interviewed and examined using standard methods of history taking and mental state examination. Their reasons for visiting the centers were also taken. One hundred and ninety four subjects were thus seen in the study. They were diagnosed using ICD-10. Those who claimed to be witches were further interviewed to clarify their concept of witchcraft and why they thought they were witches. Results of the study are given below.
RESULTS
A hundred and ninety-four patients were seen and examined at the three shrines. There were 87 (44.85%) males and 107 (55.15%) females (Table 1, Chart 1). Their ages ranged from 10 years to 86 years, mean age 39.95 years (SD 12.92). The commonest age group was the fourth decade (31-40) forming 79 or 40.72% of the total population. Seventeen patients (8.76%, n=194) claimed to have been 'caught' by the shrines confessing to 'witchcraft' - and all were females. All the 17 self-confessed 'witches' were confirmed as 'witches' by the traditional priests of the shrines. Three persons forming 1.55% claimed to have been caught by the shrines for other offences, these crimes being, respectively, that they had offended a neighbour, wished somebody evil or broken the shrine's covenant or rules. All these twenty cases were found to be depressed.

Table 1 Gender distribution of all patients interviewed

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>% (n=194)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>87</td>
<td>44.85</td>
</tr>
<tr>
<td>Female</td>
<td>107</td>
<td>55.15</td>
</tr>
<tr>
<td>Total</td>
<td>194</td>
<td>100</td>
</tr>
</tbody>
</table>

Chart 1 Gender distribution of all patients interviewed

The age distribution of the seventeen self-confessed 'witches', who were between 11 and 45 years, is shown in Table 2 and Chart 2. Reasons assigned by the subjects for believing they were witches are given in Table 3. The commonest reasons were chronic malaïse and nightmarish dreams in which they were being chased.

Table 2 Age distribution of 'witches'

<table>
<thead>
<tr>
<th>Age</th>
<th>No of Persons</th>
<th>% (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11-20</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>21-30</td>
<td>2</td>
<td>11.8</td>
</tr>
<tr>
<td>31-40</td>
<td>7</td>
<td>41.2</td>
</tr>
<tr>
<td>41-50</td>
<td>6</td>
<td>35.2</td>
</tr>
<tr>
<td>51+</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Chart 2 Age distribution of 'witches'

Table 3 Evidence of witchcraft as stated by the patients

<table>
<thead>
<tr>
<th>Evidence (Symptom)</th>
<th>No. of People</th>
<th>% (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nightmarish dream of being chased by traditional priest</td>
<td>14</td>
<td>82.4</td>
</tr>
<tr>
<td>Chronic malaïse</td>
<td>14</td>
<td>82.4</td>
</tr>
<tr>
<td>Burning sensation over body</td>
<td>12</td>
<td>70.6</td>
</tr>
<tr>
<td>Flying in dreams</td>
<td>12</td>
<td>70.6</td>
</tr>
<tr>
<td>Persistent headaches</td>
<td>8</td>
<td>47.1</td>
</tr>
<tr>
<td>Flying on a horseback in dreams</td>
<td>4</td>
<td>23.6</td>
</tr>
<tr>
<td>Generalised swelling (renal failure with anaësara and congestive cardiac failure)</td>
<td>2</td>
<td>11.7</td>
</tr>
<tr>
<td>Urinary incontinence (VVF)</td>
<td>1</td>
<td>5.9</td>
</tr>
</tbody>
</table>

*One person could have more than one symptom.
DISCUSSION

Seventeen cases out of the 194 attendants to the shrines that were interviewed and examined, claimed to be witches. The traditional healers had confirmed their claim. These patients were all females who were mostly above forty years of age. The traditional concept of a witch is typically a woman. All these cases were suffering from depressive illness as diagnosed using the ICD-10. Depression occurs more commonly in women. Of the 17, three were cases of depressive illness reactive to physical illness - renal failure leading to anarsasa, congestive cardiac failure leading to pedal oedema and ascites, the third was vesico-vaginal fistula giving rise to incontinence of urine.

These women believed they were witches because they woke up one day with generalized swelling of the body or nightmares or they had seen themselves flying in their dreams, particularly on a horseback or seen themselves in the dream being chased by the traditional priests. (This investigator is yet to find the psychodynamic archetypical significance of the horse in witchcraft psychopathology). Yet others felt they were witches because they had malaise or worsrime physical conditions like persistent headaches, urinary incontinence or burning sensation over the body. The logic seems to be that ‘If I were not a witch why do I have these complaints and why was I being chased in the dream?’ As part of the witchcraft belief the women admitted to some guilt, mostly of being the cause of some deaths or misfortune in the family. In phenomenology this is delusion of guilt. All the women looked sad and had the features of clinical depression.

There were three women who believed they had also been caught by the shrines and yet did not think they were witches. Thus it is not the mere feeling of being caught that makes one confess to witchcraft. The priests also do not always agree to a patient’s claim. It seems the confession of, or admission to, witchcraft is borne out of a feeling based on inference rather than a certain amount of awareness. Witchcraft belief actually seems to be an ‘admission’ of a circumscribed guilt of the order of guilt delusions of depressive illness. Such a person invariably has a lot of predisposing factors: may be childless, poor, dejected, socially disadvantaged in some way, has experienced some unfortunate life events like deaths in the family, etc. Such a person may have willingly submitted herself to the protection of the shrine even as Field says people patronize the shrines in search for security.7 For such a person any inexplicable situation like illness, somatic complaint or nightmare is then explained by witchcraft.

Field’s findings at some shrines in Ghana in the fifties corroborate our findings. She saw a lot of cases of depression at the shrines who were accused of witchcraft and some self-confessed witches actually improved when treated. She then concluded that if depression was eliminated witchcraft belief might disappear.7

As many as 82.4% of our ‘witches’ reported of physical ailments as basis of their confession. Witchcraft belief is thought to serve such a social function, as an explanation for misfortunes, like illness, death, poverty, infertility, as an explanation for diseases or as a cause of presenting symptomatology. Another 82.4% based their confession on their dreams, and witchcraft belief has also been postulated as serving for dream interpretation.6

Neki et al6 think witchcraft belief also serves as ego defence mechanism just as the defense mechanism of Freudian psychology. They argue that supposed witches do not have any guilt feelings as the belief itself is a coping mechanism allowing one to escape any responsibility or blame. This investigator, however, thinks the exact opposite is the case as it could be the guilt feelings that make them confess to witchcraft. In that state they confess to various crimes including being the cause of death of their dear ones.

Witchcraft belief does not exclude natural causes but only seeks to go beyond them to find supernatural factors.6 Science explains ‘how’ things happen and supernatural factors seek to explain ‘why’ things happen hence the two belief systems - scientific cause and witchcraft belief – can co-exist in the traditional view. Belief in witchcraft seems unrelated to one’s educational background or his social sophistication.11 The belief is so pervasive in Ghana and in Africa that it has become an internalized structure taken for granted. Yet it resurfaces prominently into cognitive reality during stress and sickness. In psychiatric illness it features very well in psychodynamics and the psychopathology of disorders.

Our statistic of seventeen cases may have been too small and therefore did not capture other psychiatric illness under the witchcraft belief. Balchin says of witchcraft in Britain that ‘the accused were usually poor and ignorant people who shared the general belief in the reality of witchcraft. Often the evidence suggests that they were feebleminded or
otherwise mentally abnormal\textsuperscript{12}. We propose to, in future, use a bigger statistic for a more complete profile of psychiatric illnesses.

Our findings indicated that all seventeen people who claimed to be witches were depressed. A question this work has not answered is, did they claim to be witches as part of their depression or they got depressed because they were ‘witches’ or accused of witchcraft? In other words is witchcraft belief psychopathogenic (causing depression) or pathoplastic (shaping depression, i.e. depression causes the claim and that the claim is only a symptom of the underlying depression)? Though, from our interview, one could infer that the symptoms preceded their claim of witchcraft, it is equally possible that they were ‘witches’ and the craft manifested as, or caused, the depression after which they confessed to the possession of the craft. Put differently, it is possible that depression is a symptom of witchcraft and not witchcraft belief a symptom of depression (just as fever is a symptom of malaria and not the other way round).

Neki et al\textsuperscript{9} see witchcraft belief as pathoplastic and hence as a symptom of illness with delusions of guilt, the guilt here being the witchery and all the crime that goes with witchery. But these authors caution that one has to distinguish between the delusional witchcraft ideation which is pathological, and the non-delusional (or subcultural delusional) witchcraft ideation. This latter ideation, they say, is non-pathological and has little or no accompanying symptomatology.

Again this work does not seek to answer the question whether witchcraft is real or a myth. Many authors believe it is a myth\textsuperscript{7} with two models designed to explain witchcraft belief: the cognitive and the strain gauge models. In the cognitive model postulated by Evans-Pritchard\textsuperscript{3} witchcraft is itself a world-view as an explanation to mishap. In the social strain gauge model postulated by Marwick\textsuperscript{13} witchcraft belief is only a manifestation of strain and conflict in the society.

Transpersonal psychology and parapsychology, however, caution us against brushing aside mysteries with a mere wave of the hand just because it eludes our understanding. Possession states, meditative and ecstatic states, near-death experience and other religious experiences are all now gaining the recognition as transpersonal\textsuperscript{14} states of altered consciousness\textsuperscript{15,16,17,18}. Research continues in this area\textsuperscript{19}. In this regard there have been criticisms against assigning phenomenological categories to these states with their overly negative connotations of psychopathology\textsuperscript{20}. Witchcraft may, therefore, similarly be a transpersonal phenomenon worthy of investigation. We sometimes wonder whether confessed ‘witches’ will not consider it derogatory to tag them ‘mad’ rather than ‘witches’ as the latter seems to be ‘culturally correct’. For sure ‘witches’, if they are real, will agree with Thomas Szasz in repudiating psychopathological categories as merely pejorative\textsuperscript{21}.

**CONCLUSION**

Among the 194 people who visited three traditional shrines in Ghana, Seventeen females claimed to be witches and were found to have depressive illness with guilt feelings. There was no other psychiatric illness among these ‘witches’ but this could be due to the small statistic of seventeen obtained. From this study people who claim to be witches have depression which should be treated but we do not necessarily conclude that depression explains witchcraft claim. More studies need to be done to find other psychiatric illnesses in supposed witches. Transpersonal psychology is also needed in this area to establish on solid scientific grounds whether or not witchcraft has a real existence beyond a mere belief.

**REFERENCES**


