The Inner Reality of the Black Man and his Criminal Responsibility

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SUMMARY

Psychiatrists and psychologists are often requested by the legal fraternity to report on the mental state of Black people accused of an alleged crime. The question raised in this paper is whether personnel trained in the Western tradition, applying Western categories of mental states, are able to overcome their ethnocentricity. When the interviewer and the person interviewed are from widely different cultural groups, the former should make every effort to enter the inner world of the latter.


This paper is concerned with the question whether medical personnel, i.e. social scientists, know enough about and understand enough of the inner reality of the Black people to understand their day-to-day behaviour, and particularly, to assess their criminal responsibility in all cases of criminal or antisocial behaviour. The focus is on those that are referred by the courts to psychiatrists and related disciplines for an assessment of their mental state.

My thinking, however, is applicable to any accused whose related disciplines for an assessment of their mental state.

This is no effort to discredit Western scientific knowledge and work which have been built up painstakingly over many generations and have been used with compassion and dedication, but to ask if our basic approach to the study of man does not exclude certain possibilities of expanding the total grasp of the human situation, especially when it concerns cultural groups so different from ours. Research evidence is accumulating which indicates that our training in the Western tradition has not equipped us with the ability to transcend our ethnocentricity and hence enable us to enter the world of other cultural groups.

Our objectivity and rationality are, at times, bars to the understanding of intuitive prelogical processes. These are processes which man employs to communicate thoughts and feelings that lie too deep within himself to be given logical formulation in rational language. Language is to a large extent built up unconsciously from the inner reality and cultural habits of a group. It has been stated that no two languages are sufficiently similar to be considered as representing the same social reality. It is also a common finding that the very essence of an experience or concept can be destroyed by too-enthusiastic efforts at putting it into logical, scientific language.

CULTURE AND PSYCHIATRY

The importance of culture and ethnicity is no longer a matter for debate, but very little has been done to put this knowledge to practical use.

Favazz and Osman write: 'the study of culture has not yet been established as a cornerstone of psychiatry ... cultural dimensions must be added to basic psychiatric concepts, as has been the case with biology, psychology and sociology'. Cultural insights must be applied to enrich psychiatric practice and to develop fuller understanding of the human situation.

Kiev, writing about the misuse of the concepts of psychiatry, states: 'there has been an inclination to use psychopathological labels to describe what are characteristically normal behaviour patterns for certain societies'.

This leads to errors in diagnosis, treatment and statistics. It also gives a false picture of a whole community, misdiagnosis and wrong attitudes on the part of the care-taking personnel, and thus impaired communication. In addition it causes untold suffering to the patient.

MOTIVATION AND BEHAVIOUR

Motivation is generally one of the basic questions in psychiatry. In medicolegal work, particularly in the context of this discussion, a very important question is: 'What motivates behaviour in the Black person in southern Africa?'

It is generally accepted by depth psychologists that the roots of behaviour are largely unconscious. There are often influenced and shaped by environmental factors, including socio-economic ones, of which culture and ethnicity are vitally important in terms of this paper.

During emotional or crisis situations these unconscious roots or layers are activated. Pauw, writing about beliefs that motivate behaviour, states: 'An exploration of the reactions of Xhosa-speaking Christians to misfortune or other forms of crisis indicated the importance of the Xhosa ancestor cult and witchcraft beliefs beside the more obvious beliefs conforming to a Christian tradition ...'. During any period of stress the individual and group all over the world respond with unconscious emotional and instinctual modes. The laboriously acquired control, reasoning and logic are lost. One behaves unreasonably as far as the outside observer is concerned. In the case of Black people their traditional beliefs determine behaviour to a large extent. These must therefore be known.

ANCESTORS AND MAGIC

To assess mentality, health or ill-health, behaviour and therefore criminal responsibility, one should have know-
ledge and a meaningful understanding of the individual's traditional beliefs, values and attitudes about the nature of his reality, i.e. his world view.

These can very briefly be summarized under the concepts of belief in the role of the ancestors and that of witchcraft. For these, no proof of external objective reality exists. There is a blurring of the concrete reality of the external world and the elusive reality of the inner world. The ancestors with their needs and behaviour in the role of protectors and advisers are, however, as real to Black individuals as the living and they are more influential and powerful than the latter.

Their inner world is populated by magico-religious, images and forces, much like that of young children. In this world reason plays a marginal role and non-rational forces are paramount. The individual subjectively and largely passively participates in it and experiences the power of these forces. The ego has little autonomy in this situation, is not given to reflection, and is subjected to the power of primary complexes which are autonomous. These complexes are not subject to conscious control, and cannot be inhibited or voluntarily reproduced. These autonomous complexes consisting of primary images are in the first instance neither good nor bad and can be creative or destructive. Like the medicines in the hands of the igqira (indigenous healer) or the witch, these can work either good or evil. It seems that what are called 'ancestors' — and these are protean and can take many forms and shapes — are what Jung calls 'primary complexes' or 'archetypal images'.

The inner world of the young child and that of the Black man should not be equated, however, in spite of similarities. The interpretation given to and the understanding and manipulation of these archetypal images and experiences are highly complex and sophisticated in the case of the Black man. It is the primary function of the igqira, with his training and special knowledge, to know the meaning of these manifestations and to explain them to those seeking his help.

The omnipotence and omnipresence of the ancestors are so fundamental to the cosmology of Black people that failure to enter this spiritual world in an intuitive and empathic way will detract from understanding the reality of their inner world and, therefore, understanding of their psychodynamics, their behaviour and their mental state.

The ancestors communicate with the living mostly but not exclusively through dreams. Life without dreams as messages from the ancestors to act as support and directives is unthinkable. A wide variety of cultural activities are influenced by dreams, among others murders, wars, choosing careers, changing places of abode, and discovering charms and cures. Some behaviour that is inexplicable to us also stems from dreams, e.g. sudden disappearance from work, changes of abode, cessation of meaningful communication, secretiveness, apparently unreasonable hostility and suspiciousness. Ancestors are protectors because they advise and give timely warning of impending disasters, and they also function as a protective barrier against witchcraft.

Western people have difficulty comprehending the degree to which reality was and still is associated with dream experiences by the people of Africa. For them dream and life are inextricably fused — a dream is a fragment of life. It largely dictates the course of life, because a reality value has been ascribed to it equal to that of external reality.

In a somewhat similar way inanimate objects, medicines, charms and rituals are vested with power for good or evil. Witchcraft medicine can be used to protect or harm people. Amagqira (indigenous healers) use herbal and other medicines to heal, witches (abathakathi) to harm. Medicines and charms to ensure job security, to win sporting events, as protection against police raids, for the favourable outcome of court cases are much sought after. Medicines have power (amandla) which can be transferred to the person using them.

These beliefs carry near-absolute conviction. This is to some extent related to ego structure and the relationship between the ego and the unconscious or non-ego. Similar psychodynamic situations are well known in early stages of ego development in childhood and also during depth analysis and during certain phases of mental illnesses. The ego boundaries are then less structured and rigid and permit a natural cosmic relatedness which is lost in later stages of development or the reintegration of the ego. There are probably also other factors to account for the differences in ego structure and functioning between the rationally orientated Westerner and the mystically orientated man of Africa.

**CRIMINAL RESPONSIBILITY**

To assess criminal responsibility it is necessary to turn to the 1967 Rumpff Commission, the findings of which broadened the basic McNaghten principle in the light of present-day psychiatric ideas. 'Irresistible impulse' was altered to the test criterion whether the accused was 'capable of acting in accordance with an appreciation of the wrongfulness of his act'. The Criminal Procedures Act No. 51 of 1977 clearly defines the role and procedure of the examining and reporting professional personnel. They must assess and report to the court on the mental illness or the mental state of the accused in terms of the above definition.

In assessing Black accused a few considerations (in terms of the above definition) should therefore be kept in mind:

1. Language, even with the best interpreter, can be a barrier to understanding. There are phrases and concepts which are not translatable. Even if a literal translation can be given, much of the meaning can be lost. In highly symbolic languages, as most African languages are, there is an additional difficulty. The very nature of the symbol is such that a part of its meaning remains unconscious and inaccessible to the conscious mind.

2. The difficulty of Western man is to enter and share the inner world of the Black man where external reality and inner reality are not sharply separated. We are too ready to brush off deep-seated beliefs and call them superstition without trying to understand their origin and meaning.
Our diagnostic categories are culture bound and, according to Lambo and others, there are psychiatric disorders in the Black man in terms of personal and cultural variables which are ill-defined and remain resistant to Western forms of categorization. Lambo also found that it was not always possible to differentiate between normal primitive beliefs and paranoid delusions. Although delusions are rooted in culturally acceptable beliefs they are usually not identical with them. The diagnostic problem is that the two can run parallel with each other. To distinguish between the two, they must be recognized as normal or abnormal by most members of the cultural group. In my own research in the Ciskei, thiso, the senior igqira, said: ‘Madness is when we do not understand him any more’, i.e. when he expresses ideas which do not make sense in terms of their cosmology.

We must ask ourselves whether, in applying Western scientific methods to the study of prelogical, intuitive psychic manifestations, such as perceptions, dreams and borderline experiences, we are not perhaps using inappropriate tools.

Concepts of morality might also differ. I would like to give an example of differing ideas about ‘antisocial behaviour’. We would regard killing as against the best interests of society and therefore antisocial. When it comes to the killing of witches (abathakathi) many Black people hold different ideas. The one practising witchcraft is seen as the ‘antisocial’ and had one, and by destroying such a person a service is rendered to the community by ‘cleaning the land of evil’. It seems, however, that there must be consensus in the community that the accused is indeed a witch, and this might have to be confirmed by an igqira. The latter procedure is to exclude the possibility of a mentally ill person experiencing a particular person as a witch and acting accordingly. The roles of the community and the igqira are both relevant. In this connection it is worth while studying the evidence in court cases as compiled by Van den Heever. From these it becomes clear that witchcraft is punishable by death by burning in present-day traditional Black society. This conviction about the evil of the one practising witchcraft is so deep-rooted that in one case a chief and his wife accepted the findings of the bone-thrower and submitted to the punishment. In a still more incredible instance the bones pointed to the actual thrower of the bones as the guilty party, and he also submitted without protest to the punishment of being burnt to death by members of the community. We only dimly understand such events and should admit our inability to do so.

In all people, but especially in the Blacks, who are subjected to legal procedures different from their cultural practices, another fact must be considered. If the sensory input is too great or if it is too threatening to security, a form of altered perception is called into play. Psychological stress can then lead to ‘selective inattention’ and all the dangers inherent in such a situation, which is tantamount to lack of contact with reality. The aim of this spontaneous and unconscious physiological and psychological operation is mainly to protect the person against excessive and painful anxiety.

My concern is whether we know enough and are sensitive enough to other realities and other states of consciousness to do justice to realities, concepts and views which are different from ours, especially in situations of acute stress when regression to earlier modes of functioning is normal.

**DISCUSSION**

There is considerable evidence that individuals and communities perceive and conceptualize events and life in general differently. Jung described four such functions of the psyche: thinking, intuition, feeling and sensation. Most people tend mainly to use one of these functions and to neglect the others to a greater or lesser extent. It is, for example, difficult for the pronounced thinking type to really understand the intuitive or feeling type, and this can lead to endless misunderstandings and misjudgements.

Judging from the scientific literature it could well be that the African mode of perceiving reality is different from the Western. This is clearly the opinion of Senghor. Levy-Strauss and other anthropologists put it even more clearly, as quoted by van der Hooft. They assert that ‘primitive thinking’ is not without logic, but has a logic appropriate to the cosmology and way of life of the people. It can only cause confusion when ‘logical scientific thinking’ and ‘mythical thinking’ are put in opposition to each other. Both have validity and should be used in appropriate circumstances. If a crisis requires clear and logical thinking and the opposite function of feeling is used to cope with it the result is chaos, and vice versa. If a situation requires an intuitive and mythical approach and an exclusively intellectual and scientific approach is applied to it, the result is negative and destructive.

In assessing human motivation and hence the behaviour of people of a culture different from ours, it is necessary for us to listen to what their wise men have to say. In my research among the Ciskeians, Thiso, the senior igqira, said: ‘You ordain through your books, we through our blood. You treat people with your heads, we through our blood.’ This is, of course, only a partial truth as far as we are concerned, but it is the way they experience us and see themselves. Jung, writing about a discussion with a Pueblo Indian, records the following conversation about the differences and how they see the White people: ‘We do not understand them. We think they are mad.’ I asked him why he thought the whites were mad. ‘They say they think with their heads’ he replied. ‘Why, of course. What do you think with?’ I asked in surprise. ‘We think here’, he said, indicating his heart.

This difficulty about not understanding the inner reality of another cultural group is not confined to psychiatric and parapsychiatric personnel. Theologians are very aware of it. In *African Religions and Philosophy* John Mbiti (quoted by van der Hooft) endeavours to force the barred door of the African mind for the Westerner. According to A. M. Pienaar, a theologian, the only way which will enable us to enter the inner world of the other cultural group is for us fully to appreciate and integrate their symbols without losing ourselves and our foothold in
our culture (unpublished talk). We must become ‘n Mens van twee wêreld’ (a person of two worlds). This is extremely demanding and onerous and only a small number of people can achieve it. It is necessary to enter the world of the ancestors and to experience their power and influence. Their knowledge and wisdom are never questioned by the Black man, especially if he is still steeped in his own culture and customs. It is unthinkable not to obey when they communicate through dreams or in the case of the bone-thrower, through their bones. They know better than any of the living. This can, to some extent, throw light on the cases quoted by Van den Heever.

In assessing criminal responsibility and deciding whether the accused was ‘capable of acting in accordance with an appreciation of the wrongfulness of his act’, it should be kept in mind that the accused, like any individual from his ethnic group, cannot be separated from his ancestors. In respect of a certain aspect of my own behaviour I was told by an Igqira: ‘It is clear that you are not by yourself. You are under your ancestors.’ By this he implied that my sober intellectual function was subjected to the control of less conscious psychic factors.

The decision about guilty or not guilty is not the concern of the psychiatrist. Our role is to assess the mental functioning and mental state of the individual referred to us by the legal fraternity and to report back to them. We have to try to determine his present condition as well as his mental state at the time he committed the alleged crime. This consists of more than making a diagnosis about the presence or absence of mental illness in terms of the accepted Western categories.

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REFERENCES

NUUS EN KOMMENTAAR
THE ‘DUMB BLONDE SYNDROME’

Doctors are not very good at recognizing the fact that attractive young female patients of good social standing and verbally fluent may in fact be somewhat below par intellectually. Two Australian psychiatrists, Gold and Shaw (Med. J. Aust., 1980, 1, 653) have identified a ‘dumb blonde syndrome’ in a retrospective study of 16 female psychiatric patients who had received treatment over long periods of time, without much benefit. The patients had been treated for 1 year - 25 years with a wide range of minor and major tranquilizers, antidepressant drugs and other drugs for diagnoses which included anxiety, depression, personality disorder and schizophrenia. In fact, they all had IQs below normal, ranging from 69 - 98.

The authors are aware that the term ‘dumb blonde syndrome’ may be criticized as being male-chauvinistic pejorative, but it describes the picture of a typical patient, whose attractive attributes may bring her a degree of success in life she might not otherwise enjoy. Once the presence of this factor has been recognized, they have found that a directive, supportive approach and a realistic goal setting for patients and their families will be generally successful.

NEWS AND COMMENT
KLONIDIEN VIR MENOPENSALE GLOEDE

Klonidien (Dixarit) is in Kanada in ’n multisentrum-toets geëvalueer. Ses-en-sestig pasiente wat vir minder as 1 jaar menopousale gloede gehad het, het aan die toets deegeneem. Hoewel die plasebo-efk efopmerklik was, het die klonidien die frekwensie van gloede baie beter as ’n plasebo beheer. Klonidien het vir ± 85% van die pasiente gehelp, en plasebo vir ± 5%. Die newe-efekte was minimaal, met ’n eenderse patroon van klonidien en plasebo (Edington et al., Canad. med. Ass. J., 1980, 123, 23).

Klonidien vermindem vaskulêre reaktiviteit en word ook vir die behandeling van migraine gebruik. Hoewel estrogene-behandeling seker die mees efkief is vir menopousale simptome, is dit potensieel nadelig vir pasiente met leverkwale, trombose, porfirie, sekelsel-anemie, serebrovaskulêre siektes en tumore. Selfs by pasiente met ’n kleiner risiko vir nadelige efekte, soos persone met hiper tensie, aterosklerose, obesiteit, galstene en diabetes, moet die gebruik van estrogene versigtig ondergaan word.

Klonidien, hoewel nie 100% suksesvol teen gloede nie, het min newe-efekte en is ’n goeie middel om aan die begin van die behandeling te gebruik. Dit versterk ander behandeliings soos verduideliking en gerusstelling en susmiddels en mag die noodsaak vir estrogene uitskakel.

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