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A Psycho-Cultural History of Psychotherapy in Africa

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ABSTRACT *This paper is an attempt to construct a psycho-cultural history of psychological therapies in Africa. It explores the origin, vision and direction, clinical and preventive goals and approaches, the philosophy and history, and issues of professional development and ethics, types of practitioners, and practice settings for psychotherapy in sub-Saharan Africa, from the pre-colonial period to the present. The central argument of the paper is that Psychotherapy in Africa should address not only the intrapsychic or interpersonal world of the clients but also phenomena that in traditional Western psychotherapy are not considered essential, namely, the socio-cultural context. Overall, the principal objective is to share with our Western and Eastern partners the meaning and scope and the orientation and trends in Psychotherapy in Africa in the last 60 years; offering, in the same breadth, an X-ray of the major issues and problems that confront our practice and the efforts we make to come to terms with these challenges. The expected outcome is the possibility and promise of successfully delineating, defining and establishing the field of Psychotherapy in Africa as a legitimate area of specialization for creative research and writings in the scientific study and clinical practice of modern psychology in Africa.*

Key words: Psychotherapy in Africa, culture, history, psycho-history, Africa

BACKGROUND

The term 'Psychotherapy in Africa' first appeared in the literature in 1996 as part of a title of a book edited by Madu, Baguma and Pritz (1996) entitled: *Psychotherapy in Africa: First Investigations.* The book was launched at the Makerere University, in Kampala, Uganda, East Africa, during the first World Congress for Psychotherapy, which took place in that University from 23–29 November 1997. Many delegates at the conference found the idea of *Psychotherapy in Africa* not only exciting but creative and were all interested in gaining a more concrete understanding of what is included in its meaning range. This pattern of reaction was influenced by the fact that although most of us who were present

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at the conference were practising counselling and clinical psychologists, engaged in one way or the other in psychological therapies in Africa, we (including those of our colleagues from South Africa who practise psychoanalysis and Jungian analytic psychology [Papadopoulos, 2009]) rarely use that term as a designation for what we do. And all those who bought the book, including myself, were eagerly interested in finding out how the idea of 'Psychotherapy in Africa' was defined.

As it turned out, the editors failed to attend to this need. The book was composed of chapters and study reports contributed by some scholars and practitioners in the field of counselling and psychotherapy, most of them Africans writing from the perspective of what they do in their various countries within the continent. There was no chapter clearly assigned to undertake the task of mapping out the conceptual and the technical landscape of the field, providing a type of cultural history of the field, indicating, for example, its orienting philosophy and worldview, the various phases of its practice in the African context, and the major concerns and issues that occupy its attention. Little wonder then why Dr Alfred Pritz, the then President of the World Council for Psychotherapy, seemed compelled in his foreword to the book, to characterize the field of Psychotherapy in Africa as 'a terra incognita'; a pithy Latin phrase usually reserved for making reference to an unknown territory, but in the present case not completely accurate since before the publication of Madu et al.'s (1996) book, there were already some notable studies and writings including those of the present author (Nwoye, 2000, 2001, 2002a, 2002b, 2003, 2004a, 2004b, 2005) and, in particular, Moodley and West (2005), and Makinde's (1978) account of the *Origin of Counselling in Africa*; all which provide a much richer context to this theme. Of course, a close inspection of the sample contents of the book in question tends to give an indirect image of what that field must be concerned with and the story of its evolution. But, in sum, the image of a lack of existing definition of the field is the conclusion that the general reader comes out with at the end of the exploration.

The most disturbing aspect of this omission is that, left as it is, the misunderstanding will continue as regards how to characterize the field, particularly in terms of its cultural history. Such a gap in the literature needs to be closed because, already, in some people's mind, the idea of Psychotherapy in Africa tends willy nilly to connote the narrow image of a preoccupation with the theory and practice of African traditional healing. But this is to confuse the part for the whole; which, in my view, is a narrow conception of the field, as even some of the chapter headings in Madu et al.'s book would appear to demonstrate. Chapter 4 of that book, for example, was titled *Western Forms of Psychotherapy in Africa,* a fact that tends to suggest that Psychotherapy in Africa is not even synonymous with the idea of African psychotherapy. The inclusion of a section on *Western Forms of Psychotherapy in Africa* in the book rather shows that the term 'Psychotherapy in Africa' must be taken to refer to an inclusive system of psychological therapies in today's Africa, which implies the presence, within the continent, of both the African and the Western (including family therapy and systemic practice, the psychoanalytic, and the Jungian) models of psychotherapeutic practice (Papadopoulos, 2008, 2009). And so the outstanding task to be attended to in the present article is to try to chart the field of Psychotherapy in Africa, clarifying what it entails both as a professional field and as an object of scholarship, including an account of its cultural relevance and evolution. To do this, we must begin with an attempt to give a definition to the field.

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DEFINING PSYCHOTHERAPY IN AFRICA

As an academic subject field, Psychotherapy in Africa can be defined as the study and application of the best practices in Western and indigenous psychological therapies to the amelioration of the psycho-social wounds and damages, and stresses and challenges of the post-colonial Africans and their world. Characterized in this way, it encompasses the study of the major theories and perspectives, and the techniques and approaches of individual psychotherapy, family therapy and systemic practice (Papadopoulos, 2008) in both indigenous Africa and the modern West.

On the other hand, as a professional field of organized helping and healing, Psychotherapy in Africa is an umbrella term for making reference to the pluralistic psychological methodologies in present day Africa concerned with the search for utopia in our continent; namely, 'the utopia of reconstruction, of re-institution, of healing the many wounds inflicted on us by the long years of colonialism and neo-colonialism, and of the havoc wreaked on us and on the body-politic by our corrupt politicians and rapacious and power-drunk military leaders' (Nnolim, 1996, 177). This means that, broadly speaking, the term 'Psychotherapy in Africa' does not apply only to the task of rehabilitation of the self and a family in distress as emphasized in most of Western practice but also to the rehabilitation/renewal of the battered and denigrated and in some ways very limiting cultural traditions and political practices and contexts in Africa. Hence, in its feminist perspective, it is intended to fashion out new roles for women in Africa and to protect the modern African women from the trammels of tradition (Kesteloot, 1996).

Psychotherapy in Africa is therefore a complex field, broad-ranged in terms of its targets of intervention and worldviews/methodologies of practice. For, having both clinical and preventive emphases and being concerned with the healing of the troubled hearts and outdated aspects of the traditional African culture and democratic practices in many nations of Africa, it focuses not only on the distressed in the society but also on the society itself, or on the psychosocial-cultural conditions, as was the case in the then-Apartheid South Africa, promoting the distress. Yet in attending to the needs of those oppressed by excessive distress and demoralization, it focuses on the socially marginalized people that make up the greater majority of the present day African world. Most of these are victims of poverty and leadership crisis in Africa (Achebe, 1983), stagnation anxiety, racial prejudice and ethnic conflicts, forced migration, refugee predicament, homelessness, involuntary unemployment, exploitation and other avoidable damages brought about by society.

In attending to the noted vital need for a cultural rejuvenation of Africa, the field of Psychotherapy in Africa sees itself as ethically responsible for leading the way, through the practice of critical psychology in Africa (Painter, Terre Blanche and Henderson, 2006), in promoting a societal context that will enhance the health and well-being of all persons. In this way, it structures its vision and the central focus of its various practices to reflect a historically situated response to the perils of living in the modern African world. Psychotherapy in Africa is therefore a multi-directed or pluriformic field imbued with a clearly demarcated ideology of utopia as earlier highlighted. In that way, its philosophy, through its various practice models (both critical and clinical) becomes an attempt to uproot or to facilitate the uprooting of the toxic factors (psychological, social, political and cultural) in

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the modern African world (Hoogvelt, 1976, 1992; Painter, Terre Blanche and Henderson, 2006).

The above clarifications suggest that, essentially, the major limitation that Psychotherapy in Africa strives to avoid is the mistake of 'examining the patient as an isolated entity without considering the larger socio-historical causes of personal distress' (Cushman, 1990, 609; cf. Richardson, Fowers and Guignon, 1999; Hamber, Masilela and Terre Blanche, 2001; Papadopoulos, 2008). Consequently, the skills and models that inspire its various practice paradigms are drawn not only from the existing schools of individual and family and systemic psychotherapy as understood in the West but also from the works of African novelists of commitment (e.g. Ngugi, 1982, Ayi Kwei Armah, 1979; Ba, 1984; Achebe, 1987; Dangarembga, 1987, 1988). The latter make use of the medium of the novel and the power of the word (oral and written) to criticize and draw the attention of society and its leaders to aspects of African culture and present political structures that have become outmoded and need rehabilitation. They also draw attention to the promises of colonial independence that are yet to be redeemed and exploited. Psychotherapy in Africa thus involves both a clinical and a cultural practice reflecting at one sweep both the process of application of *transforming meetings* (Hobson, 1985) with people in distress as well as an attempt at transmission of critical and corrective information and education that aims at the remaking and/or renewal of culture and people's life styles in modern Africa. Thus, although it carries a pluralistic/multivalent connotation, Psychotherapy in Africa must be understood as being held together by one master motive: to study the challenges and contributions of psychological therapies (Western and indigenous) for the re-making of Africa, and for helping to dissuade modern African citizens from being enslaved by 'a heritage of modern diseases of greed, egotism, abuse of power and all the Faustian perversities of modern men and women' (Obiechina, 1996, 38). In this regard, there is a religious dimension to the goals of its practice. In this way, practitioners of the psychotherapies in modern Africa are expected to provide the people with ethical certainties, as well as to chart for them a course that would enable them to find purpose in their lives, to have fulfilment and an ennobling sense of achievement in their works and actions (Obiechina, 1996).

Hence, the principal conviction of the field of Psychotherapy in Africa is that unless such depravities as enumerated above are successfully addressed and overcome, they will continue to promote the current experience of ruthless power play in most African states, that imperils everything, including the security of those African states; in which both the bad and the good people in conflict are consumed and those left behind are bewildered and emotionally beleaguered and traumatized (Papadopoulos, 2008). This is another way of saying that through the practice of psychological therapies in Africa 'the endemic instability,…the violent upheavals and civil wars that waste the flower of Africa's human resources and inflict incurable traumas upon the survivors, the bastardization of values and overthrow of the creative and optimistic spirit and the inoculation of the masses with cynicism, insensitivity and indiscipline' (Obiechina, 1996, 40) are placed in focus for in-depth interrogation and demolition.

Goals of Psychotherapy in Africa

With the above background, the six practice goals of Psychotherapy in Africa can therefore be summarized to include an attempt to:

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- Change or challenge the faulty/negative/unrealistic beliefs, attitudes, values, expectations, worldview, prejudices and negative myths of Africans about themselves, their world, and others.
- Interrogate or re-examine the misdirected goals and expectations towards which most people strive in today's Africa.
- Challenge the behavioural strategies, most of them destructive in the long run, that most people in Africa construct to achieve the inordinate goals that organize their lives.
- Explore and reflect on the negative consequences of people's behaviours in today's Africa.
- Re-educate the society and halt the avoidable psychological damages brought about by society.
- Redress and rehabilitate the colonial damage inflicted not only on the landscape and economy of Africa but also on the psychological world of the entire African peoples, both those in Africa and those in the diaspora. This particular objective will, among others, entail purging aspects of our cultural history that bear the traces of self-hatred instilled on us by our negative colonial past and all the other disabling consequences of our colonial and post-colonial experience.

These six goal areas together constitute the major realms of people's context and lifestyle in modern Africa that facilitate the emergence of personal distress and despair within the generality of people in African society today. To address them, the psychotherapists in Africa operating either as artists or clinicians or critical psychologists; and within or outside the clinic, must 'incline to heal and restore, to open new vision for a drifting people, and to develop communal conscience for a morally bankrupt society' (Sofola, 1996, 47).

Melissa Walker in her influential reading of the psychological significance of Black Women's fiction in America offers a similar comment. As she understands the critical vision of the fictional writings of these women: Maya Angelou, Toni Cade Bambara, Toni Morrison and Alice Walker, they seem to have asked themselves this question:

> how can we help people understand that social forces push them to behave in destructive ways, that they can choose to act differently, and that they can change themselves and in the process change society? For these and a number of other women, the answer was plain: they could help people understand the relation of their own lives to society…They could create a literature that responds to the need of Black people to understand the social conditioning that leads them to pursue destructive behavior. (Walker 1984: 120)

The above indications point eloquently to the governing idea of Psychotherapy in Africa, both in its clinical and artistic dimensions, 'as a corrective force that can induce social change' (Dubey, 1994: 32; Gilbert, 1989).

History, key issues and trends

With the above clarifications made, the stage now appears set for providing a kind of more specific cultural background to the work of psychotherapists in Africa. In this context, the first comment to make is that the background to our practice emanates as a corrective to the negative impact earlier noted and challenged by Fanon (1952/1986, 1963/1990), Cesaire (1957, 1969, 1983), and Senghor (1964) of Western colonial and neo-colonial practice in

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Africa. The overall result of that impact is the crisis of cultural traumatization and denigration that had plagued the entire African peoples for years (Painter, Terre Blanche and Henderson, 2006). This culminated in the symbolic violence of inferiority complex imposed on the entire African people through centuries of negative impression about the humanity of Africans, values and traditions, perpetrated by the prejudiced writings and ethnographic reports of colonial historians, anthropologists, and British colonial fiction (Fanon, 1952/1986, 1963/1990; Cesaire, 1963/1969, 1983; Senghor, 1964; Nwoye, 2001; Bain-Selbo, 2003).

It is against this background that the preoccupation of psychotherapists in Africa had to begin with the task of helping the entire African peoples to achieve self re-building. And this essentially entailed the idea of re-education and cultural re-generation of the people. It also explains why the African nationalists (Fanon, 1952/1986; 1963/1990; Cesaire, 1963/1969, 1983; Senghor, 1964*)*, and our great novelists of commitment (Achebe, 1958, 1987; Ngugi, 1982), helped to lead the foundations of our practice in this regard. Achebe (1975), one of those illustrious African novelists of commitment, in the essay 'The Role of the Writer in a New Nation', commented that:

> It is…dignity that many African people all but lost during the colonial period, and it is that they must now regain. The worst thing that can happen to any people is the loss of their dignity and self respect. The writer's duty (*as much as that of the therapist in the context of this essay*) is to help them regain it by showing them in human terms what happened to them, what they lost. (cited in Killam, 1969, 8)

Ngugi (1982) agreeing with Achebe, conceives the novelist's [or in our own context, the therapist's] role as an educator whose duty is 'to help (African) society regain its belief in itself and put away the complexes of the years of denigration and self-denigration' (Achebe 1975, 51).

Supporting the above and commenting on the same negative impact of colonialism on the cultural psyche of the African men and women, Obiechina (1996), writing in a kindred spirit like Fanon (1952/1986, 1963/1990) observes that:

> When colonialism came, it was…in the form of confrontation. European imperialist powers with greater armament and technology of coercion imposed their political dominance on African peoples and exploited them economically. As part of the attack, Africans were made to accept the status of inferiority and their culture, religion and societies were devalued. Almost from the beginning of this contact, it became constant striving among African intellectuals and writers to recover initiative and to restore the identity and dignity of the African heritage and respect and human equality to the African in their homeland and in diaspora…(Obiechina 1996, 38)

Thus, according to Obiechina (1996), 'by the nineteen fifties and sixties and with the approach and actual arrival of political independence, the need for Africans to re-define themselves and to re-establish their identity in the world had become very pressing.' In this way, in his view

> there was need to reassess the past and evaluate the present. The old European ideas of history, philosophy and culture were being challenged. The writers' (and in our context, even the psychotherapists') function as intellectuals and teachers of the people and are also impelled to provide ethical guide-posts and moral sounding-boards for the risks in the use of freedom and to reveal the hidden snares and the treacherous quicksands which constitute the hazards in the quest for true independence. (Obiechina (1996, 38)

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Commenting further on the same theme, Innes (1992, 81) observes that, according to Achebe, the modern African artist is like a flute player who finds solace in remembering his/her past and using some of the salient aspects of that past to address the challenges of its present environment. Hence, according to Innes (1992, 82):

> in *Arrow of God*, written when the political rivalries in newly independent Nigeria made the question of responsible leadership an urgent one, the novelist [and in our context, the psychotherapist in Africa] has become the flute player whose duty is to entreat his community to 'come away from death.'

SOCIO-HISTORICAL CONCERNS OF PSYCHOTHERAPY IN AFRICA

What all the above citations tend to suggest is that, essentially speaking, Psychotherapy in Africa is grounded on two important socio-historical concerns. The first is that of *psychotherapy as rehabilitation of culture,* which came into prominence in Africa during the 1940s, 1950s, 1960s and the early part of the 1970s. The second is the idea of psychotherapy as *the process of cultural reconstruction and transformation*, which in the post-apartheid South Africa, in particular, is a diversified practice, continuing up till today (Painter, Terre Blanche and Henderson, 2006).

With regard to our first important socio-historical concern and indeed the first phase of our practice, the trends show that prior to our current emphasis on the psychological impact of social stresses in urbanized and industrialized cities of Africa, the initial preoccupation of the elder practitioners (many of them novelists and other social critics like Fanon, 1952/1986, 1963/1990; Cesaire, 1963/1969, 1983; Senghor, 1964; Azikiwe (1937/1968); Nyerere (1967); and Nkrumah (1970) was on the theme of psychotherapy as rehabilitation of culture. In those early days, the all-consuming goal had centred on the strategic idea of making sure that post-colonial Africans, particularly the on-coming generation, would be enabled through a psychological and purposeful education to gain a new affirmation of themselves as centres of initiative. This implies that, right from that time, there is a consciousness of the link between what we do and the needs of the community (Hamber, Masilela, and Terre Blanche, 2001; Nwoye, 2001; Papadopoulos, 2008).

Given the above, it comes as no surprise that the majority of the people who laid the foundations of Psychotherapy in Africa as conceived in this article, were not, in the main, professionally trained psychotherapists. The majority of them were such great figures in the field of African literature as Cesaire (1963/1969, 1983); Senghor, (1964); Achebe (1958, 1975, 1987); Ngugi (1967, 1982); Okot P'itek (1970); Soyinka (1976, etc.), outstanding social/political leaders of thought such as Azikiwe (1937/1968); Nyerere (1967); Nkrumah (1970), and noted psychiatrists such as Fanon (1952/1986, 1963/1990), and Lambo (1976).

The second concern of Psychotherapy in Africa came in the wake of the late 1960s and the 1970s, which ushered in the explosion of Western education (including university education and emergence of degree programmes in psychology) in the different African countries (Painter, Terre Blanche and Henderson, 2006; Papadopoulos, 2009). These were the decades of new challenges and contradictions within the continent, most of them arising from the recognition of the stark limitations of the apartheid regime in South Africa (Painter, Terre Blanche and Henderson, 2006; Papadopoulos, 2009) as well as the traditional African culture and the inability of our leaders to rise to the responsibility of their national office. In this context, the emphasis of many psychotherapists in Africa shifted to the idea of *psy-*

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chotherapy as the process of cultural reconstruction and transformation. Indeed, the period from the late 1960s up to the mid-1970s marked an important era in the history of Africa generally. It coincided with the era of attainment of political independence by most states in Africa. And the vision of psychotherapists in Africa shifted several times at this period (Nwoye, 2001). To begin with, this was a period of the greatest impact of the aftermath of colonization of Africa leading to a certain kind of homesickness in search of the African genius in all that we do or say. It was therefore a period of sustained reflexivity and interrogation in our practice for the Western identity imposed on us (Cross, 1971; Manganyi, 1973; Biko, 1989; Butchart, 1998; Nwoye, 2002b; Painter, Terre Blanche and Henderson, 2006; Papadopoulos, 2009).

Consequently a key idea that shaped our practice was what one can call the idea of *psychotherapy as enhancement of discernment.* The post-colonial experience produced a significant change in the psychology of the entire African people, leading to a quest for a vanishing African self (Painter, Terre Blanche and Henderson, 2006). And the emphasis of psychotherapists in Africa at that time was to call for discernment in our choice of a new Africa and the choice of a new self (Nwoye, 2002b, 2006c). Consequently, one of the dominant aims of Psychotherapy in Africa at this period was to fashion out a balanced multiple consciousness that would enable our people to stay with and still advance our tradition; amalgamating the eternal truths in African tradition with the sublime virtues of the West (Nwoye, 2002b). Hence, a big chunk of a sub-period of this era contained attempts by critical psychologists/psychotherapists and novelists in Africa to assist in redefining ourselves and to construct a future in which generation after generation of Africans will be happy to identify with (Nwoye, 2002b).

These indications are intended to demonstrate that, right from the beginning, the visions and themes of Psychotherapy in Africa were essentially dictated by the necessities of our problematic and ever changing cultural environment. In particular, our practice at this period was directed in response to the disappointments and difficulties of our people whose condition belied the dreams of independence and post-colonial and post-Apartheid Africa. This intensified the attempt to construct an orientation and philosophy for an African brand of doing things that allows the on-coming generation to develop to their maximum potential and to give expression to their African genius (Manganyi, 1973; Biko, 1989; Nicholas and Cooper, 1990; Painter, Terre Blanche and Henderson, 2006; Papadopoulos, 2009; Ratele and Duncan, 2003). The caution that prevailed was directed against the sin of ideological drifting (or sheep-like following/imitation of foreign lifestyle and agendas) by citizens and leaders of the new Africa (Nwoye, 2001, 2002b).

Of course, the greatest challenge to Psychotherapy in Africa, starting from the period of the mid-1980s to the 1990s, came from the impact of the economic downturn that led to increases in unemployment, retrenchment, war and refugee conditions (Papadopoulos, 2008), premature retirement of workers, hunger, and increasing leadership crisis (Achebe, 1983) in many African nations. This process aggravated by the Structural Adjustment Programme (SAP) that engulfed African governments at this period, created a lot of agony, childhood adversity, and general increase in family violence and youths' membership in cults in many cities in modern Africa. In this way, the theme of Psychotherapy in Africa was extended to cover attempts to stem the tide of the stress of the modern African families and the psychosocial crises of the modern African self. It also included effort at provision

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of adequate response to trauma, particularly that arising from increasing refugee conditions in many parts of Africa (Papadopoulos, 2008), and memory healing (Williams, 1994; Nwoye, 2002b) of distressed and/or displaced widows and orphaned children (memory healing here referring to the art of helping the bereaved to regain a sense of hope for the future despite their situation of loss). The aim in this context is to promote in the affected clients the power of survival memory in the context of their loss and distress, particularly for the refugees living under the shadow of protracted displacement from their ancestral homes, amidst the challenge of unemployment and externally imposed crisis of dispossession (Papadopoulos, 2008).

These new emphases dictated the need for an expansion of models of our practice to accommodate new approaches to psychological therapies such as those crucial for attending to the challenging needs of increasing numbers of refugee populations in many parts of Africa for which 'a new conceptual framework' must be adopted that 'interconnected the various structures, activities and roles of both staff and refugees' (Papadopoulos, 2008, 17), which becomes essential for '*expressing the inter-systemic relationship between refugees and staff* ' (Papadopoulos, Ljubinkovic & Warner, 2007: 8), as well as trauma work (Figley and Erickson 1990; Papadopoulos, 2001a, 2004, 2007) and the techniques for effecting healing among the dispossessed who soak their distress and feeling of worthlessness with alcohol and drugs (Nwoye, 2002a).

In other words, with the above larger emphasis in our practice, our theoretical framework also gradually broadened placing greater attention on the principles of social constructionism (Gergen, 1985; McNamee and Gergen, 1992); Hoffman, 1981; Boscolo and Bertrando, 1996) and narrative therapy and systemic practice (White and Epston, 1990; Papadopoulos, 2004, 2008; and Crossley, 2000). This is with particular reference to the aspect geared to helping individual suffering members of the community to learn to see their problems in proper perspective, and to construct a double description of their situation (Papadopoulos, 2008) that will enable them to believe in the future as a period of hope for a new lease of life.

This explains perhaps why this era marked the discovery in our context of the important role of existential psychotherapy. In pursuing this framework, in particular, attention was extended to Frankl's (1984) logotherapy and Husserl's philosophy of time, particularly his concept of the *thick present* that involves not only a focus on what is happening to the individual now, but also to the possibilities of the past and the future in one's life. In the same way, the philosophies of Heidegger, Sartre, Kierkegaard and those of Ortega y Gasset and Nietzche were found handy in the present author's practice (Nwoye, 2002b, 2008). All these philosophers agree in their emphasis on the tragic sense of life and on humans as historical and evolving organisms whose fate is influenced by time and is liable to change from worse to the better (Nwoye, 2006c).

From the late 1980s up to the 1990s and the present era, the circumstances of our practice have become more complicated. It is an era of consistent traumatic experiences throughout the continent. In particular, the economic crunch that had hit almost all the countries in Africa during the last period has persisted and intensified. The unemployment situation has worsened in all the corners of the continent. But, perhaps, the greatest scourge in our context at this period was the legacy of war and poverty that had become a regular story in such countries like Angola, Burundi, Eritrea, Sierra Leone, Mozambique, Rwanda, Uganda,

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Democratic Republic of Congo, Somalia, Sudan; conflicts in the last three remaining unabated today. And all of these are the products of the failure of African leaders to rise to responsibility, and to lead the people by the power of personal example (Achebe, 1983). The aftermath is the rise in the problem of refugee plague and family stress in most parts of the continent. This is reflected in the prolonged experience of people living in refugee conditions that make the majority of the clients to feel as if they have been condemned to 'living in the empty present' (Crossley, 2000; Papadopoulos, 2008, 2002, 2001a, b). Another severe crisis we are faced with at this present period is the increasing presence in the modern African cities of the phenomenon of street families. The crisis we face here is that these children as citizens of our nations must be aided to grow to become healthy citizens who can be useful to themselves and their societies. Yet the psychological principles we can draw upon for achieving this result are rarely available.

Added to the problem of the condition of the street families is the continued growth, following the drop in graduate employment in various African countries, of the phenomenon of single parenthood (without jobs many young men lack the courage to commit themselves to the task of family life and parenthood) in modern Africa as well as the growth in AIDS orphans and the need to provide for them (Kelly, Parker and Lewis, 2001). Here again, the limitations we face are that most existing psychotherapy theories, particularly those imported from the West (such as the Rogerian and the Psychoanalytic models), are not *adequate* for our needs (Papadopoulos, 2008). Single-parent experience was unknown in the old Africa and with its growth in our age we find ourselves bereft of existing background memory and wisdom to draw upon to face the professional challenges presented. In addition, a challenge related to the above scenario is the increasing globalization of the world economy and its colossal multivalent impact in Africa.

The overall effect of these developments and complications is a shift in vision as regards the role of the psychotherapists in Africa presently. With the recognition of the socially derived nature of most of the problems faced by our clients (Hook and Eagle, 2002; Hamber et al. 2001) we now see that we must expand our traditional role expectations as professional psychotherapists to include a fight for social justice in our nations (Pilgrim, 1994; Bulhan, 1985; Biko, 1989; Cross, 1971; Nicholas and Cooper, 1990; Manganyi, 1973). In this regard, the traditional Western-derived psychological theories such as psychoanalysis and Rogerian therapy we were introduced to, in our training, which emphasize attempts at healing of the empty self (Cushman 1990) were seen as no longer completely sufficient as a total response for Psychotherapy in Africa. The kinds of stress faced by refugee families and families of accident victims or those of HIV/AIDS, all of which draw attention to the havoc of the mounting collective trauma in society, challenge us with problems that tend to make largely irrelevant or, at least, insufficient, the principal approaches to psychotherapy emanating from the West, which focus on individual psychotherapy and on structural and systemic family therapy. This point has been made without prejudice to the enormous contributions made by Papadopoulos and his team at the Centre for Trauma, Asylum and Refugees of the University of Essex, towards improving our orientations to practice in this context.

Consequently, the balance of the challenge we have continued to face, suggests that the intrapsychic and the intrafamilial emphases that had informed the perspectives we borrowed from the mainline Western psychotherapy tradition (particularly psychoanalysis, Rogerian therapy, and structural and strategic approaches to family therapy [Papadopoulos,

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2008]) must be broadened to take into account and to address problems facing families and other individuals that derive from political or social-cultural conflicts. This means that, in our present context, the practice of Psychotherapy in Africa calls for and must involve emphasis on peace-building skills including the power of social rituals of appeasement in the promotion of conflict resolution among warring parties in society (Nwoye, 2003). Indeed, the stark experience of our current practice demonstrates that most people who come for psychological attention do not do so largely because they are suffering from neurosis or schizophrenia (Frankl, 1984) in the strict psychological sense of it but because they are disturbed by the crisis of demoralization (Frank, 1974). Their ordeal is that of having to live in the 'empty present' and under the shadow of an unpromising future (Crossley, 2000; Nwoye 2002a,b, 2006c; Papadopoulos, 2008).

Most of the youth who present for counselling, for example, often come with the general complaint of being demoralized due to their crisis of life, 'aspiration abortion' or the crisis of disabling 'limits' that attend to the life projects they have drawn for themselves. Most of them show signs of being psychologically paralysed by the realistic problem of the unknown future awaiting them (Papadopoulos, 2008); and most of them feel the brunt of the crisis of existential frustration as enunciated by Frankl (1984). In this context, their 'low sense of significance' or self-worth and the crisis of dispossession are vicariously shared by their parents. Most African parents see no value these days in spending a lot of money in training their children in gainful employment, only to discover later on that even with university preparation one may not get a job. This development necessitated the shift in our vision, giving rise to the current emphasis in our practice of focusing attention on the idea of *psychotherapy as restoration of morale* (Frank, 1974; Nwoye, 2002a, 2002b). And the leading practitioners in this regard come from the ranks of the clergy and similar minded counsellors and psychotherapists. They organize various kinds of 'hope-healing communities' (Nwoye, 2002a; Gifford, 2004) designed to serve, for members of bruised families and other individuals, as psychological/transitional centres for instilling hope, confidence, and the spirit of endurance of conviction in their capacity to survive the decadence of the African present.

General orientation and philosophy of practice

The above account demonstrates that, from the beginning through to the present, our key orientation of practice has been grounded on the idea of psychotherapy as a social response for promoting mental health and preventing mental illness in the community (Hamber, et al. 2001; Hook and Eagle, 2002; Papadopoulos, 2008, 2009). This is another way of saying that from the time of recognized professional psychotherapy practice in Africa our vision has reflected an image of psychological healing as something that is applicable to the needs of the entire society (people and culture); and, of we ourselves, as people constituting the new priesthood (Nwoye, 2001). Consequently starting from its earliest period all through to the present time, there is a multiple character to the task of Psychotherapy in Africa. With the great social, psychological and cultural emphases in our practice, the major goal of some of our programmes, particularly those of them that target the youth, becomes that of how to help the upcoming generation to evolve and assimilate a sense of African cultural identity, the spirit of community and the power of psychological independence (Manganyi,

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1973; Biko, 1989). These are seen as the capacities that will enable them to assimilate and work with the principle of Goethean autonomy (Elsner, 1992) and the wisdom of judicious blending of contraries in responding to the modern influences in our environment. Investing African youth with the principle of Goethean autonomy entails assisting them to assimilate the ethic of authenticity, care and responsibility, and the value of a reflective attitude to life. Helping them to value the philosophy of judicious blending of contraries in assimilating the best in African traditions and the West is an aspect of our psychoeducation process that is aimed at transforming the youth into characters imbued with self-determination, as well as 'complexity, diversity and depth' (Dubey, 1994: 2; Nwoye, 2006c; Jung, 1922). This means the type of constructive positioning in the contemporary world that will help them to be able to enjoy and process the attractions and options of modern Western cultural values without being their slave or trying to dismiss them outright (Nwoye, 2001). This particular aspect of our practice is grounded on the African traditional wisdom of the value of synthesis of opposites; a view which finds anchor and indeed a kindred spirit in the Jungian theory of the complementarity of opposites (Casement, 2002, 2003; Buhrmann, 1996) as well as 'the creative function of difference' (Lorde, 1984, 111; Dubey, 1994, 2). The same principle is also reflected in Laurence Sterne's theory that 'digression is part of progression' (Skyttner, 1996, 373). The major significance of this theory in our task of psychological education of the African youth is that it enables us to invest in the youth the philosophy of a mature approach to living that is basically synergetic in orientation. In the traditional African context, one is called mature if the one, among other things, has been endowed with the capacity to transcend dichotomies. For, guided by such a capacity, the individual will be able to see opposites of life as meaningfully related. But this is another way of saying that a mature individual in the African context as well as in Jung's analytic psychology is one with complex sensibility, who sees both sides of things as inherently interconnected (spirit and body, life and death, good and evil) based on his or her belief or enduring conviction that when something stands, something else stands beside it (*ife kwuru, ife akwudebe ya* as the Igbo people of Nigeria will say); and consequently one very much understands and appreciates the existence and operation of the phenomenon of complementary duality in human experience (Achebe, 1958, 1964).

De-emphasis of the medical model and psychoanalysis

The general orientation of our practice is thus not guided by the medical model interested in achievement of symptom relief in clients or by exclusive attention to reparenting of individuals/character rebuilding of people as emphasized in the psychoanalytic tradition, or with a focus on the family system at the expense of the people that make it up (Minuchin, 1974; Nichols, 1987). And rarely do we, in trying to adapt any skills from indigenous practice, strive to go like practitioners of African traditional medicine do, to adopt the use of herbs and leaves in the context of our practice. But, here, the term African traditional medicine must be taken to refer to the specialized use of natural herbs, leaves, and roots by indigenous Africans for medicinal purposes. Having said this it needs to be mentioned that the totality of traditional medicine in most parts of Africa encompasses not only the application of herbs, leaves and roots for medicinal purposes but also the use of divination, oral incantations, ritual ceremonies and other magical practices to arrive at medical or

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emotional cure (Moodley and West 2005; Bojuwoye, 2005). We are rather essentially focused on the use of words (including written literature) and rituals as miraculous weapons for addressing the stresses of people in our modern African world (Makinde, 1978; Kesteloot, 1996; Achebe, 1987; Ngugi, 1982). In our practice, the medical model is de-emphasized, and attention given to the psychosocial-educational models and programs that direct attention not only at relief of individual and collective trauma and suffering both within and outside the family setting (Nwoye, 2001), but also at investing people with solid beliefs and principles by which to live through the challenges of their present distress (Frosh, 1987; Nwoye, 2002a).

Professional development

As I have mentioned elsewhere (Nwoye, 2001; 2002b), presently, there is no place in most countries in sub-Saharan Africa for receiving exclusive specialty training in 'Psychotherapy in Africa' so called. The training that is available is incorporated into university programmes like we have in many countries in Africa today designed for graduates interested in training to become counselling psychologists, clinical psychologists, community and behavioural psychologists, Jungian analysts, social workers with humanistic orientation, psychiatrists and religious ministers (Painter, Terre Blanche and Henderson, 2006; Papadopoulos, 2009). This inclusive model in our training is intended to produce well-rounded practitioners strong in the individual counselling and psychotherapy processes, theories and techniques as well as in the family therapy theories, principles and methodologies. The advantage of the use of the university rather than the workshop approach (although some few of our practitioners derive some of their skills from workshop exposures) as a setting for professional education in our context is that it confers some definable traits (such as entry regulation and access to a common body of approved expert knowledge and supervised clinical practicum) to our training (Nwoye, 2001; 2002b; Painter, Terre Blanche and Henderson, 2006; Papadopoulos, 2008; 2009). The disadvantage of an exclusive focus on the workshop approach to training is that it encourages unsuspecting trainees to go through a crash training programme that advertises and focuses only on one mode of psychotherapy paradigm such as person-centred, or cognitive behaviour therapy or Jungian analytic psychology at the expense of exposure to a more integrated professional psychotherapy training programme that promotes and inculcates in students, an informed attitude of irreverence to any one particular psychotherapy paradigm (Cecchin, Lane and Ray, 1993).

Emphasis on double socialization

As I have indicated in my earlier works (Nwoye, 2001, 2002b) and implied in my clarifications above, the content of our training programmes involves a lot of exposure to the theories, perspectives and techniques of many important personalities in the Western family field and individual psychotherapy. Some of the names that come to mind in this regard include, Murray Bowen, Salvador Minuchin, Borzomenyi-Nagy and Spark, Karl Tomm, Michael White and David Epston, and the Milan Associates. Others include Sigmund Freud, Alfred Adler, Carl Jung, Carl Rogers, Viktor Frankl, Aaron T Beck, Albert Ellis, Richard S Lazarus, David Meichenbaum, Jerome D Frank, Jerome Bruner, W Dryden, P Crushman, KJ Gergen, EH Erikson, George Kelly, R Cattel, GW Allport, J Rotter, Harry S Sullivan,

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Karen Horney, H Eysenck, J Bowlby, C Parkes, MV Buhrmann, RK Papadopoulos and Gerard Egan.

The above lists (not at all exhaustive) are intended to draw attention to the important emphasis in our professional development on the *principle of double socialization*. By this expression I mean the effort we make in our training curriculum to incorporate not only the relevant knowledges and skills of our indigenous heritage (e.g. African perspectives on personality theory, diagnosis and case studies, marriage therapy, peace-making, and grief work) but also to build on such a foundation the important concepts and skills in the Euro-American practice (Buhrmann, 1996, Mkhize and Frizelle, 2000; Nwoye, 2000, 2001, 2002b, 2003, 2004, 2006a,b; Mkhize, 2005).

Practitioners and settings

Presently the population of trained psychotherapists in Africa reflects a multidisciplinary emphasis and the spirit of variety (Painter, Blache and Henderson, 2006; Papadopoulos, 2009). This is a trend that shows that the field is not a preserve of medical men and women but includes counselling psychologists, clinical psychologists, psychiatrists, professional social workers, African novelists of commitment (Ngugi, 1982; Achebe, 1987) and members of the clergy (Nwoye, 2002a; Gifford, 2004). Most of the best trained members are employed in the universities, schools and colleges, and psychological health clinics. Others are in youth/child departments, HIV/AIDS and VCT Centres (Kelly, Parker and Lewis, 2001), refugee camps (Papadopoulos, 2008) and family institutes or agencies with a social motive such as we have in Zimbabwe, Ethiopia, Nigeria, Kenya, Cameroon, Ghana and Uganda. Some few of us, too, are engaged in private practice in major cities in Africa (Nwoye 2001, 2001b).

CONCLUDING REMARKS

What I have tried to do in the present article is to share with our Western and Eastern partners (within the confines of a single paper) the meaning and scope and the orientation and trends in Psychotherapy in Africa. The whole discussion was intended to provide an X-ray of the major issues and problems that confront our practice and the efforts we make to come to terms with the challenges presented. The presentation illustrates that the content and emphasis of Psychotherapy in Africa is neither synonymous with African traditional healing nor Western approaches to psychotherapy such as psychoanalysis or Rogerian therapy. As it is practised currently in most parts of Africa, psychological therapies in Africa do not yet constitute a carefully crafted and functional blend of practice models drawn from the two traditions. Rather, the field is flexible and pluralistic in the range of services it presents to the society. A few practitioners, particularly those Africans, like myself, with the benefit of double socialization in both the African and the Western traditions of psychological practice, have endeavoured to come up with the best blend of relevant therapies drawn from best practices in the two traditions (Nwoye, 2003, 2006a,b, 2008).

As I said elsewhere (Nwoye, 2001, 2002b), in looking towards the future, the forecast appears to show that the field of Psychotherapy in Africa is very bright and promising. It is expected that the development of the field will continue and intensify in the future. And I have the belief that with the growing and unrelenting social stresses (including those

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arising from armed conflicts and HIV/AIDS pandemic) and despair in our context, various countries, at least, in the sub-Saharan Africa region, will continue to encourage and finance their citizens for specialization in modern counselling and psychotherapy as well as in the burgeoning field of African psychology generally (Holdstock, 2000; Nwoye, 2006c). Indeed, some ugly incidents in some African cities such as the 1994 genocide in Rwanda, the 1998 bomb blasts in Nairobi, Kenya and Dar es Salaam, Tanzania, and the post-election violence and destruction that engulfed Kenya in January 2008, which saw many lives lost, and thousands of citizens displaced from their homes, have started to make the importance and strategic role of psychotherapy in modern Africa very visible to African governments. Indeed, the reality of the AIDS scourge in a country like Uganda made the importance of counselling and education as a commanding weapon of psychosocial defence against the infection very clear to authorities in government. We therefore have sufficient reason to believe that Psychotherapy in Africa is a very important field of psychological treatment for Africa of the twenty-first century. In holding such a belief, the overall goal must remain the urge to work hard in the future to ensure that Psychotherapy in Africa becomes capable of projecting the New Africa not as a client civilization, but as an indispensable and a co-shaping force, in the destiny of mankind (Nwoye, 2001).

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