SCHIZOPHRENIA - THE SPIRIT POSSESSED 23 YEAR OLD MALE FROM RURAL KPANDO DZOANTI, VOLTA REGION IN GHANA: CASE REPORT

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ABSTRACT

A case of a twenty-three year old rural Ghanaian male suffering from schizophrenia and presenting as “possessed by spirits” is reported. Treatment, and outcome by physical means with chlorpromazine; and implications for further research are discussed.

INTRODUCTION

In the World Health Organisation (WHO) sponsored International Pilot Study of Schizophrenia(1) it was shown that clinical diagnosis of schizophrenia in nine different countries including the US, UK, USSR, Denmark, Formosa, Nigeria, Czechoslovakia, Columbia and India were consistent and largely consistent with the project diagnosis.

The ICD-10(2) provides an operative definition of schizophrenia in countries that use the ICD-10 criteria in clinical psychiatric practice. A case of schizophrenia presenting as “spirit possession” in a rural Ghanaian male is reported here.

The reason for presenting this case is that it focusses on how traditional beliefs and practices influence psychiatric disorders in different cultures, in this case, of the rural folk in Ghana, where the majority of the people reside. That symptomatology of psychiatric disorders has a great deal of religious flavour and maybe explained by the people’s cosmology(3).

CASE REPORT

E.D., a twenty three year old single male from Kpando Dzoanti in the Volta Region of Ghana, a predominantly rural area of Ghana attended the author’s general adult psychiatric outpatient clinic at the Accra Psychiatric Hospital (APH). He was accompanied by his mother and other relatives. The main complaint by the relations was that E.D. had been “spirit possessed” for the past three years. The onset of his “possession” was sudden and alleged to have started just before his final examination at Technical College. He stated that the spirit had been considered to be multiple personality.

Physical examination revealed a right-sided hydrocele, about the size of a tennis ball but he claimed he was not bothered by it. Otherwise the physical examination showed nil of note. The above phenomenology using Schneider’s First Rank Symptoms(4), led the author to a diagnosis of acute schizophrenia in a 23 year old man. He was admitted and treatment was begun with chlorpromazine tablets: 200mg twice daily and eventually changed to injection fluphenazine decanoate monthly. His symptoms improved and he was discharged to outpatient care.

DISCUSSION

Possession disorders(2) have been described during the course of schizophrenic and other acute psychoses with hallucinations or delusions. Differential diagnosis had been considered to be multiple personality.

Indigenous practices in psychiatry in Ghana are flavoured by the traditional understanding of life and illness, which is largely centered on the belief in the unknown. Spirit possession is culturally accepted and may be precipitated by singing, clapping and drumming, strong emotions like fear, wonder or grief. In the case of E.D., such actions were not present but yet he believed he was possessed by a spirit which controlled his actions, and from whom he could hear.

In this country, where currently there is a proliferation of all kinds of pentecostal charismatic churches and prayer houses as well as various shrines which profess to heal the mentally ill, there is no doubt in the author’s mind that many patients such as E.D. could be found in such places. Indeed it is a widely held belief among some Ghanaians that there is high prevalence of mental illness among
Ghanaian who attend traditional shrines and prayer houses and camps. These people perhaps see every illness in terms of spiritual causes just as E.D. and that illness is a direct result of spirit possession.

It is suggested that a wider community research in these prayer camps, healing centres and shrines might shed some light on the exact prevalence of mental illness among the group and the type of mental illness encountered. Like E.D. some might benefit from psychopharmacological methods of treatment.

It is suggested that an extensive and in depth research in these prayer camps, healing centres and shrines should be carried out to discover these patients, who will benefit from psychopharmacology.

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REFERENCES

BOOK REVIEW
Textbook of International Health, Second Edition, Basch, Paul F.; (Ed)

This is a much awaited second edition of a book that was first published in 1978 and has been a prominent reference text on international health ever since. Basch considers the subject as a systematic comparison of the factors that affect the health of all human populations. After a brief introduction he summarises the history of public health and international health before and after 1900, with emphasis on traditional medical practices, efforts to control communicable disease transmission, the introduction of sanitary measures, the medical aspects of colonialism and the slave trade, the industrialisation and early international co-ordination of disease control. One chapter describes the development of the UN system and the role of other international and national organisations in health development, and a related chapter on “International Programmes and Projects” describes the World Bank and IMF and their role in health and development, the work of WHO, bilateral aid agencies and NGOs. Basch starts off from descriptive epidemiology and the principles of public health, with the root causes of illness, the determinants of disease and the factors influencing disease transmission. He deals with various aspects of health economics including poverty as a leading cause of global ill health and the economic effects of illness. A sixty-page chapter “Health on the Edge” digs deeper into poverty in relation to health and takes a fresh critical look at the Primary Health Care strategy as a possible remedy. Data on health, disease, death and indicators on health and disease are given one chapter, which also describes the QALY and DALY concepts, their applicability and limitations. Computerisation, tele-medicine and geographical information systems are mentioned. A list of web-sites of international health importance is included.

Socio-cultural aspects of disease causation and cure are addressed with numerous examples from developing countries, applicable both to individuals and communities. One chapter examines the environment in relation to health, including the importance of the ongoing demographic and epidemiological transition in different countries, the need to improve water supply, sanitation and hygiene practices, and the implications of rapid urbanisation. One chapter deals with the development of the health care systems and the health sectors in different countries and another chapter with health sector reform in countries with different political systems and at different levels of development.

The book has adequate illustrations. Each chapter ends with a page or two of notes and references, and all references are then listed alphabetically in a 23 page list at the end of the book. A 20-page subject index helps readers find the relevant sections.

Basch’s book provides a valuable overview of issues and processes that have so far been addressed mainly in journal articles, staff papers and project reports. Most health workers contribute to health improvement at several levels simultaneously: maintaining or improving the health of individuals, helping to enhance the effective management of health facilities and district health systems, and contributing to international health development. The book helps make this clear. It is well written and produced and is recommended for academic and research libraries, ministries of health, donor agencies supporting health activities, large health NGOs both in the North and in the South and individuals involved in consultancy work, teaching and research in international health and health care in developing countries. At £70 the hardback copy is beyond the means of many who would greatly benefit from its content. A lower cost paperback version is recommended.

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