The African in Transition*

BY

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Not all Africans have the same background or training. They thus fit into different categories; and whilst there must be a certain degree of overlapping, one might usefully group them into three types which I shall call the preliterate, semiliterate and literate.

The Preliterate Group is most commonly met with to-day and constitutes the African we know in the reserves—the one who has not received much of an education. He lives on a predominantly maize or other cereal diet, with little protein and generally deficient in vitamins and fats. He is exposed to and harbours most of the tropical parasites and he is African in religion and culture.

The Semiliterate Group is a much smaller one, but continually growing. This African is better off financially, lives in town and has often had a fair education up to about a Standard VI level. He eats a good African diet adequate in protein as well as maize and is generally free of tropical parasites, as he has been treated for them either at school or in his urban employment. In religion he is more a Christian than an African. This type embraces the hospital orderly, African messengers and interpreters in government service, etc.

The third group or *Literate African* has adopted almost all the European ways of life. He is well educated, eats European food, is free of parasitic infestations and is either a Christian or does not have a faith.

The Preliterate Group

The African belonging to this category is the one who engages most of our attention and perhaps most of our sympathy and interest. He is the product of his environment. From early childhood he has been exposed to malarial infections of a greater or lesser degree; he almost certainly has a bilharzial infestation, and he may be among the fair percentage with hookworm disease and syphilis. His diet has probably always been inadequate in protein and vitamins. He is the type who suffers from anaemia and disturbances of the liver, often culminating in cirrhosis. Men of this group are seen with gynaecomastia, and some authorities speak of them as being feminised (Davies), with its mental concomitants. This type is particularly liable to contract kwashiorkor in infancy and other forms of malnutrition in later life.

Table I

Giving Types of African According to Environment

Types of African	Disease
Type I (Preliterate)— The rural and primitive African living on a poor diet and continually exposed to tropical disease (low normal A/G ratio and high Y globulin.	Typical African pattern, namely, cirrhosis of liver, tropical anaemia, cardiomyopathy, kwashiorkor, gynaecomastia. Subject is African in religion and culture.
Type II (Semiliterate)— The better educated African (e.g., hospital orderlies living on a good African diet—high protein and African cereal), with little or no exposure to tropical disease. Normal A/G ratio and raised Y globulin, but not as high as in Type I.	Freedom from cirrhosis of liver, tropical anaemia, cardiomyopathy. In religion he is more a Christian than an African.
Type III (Literate)— The African who has adopted the European way of life—having a European diet and free of tropical disease. Same protein values as in Type II.	Tendency to assume European pattern of disease, e.g., same forms of anxiety neurosis and peptic ulcer. It will probably be this type who will develop coronary thrombosis and thyrotoxicosis. He is either a Christian or has no faith.

Some interesting work is being done in Africa to-day on the serum proteins and the globulin fractions, and from these results it is possible to find some justification for the three categories I am describing. In the preliterate group the total serum is abnormally high, whereas the albumen fraction is slightly reduced. But of greater importance still is the high gamma globuline fraction present in the blood of this type of African. We are not quite certain why there is this difference. Most workers believe that it results from a diet too rich in carbohydrate and poor in protein. For instance, it has been found in the Langa location in Cape Town in Africans with no parasitic infection. But the same pattern

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holds for this grade of African throughout Africa, and workers in Kampala are more inclined to attribute it to the malarial infection from which they are all prone to suffer.

And what of the mentality of this preliterate type of African? To the outside observer it often seems that he lives essentially in the present without reflection or ambition. His conduct is impulsive and thus appears explosive and bizarre; intellectual life concerns him but little. He is sociable, loves repetitive routine and lacks persistent effort.

The mentality of the individual is inseparable from his environment. The influence of cultural factors on mental development are equally important and should never be overlooked. So let me briefly survey the African infant as he grows until he reaches adulthood.

1. *The Infant Prior to Weaning.*—There is a close union between the mother and her babe, who is carried around in a warm and rhythmic world. Perhaps at this stage this babe is better off than the European infant. Feeding is on demand and is now believed by many that this is a better method than the European one, which is governed by fixed hours. Some authorities have even gone so far as to state that many of the neuroses in Europeans are initiated in this early stage of the infant's career, whereas the African babe benefits from its much more constant environment.

2. *Childhood.*—In childhood education is wholly informal. Instruction by the grown-up is mainly verbal, dramatic and emotional and is concerned largely with the traditions of the group. Toys are rare and building blocks and mechanical toys are practically never seen. The African's life is governed by taboos, the origin of which dates back centuries. He cultivates little specialisation and each man is heir to the whole knowledge of the group.

The European child, at this stage, is brought up differently. From early on he is taught letters and introduced to many mechanical devices. He thus becomes familiar with spatio-temporal relations and mechanical causation at an early age and soon realises that the material world works on general laws. He is indoctrinated early in life in the principle that God helps only those who help themselves. The child is encouraged to integrate his knowledge and to think for himself (Carothers, 1953).

3. *Adolescence.*—The instruction of an adolescent African differs little from that given to children, except perhaps that it is more emotional, more mystical and more dramatic, and tribal rules and taboos continue to be instilled. But European adolescence is characterised by strivings for independence and personal responsibility.

4. *The Adult.*—The psychology of the African adult may be described as monoideic and his attitude to life as "all or none," in contrast to polyideic consciousness, which requires the realisation of memories of past experiences (Carothers, 1953). The implications arising from this are:—

(1) Mental uniformity. One is struck by the sameness of the African's attitude.

(2) Whereas western polyideic consciousness encourages progressive personal development, African monoideic consciousness tends to remain static, and for centuries there has been no progress as compared with that found in Europe.

(3) A good rote memory is developed.

(4) Monoideic consciousness, in which attention is undivided and concentrated on external stimuli, provides an ideal field for the action of suggestion and so virtually corresponds to a prehypnotic state.

But all is not on the debit side. Monoideic consciousness explains the personal charm, the full sympathy, the rapid forgiveness of wrongs and the ability to continue in dull routine and repetitive work. Not only is there a lesser frequency of mental disorders, but their psychiatric pattern also differs from that of the European. Perhaps this is one of the compensations for belonging to this civilisation.

THE SEMILITERATE AFRICAN

This type of African is on the whole a healthy individual. He eats a good African diet adequate in proteins and vitamins, and consequently one seldom meets nutritional disorders in him. As he is in contact with modern medical services and lives in a fairly good house, he seldom harbours any of the tropical parasites. Anaemia and cirrhosis of the liver are rare in him. Further, few seem to develop the European pattern of disease, with its peculiar anxiety states and mental breakdowns.

In Salisbury we studied the serum proteins of hospital orderlies, who fall into this category. They show little or no change in the total globulin of the blood and the gamma globulin is definitely less than in the previous group.

This we think is due to his better diet. On the whole, I should say that from the physical point of view this African is the best off of the three categories.

The Literate African

The literate or Europeanised African, like the one in the second category, is better off than his preliterate brother, in that he is free from tropical parasites and his diet is usually adequate. But he is not free of the risks that are liable to occur when he adopts our civilisation. In Britain, Schofield studied the serum proteins of Africans who had spent a number of years there and were living on a purely European diet. In them the pattern was the same as that found in the European, except that the gamma globulin was a little higher. In America all the evidence shows that the Negro there approximates the white man in most matters, and already the psychiatric disturbances affecting him are similar to those to which the white man is liable. Further, the American Negro is as prone to contract coronary thrombosis, gastric ulcers, thyroid disease and other stress disorders as we are. We have to pay for our civilisation. Most of us agree that it is worth the price, but some may be so bold as to think that my category two African is perhaps the best off in the long run.

REFERENCE

Carothers, J. C. (1953). The African Mind in Health and Disease. A Study in Ethnopsychiatry. World Health Organisation, Geneva.

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