A BLIND INTERPRETATION OF RORSGHAGHS ON THE WAPOGORO OF TANGANYIKA, by W. G. JILEK and L. M. AALL-JILEK, Montreal, Canada. Rorschach evaluations by E. G. Gutbrodt, Montreal. Typescript, 27 pp

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given to realistic social stresses rather than the intrapersonal, subjective misevaluations the patient makes of the environment. The patient is not eager to explore what he is doing to invite suffering when in fact the actual environment can be shown to be irrationally restrictive. Patients may actually beg the psychiatrist not to act medically, but to intervene directly in their social predicament when legal action threatens.

A multiracial society permits research on a number of mental health problems as yet unsolved. Walton observes that there is much evidence, not yet systematically studied in South Africa, that the same illness (hysteria, for example) "presents differently in the Bantu on the one hand and in white patients on the other. Some illnesses occur very rarely in some race groups (e.g. depressive illness, allegedly, among the Bantu), permitting research into the effect of biological factors in the etiology of particular mental disorders."

The sweeping generalizations about Bantu-white personality contrasts are beginning to be replaced by isolated findings capable of verification. However, until Bantu psychiatrists are trained, observations have the liability that they are made by only one race group. Psychiatrists in South Africa are few and clinical needs are most urgent; nevertheless the advancement of research is still possible. Walton suggests, as one means, that research teams could be brought in from other countries, a practice for which there is precedent in a Nigerian investigation.

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The applicability of the Rorschach to indigenous African subjects is still a matter of controversy. In the course of their clinical work in Tanganyika, the authors obtained Rorschachs and case histories on five patients of varied diagnosis as well as on two symptomless adults of the Wapogoro group (a Bantu people of about 50,000 population living in considerable isolation in the mountains of Eastern Province). The Rorschach protocols were then interpreted blindly by a Montreal psychologist. These Rorschach interpretations turned out to be strikingly accurate as the following examples indicate:

Case 1. T.C.

This 44-year-old woman was in severe distress and trembling violently when she was brought in by her older brother and her common-law husband. During the

examination the tremor increased so that her teeth chattered. She sank to the floor and complained of pains in the heart, chest and back, and that a devil sitting in her neck was choking her. She complained that her husband had beaten her. Physical examination failed to reveal anything pathological, except for the commonly encountered sideropenic anemia. T. asked to be kept at the mission where she stayed for three days, during which time she rarely spoke. One night she reported the following nightmare. She was flying until she landed in a European house. She explained that this nightmare had haunted her since she moved in with her common-law husband. In vain has she taken native medicine against the dream. The attention and sympathy she received under the care of the African Sisters greatly reduced her anxiety.

She had been ill for two months and a fight with her husband had been the precipitating factor. She was "driven out of her wits" when he hit her, and turned wild somersaults—the common expression of grief among Wapogoro women, often observed in mourners at a funeral. Later she lost her voice for two weeks. Once she collapsed when passing her brother's hut; her limbs trembled and her heart pounded. As she continued to suffer from shaking spells, a "Goma ya shetani" (devil's dance) was arranged to cure her, but to no avail.

T. was the third child of a village headman. Of her paternal uncles, one was mentally ill and had disappeared into the bush; another was an alcoholic; a third was a highly respected family sooth-sayer. The four wives of T's father lived together in peace, but when she was seven years old, three of the wives left the old man. T's mother moved in with a young man. When T was fourteen her family betrothed her to an older man who died two years later. She had to spend two mourning years at the mission until she married again. Her new husband was jealous and brutal. After several years of marriage he was arrested for beating her severely. Her family refunded the bride price and T. was taken home with her only child. Soon afterwards she met her common-law husband mentioned before with whom she has now lived for fifteen years. They have three children. T. was so fond of this man that she gave excuses for his not paying the full bride price which caused permanent friction with her family. In 1962 he inherited the young wife of his deceased brother and began to criticize and mistreat T. T's older brother, as head of the family, insisted upon the full payment of the bride price if her husband wanted to keep her. The matter was brought before the council of village elders on which occasion the husband decided to send her back home. It was then that T. took ill. According to Wapogoro custom he now had to take care of her as long as she was sick.

It was not the first time the devils has made T. suffer. Many years before, they sent shaking spells and chest pains when her second husband left her. The question of T.'s future has still not been decided. She remains depressed and complains intermittently of her pains and aches. Recently she consulted a medicine man who told her the devils were still in her and would stay until her marital affair was settled.

Diagnostic Impression

Reactive Depression with conversion-hysterical symptoms.

Psychologist's Report on Case I, T.C.

Brief Psychological Assessment

An anxiety neurosis with a marked depressive element in an hysteric personality. This person is infantile in approach, intellectually inhibited or limited, dysphoric.

The attempt for control of mood reaction is not successful resulting in labile affectivity. There are indications of a "Ersatzkontaktfaehigkeit"—a tendency to adapt in a specific sensitive manner. There appears to be a marked psychosexual problem with sexual self-depreciation (menopausal reaction?). The neurotic anxiety approaches the level of a phobic fear. Mild organicity is indicated.

Discussion of Rorschach Evaluation

This markedly extratensive Rorschach protocol is characterized by an almost phobic fear reaction (one red shock, three shading shocks) and a number of infantile responses, with the typical hysterical reaction to color and a depressive reaction to shading.

This Rorschach protocol contains several responses which in our culture would be considered phallic symbols (candle II, stick projecting on III, snake on III, tower on VI, tail and candle on X) but beyond assuming a sexual problem we shall refrain from making dynamic interpretations.

Case 2, Normal Male Adult, I. M.

This thirty-year-old single man served for many years as a school-teacher at the mission. He was brought up by his pagan grandfather—a famous medicine man—and by his devoutly Christian father. At the age of 25 he came into contact with modern Western civilization and was shocked at the discrepancy between Christian ideals and reality. He quit the mission and became an ardent African nationalist, took a one-year course in social science and economics and then returned to his native tribe to prepare the people for economic and political development. A shy, pensive man, he likes to read history and philosophy. Now a biting critic of missionary methods, he still retains his Catholic belief. This creates considerable personal conflicts. He is very ambitious and chose to stay single in order to concentrate on his task.

Psychologist's Report on Case 2, I.M.

Brief Psychological Assessment

This basically normal person reveals on the Rorschach test a constricted personality with affects well under control and a strong religious preoccupation. There is indication of a psychosexual neuroticism with feelings of impotency. A depressive element is revealed mainly in connection with self-identification and religious symbolism. This man appears to be of superior intelligence. Mild organic damage is also indicated.

Discussion of Rorschach Evaluation

The marked feature on this Rorschach is the high F percentile (88 per cent) pointing to a rather constricted personality. The Erlebnistype is ambiequal and affects are well controlled (FC). The depressive features are mainly revealed content-wise (burned branches, sticks, smoke, etc.) This high form level also indicates a superior intelligence in this basically normal person. Again—as with most of the other Rorschach protocols of these African natives—we find indications of mild organic damage in perseveration, repetition, and difficulties in handling of color stimuli.

The correlation between case history and Rorschach interpretation is similarly high in the five other instances. Only the diagnostic impressions can be given here.

Clinical Diagnoses	*Blind Rorschach Interpretation*
CASE 3: L.M. Schizophrenic Reaction (hebephrenic type?)	Disintegrated schizophrenic
CASE 4: S.M. Anxiety State with Hysterical Features	1. Incipient schizophrenia (?) 2. Schizoaffective disorder (after a near schizophrenic break) 3. Hysteroid schizophrenia
CASE 5: R.B. Alcoholic hallucinosis and depressive reaction	Severe organic disturbance ... and neurotic (depressed) overlay
CASE 6: K.K. Grand mal epilepsy with psychoneurotic traits	Medium-severe anxiety reaction to an organic disturbance of medium severity and convulsive type (epilepsy)
CASE 7: O.K. Normal	Normal

The authors note that the psychologist was given only the sex and age of the subject. The psychologist himself was trained in Austria and North America and had no knowledge of African cultures. They postulate that the Rorschach and perhaps other projective tests can be usefully applied to people of other cultures. A brief description of Wapogoro attitudes towards mental illness and its management by local healers is included in the paper.

PSYCHIATRIC DISORDER AMONG THE YORUBA, by A. H. LEIGHTON, T. A. LAMBO, C. C. HUGHES, D. C. LEIGHTON, J. M. MURPHY, and D. B. MACKLIN. Ithaca: Cornell University Press, 1963. 413 pp. Reviewed by P. C. W. Gutkind.

Not all social anthropologists, particularly those trained in the 'British tradition', are overly receptive and enthusiastic towards studies attempting a socio-cultural analysis of mental disorders. While the reasons for this (or the 'American tradition' which has sponsored most of these studies) might be sought in the cultural matrix of the anthropologist's own culture, more fundamentally, perhaps, the various disciplines involved, ranging from the specialization of the chemistry of the human organism to the analysis of the cosmological ideas of a specific human group, approach the subject of mental disorders from widely differing premises, perspectives and methods.

Again, the relativistic approach of the social anthropologist places