



Psychology Brewed in an African Pot: Indigenous Philosophies and the Quest for Relevance

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Higher education has often been targeted for criticism with regard to its lack of relevance when seeking to address the harsh realities of poor health, poverty and conflict in African countries. African universities have been seen as producing Western-influenced graduates who become an elite out of touch with their own



local people. It is the thesis of this paper that higher education in Africa must connect with the African worldview and philosophy to make university education relevant. To achieve this, universities need to promote the revisiting of our African identities in the courses they offer. In this way, universities will produce graduates who are not only sensitized to the worldviews of the indigenous populations they will serve, but who will have the ability to enrich the global context by bringing to it uniquely African perspectives.

Despite the heterogeneity and dynamism of the African continent, there are commonalities that unite the African experience. Writers on Africa and Malawi highlight one main philosophical theme in the African experience of life that commonly defines the purpose of life and the nature of human conduct. This key theme, which is the summation of Malawian, and indeed African philosophy, is called uMunthu, or uBunthu as it is pronounced in South Africa (Mbiti, 1989; Sindima, 1994; Lane, 2000; Letseka, 2000). The very fabric of traditional African life centers on community and belonging to a network of people. The key phrase of uMunthu is captured in the saying: 'Umuntu ngumuntu ngabantu' (A person is a person through persons). Human identity lies not in 'I think, therefore I am', but in 'I am because you are, and because you are, therefore, I am' (Mbiti, 1989; Sindima, 1994). The communal embeddedness and connectedness of a person to other persons is illuminated by this saying. Thus, the individual is affected by what happens to the whole group, as indeed the whole group is affected by what happens to an individual. In African philosophy, the view of man oscillates around this pivotal point.

The illustrative case in point in this paper will be an aspect of medical tertiary education at the University of Malawi, College of Medicine in Blantyre, Malawi. The focus will be on the course entitled 'Social and Behavioral Dynamics', which is offered as part of the 5-year undergraduate curriculum. This paper shows how this course has evolved over the past 10 years to embrace the Malawian philosophy of uMunthu in its quest for relevance.

The Psychology Course in Malawi

Malawi has one of the worst health indicators in the world (National Statistical Office [Malawi] and ORC Macro, 2001). In 1991, the first local medical school was opened to improve healthcare provision and reduce the appalling doctor-patient ratio (Mulwafu and Muula, 2001; Broadhead and Muula, 2002). Given the demographics that 85% of the local population live in the rural areas, the college is committed to the principle of being community-based in its teaching. The University's Department of Community Health is the cornerstone through which this objective is realized. The ethos of the department upon its inception was that purely medical models of disease, developed in the 'hard' science of



the West, are seldom adequate in countries like Malawi. Such models do not explain the natural history of many of the common diseases, nor the health-seeking behaviors, symptom manifestation, and treatment response and compliance that accompanies them, because they make behavioral and cultural assumptions, which are by no means always justified. Under these circumstances, a community orientation was considered fundamental to undergraduate teaching.

My training is in psychology and my lecturing mandate was to teach a psychology course in the Department of Community Health for the medical students at the College of Medicine, which was only 4 years old at the time I began lecturing in 1995. I drew up a course that was broader than just general psychology and named it 'Social and Behavioral Dynamics'. The aim of the course was to provide basic training in the social science of medicine at the pre-clinical level. The course sought to expose medical students to various psychosocial theories and issues so as to provide the grounding from which they could appreciate the holistic nature of medicine in a tropical setting. Throughout the course the emphasis was on Malawian and Southern African perspectives. By the end of the course students were expected to have an appreciation of the social side of their profession that would compliment the more clinical components of their medical studies. It was important to develop theoretical concepts that could impose order and meaning on local personal experience. In Africa, cultural practices and societal arrangements not only influence but quite literally determine also the approach to healthcare, treatment compliance, and even the natural history and manifestations of diseases. An understanding of society and how it works is therefore fundamental to an understanding of the individual patient. The teaching was delivered by means of didactic lectures, seminars, and discussions. Students were encouraged to come up with local and relevant solutions to various health problems. Critical evaluation of the relevance of Western theoretical approaches to dealing with Malawian problems was an important component of the course.

The course was broken down as follows: In the first year, six contact hours were given for basic principles of psychology and sociology. The topics included: Understanding and Approaching Malawi Communities; Family Social Networks; Attitudes and Beliefs, Learning; Memory and Motivation. In the second year, seminars focused on the human life cycle from infancy to old age within a bio-psychosocial framework with an emphasis on the psychosocial aspects. The Erikson psychosocial stages of development model was used as a theoretical base. Fourteen contact hours were given to the course in the second year. In the third year, input was in counseling skills and doctor-patient communication since the students had entered their clinical years. In the fourth year, input was in qualitative research methods as the students were engaged in

a research project that year. My focus for this paper is on the first 2 years' input as this is where most of the course evolution happened.

As can be seen above, when the course commenced in 1995 it was a standard Western-based medical school social science course with topics such as learning and motivation and examples primarily drawn out of textbooks. A few local examples were thrown in as 'spices' but the 'cooking pot' was very much Western in orientation. Over the 9 years the course has been in existence, it has transformed in its ethos. My chief aim was to increase its relevancy, given that 'irrelevance' has been a constant critique of tertiary medical education.

The Relevance Discourse

Writing a decade and a half ago, Akin-Ogundeji (1991) maintained that

Psychologists outside academia have little impact, especially in areas of national development like social mobilisation, family planning, youth development, manpower planning, primary health care, rural development ... where they should be playing major roles (Akin-Ogundeji, 1991, 3).

He argued that there was a need 'to change and refocus psychology in a pulsating society of sporadic social and economic changes' (Akin-Ogundeji, 1991, 3). At that time, the empiricist approach to psychology was still largely practised in Africa. Hence, the 'essence of psychology, which is relating meaningfully to human values, social realities and whole-life issues' (Akin-Ogundeji, 1991, 4), was being bypassed by an experimental approach, which was contributing to the sterile nature of African psychology in Africa.

Clearly, there is a need to draw on approaches attuned to Africa's social realities and avoid 'ivory-towerism'. Psychology must offer explanations of social change (Moghaddam *et al.*, 1999). 'Changes are taking place in Africa which demand new thinking, new methods, and new areas of specialisation.' (Akin-Ogundeji, 1991, 4). From a critical psychology perspective, it can be seen that psychology effectively maintained and supported the status quo whereby the dominant power ideologies of the West continued their hold on African psychology (Mkhize, 2004). I did not want my course to be guilty of perpetuating the status quo. Rather, it was my intention that the course instil values and principles in the students that would encourage them to appreciate the local situation and equip them to be able to critically apply their knowledge to it. The implications were huge. Malawian doctors go into leadership positions within 2 years of qualifying and end up running and managing whole district health services as District Health Officers. The task of laying the groundwork was therefore a crucial one.



The relevance and applicability of psychology in Malawi is not without precedence. In 1993, Carr and MacLachlan (1993) argued the relevancy of psychology to developing countries and pointed to positive changes in teaching (e.g. the realigning of academic introductory courses towards African experiences), marketing, consultancy, and research where psychology was relevant and flourishing within Malawi. Research was targeted towards applied relevance. Their input was at Chancellor College, a constituent College of the University of Malawi where the humanities and social science courses are taught.

In assessing whether psychology had an impact on developing societies, Carr and MacLachlan (1998) evaluated journal publications appearing in the Psychlit database. They concluded that psychology has had an impact, especially in the health domain, which comprised 71% of the 142 articles reviewed. Examples of impact included papers identifying psychology factors that influence community practice. There had also been a growth in papers advocating a pluralistic approach to healthcare. They concluded that 'psychology appears to be impacting on a broad spectrum of human health and welfare in the developing world' (Carr and MacLachlan, 1998, 9).

The relevance debate is not confined to the field of psychology, but to higher education in general. Prinsloo (2003), while focusing on the field of education, draws lessons that easily apply to the field of psychology. Education is not just about the knowledge a person has acquired but also encompasses the purpose for which he or she has acquired it. Prinsloo argues that 'education that does not lead to critical citizenship is not considered to be relevant to the 21st century' (Prinsloo, 2003, 61).

Matos (2000) argues that ultimately the goal of higher education is the betterment of society and the attainment of higher standards of living. 'To discharge these functions adequately, a higher education system must be firmly anchored in the cultural and intellectual environment of the community and of the country where it is located' (Matos, 2000, 17). His argument is clear; rethinking the content of higher education in Africa must begin with understanding and transmitting the knowledge base on which African societies are organized to students and the community at large. Matos goes on to argue:

'The major 'disease' of education in Africa is the systematic attempt to ignore and dismiss the intrinsic value of African culture, customs and practices. Indeed, there is a tendency to treat the African learners and society as if they were *tabula rasa*, void of any knowledge or value system, on which foreign cultures and knowledge could be imprinted without resistance' (Matos, 2000, 18).

Hence, it is not only the type of knowledge imparted that is at issue but also the manner in which that knowledge is imparted. Knowledge transfer therefore



becomes a key aspect of making tertiary education relevant to the local culture. Culturally, how has knowledge been imparted in Malawi? What are the traditional school systems like and how should these be adapted or applied to the delivery of the Social and Behavioral Dynamics course at the College of Medicine? Chigona (2002) argues that amidst the variations, there are three basic dimensions to the traditional school system, which has as its aim the informing and forming of Africa's youth.

The first dimension involves the impartation of life skills. During initiation, the youth are taught practical skills that will enable them to support themselves, skills such as weaving baskets, fishing, making hoe handles, and so on. It is, as Chigona puts it, 'a form of education which targets the hand' (Chigona, 2002, 42). The second dimension targets the head and consists of the transfer of knowledge about the history of the tribe or community and the impartation of secret words and terms for everyday objects to which only the initiated are privy.

The third dimension deals with the heart or the development of character.

Traditionally then, the approach taken in African schools has been holistic and addresses the whole person. It is not concerned merely with *head* knowledge but also includes practical (*hand*) and character (*heart*) knowledge. In this way, the guiding philosophy of uMunthu, which is to produce humanness, is reflected and embraced in the traditional schooling system. As Western medical education usually focuses on the *head* and the *hands*, a third critical dimension had to be added to the course, and over the years the 'heart' component was introduced.

One of the ways in which this was accomplished was to expose the students to basic principles of self-awareness. The medical profession requires maturity and extensive knowledge of self. The course therefore sought to help build the character expected of a medical doctor. Students were encouraged to spend time in self-reflection and reviewing their lives in the context of their studies. Each time a new theory was introduced, students were encouraged to review it in the light of their own experience. For example, when the students were introduced to Erikson's psychosocial stages, they were given an assignment in which they were asked to critically evaluate the theory in the light of their own personal stories. Could they see Erikson's stages when they looked back on their own lives up to this point?

Life skills were also introduced into the course and topics now included relationships, the building of values, and communication. 'Before you study other people and human behavior, you must first visit yourselves' was what I began telling my students. This third 'heart' component brought the course into line with the ethos of traditional education.

Improving Relevance

The growing challenges and concerns of globalization bring the issue of relevance to the fore. What is considered relevant educational input at the national and societal level is decided by each country's idiosyncratic issues and needs (Prinsloo, 2003). Will the education provided ensure that graduates are able to address effectively problems at a local level? Will the education fit the graduates to participate effectively in global society? Finding the balance between relevance at the global and local levels posed some challenges in the designing of the course. While we were training doctors to serve in Malawi, we wanted to ensure that their levels of competency met international standards. This was the reason behind the inclusion of topics such as Erikson's psychosocial model. Graduates who went abroad for postgraduate training needed to be well educated in Western theory. The establishment of the College has greatly reduced the medical brain drain in Malawi. By 2002, of the 168 graduates produced in the first 10 years of the College of Medicine, only nine had left Malawi, 112 were working in Malawi, 43 were on postgraduate programs outside but were expected to return, and four had died (Broadhead and Muula, 2002).

In attempting to 'brew psychology in an African pot', the course had to create and find its own local knowledge space for the production of relevant and effective graduates. The 'yeast' that ferments its way throughout the concept of indigenous knowledge systems is the underlying African

And it is this philosophy that was to play a key role in the Social and Behavioral Dynamics course.

Fermenting the Philosophy of uMunthu

The next step in the evolution of the course was to introduce a topic explicitly grounded in an African philosophy to which Malawians could relate. Thus, in 2003, I introduced a topic for the first years entitled 'uMunthology'. When I first pronounced this name in class, one of the students remarked out loud in the vernacular: 'I hope, sir, you are not taking us for a ride'. The remark is telling. There would be no questioning of such a topic if it were imported from the West, but a Malawian topic caused students to immediately doubt its authenticity. So instilled is the Western-based model of education that liberating the minds of students is an ongoing process.

Ever since the College's inception, first-year students have spent a week at a village as part of their 'Learning by Living' program where they participate in village life activities so as to systematically sensitize them to the worldviews of the indigenous populations they will serve on graduation. The aim is to instill, at an early stage, values that discourage academic elitism. Learning from the community is often a very humbling experience for our students. In their second year, the students are involved in health education in the villages. Together with the villagers, they take part in drama and musical productions that addresses a community's health concerns. In this way, these experiential excursions hopefully aid knowledge transfer to the most impoverished.

After considering how to increase the relevance to the course, the following changes were made. First, enroute to the village, students now visit Mua Mission where a cultural museum named Chamare is located (Boucher Kachisale, 2002). Students spend the day in the museum, which is rich in cultural artefacts that depict the lives, histories, and values and belief systems of three Malawian tribes. Through the use of paintings, carvings, and liturgical celebrations, the center's artists have developed a mode of expression that is uniquely African and modern (Ott, 2000). In their feedback, students report being awestruck and amazed at the richness of their culture—for many, this is the first time they have been exposed to such material.

Second, as part of the uMunthology curriculum, students are now exposed to Malawian cosmology, with an emphasis on the hierarchy of spirits. Malawians are very spiritual people and the role of spiritual forces in determining health and well-being is something to which the medical students can relate. This is the first time such knowledge about the collective

Students also study a local creation myth, a Chewa tribe story known as the *Kaphirintiwa* myth, and are challenged to interpret the symbolism inherent in the myth and consider its implications for health and general life today. This myth penetrates to the heart of the Chewa worldview and captures the values and ideals of the Chewa (Chigona, 2002). The basic principles of uMunthu are exposed to the students: 'Our central principle is LIFE and not reason' (Musopole, 1998, 9).

Students are now taught the core values of uMunthu, such as patience, hospitality, loyalty, respect, sociability, and endurance. They are also exposed to local proverbs, such as *Mutu umodzi susenza denga* (One head cannot carry a roof) (Chakanza, 2000), and traditional stories and fables that show how collective interest should come before individual interest. The medical students are encouraged to examine and revisit the traditional value systems where cooperation is encouraged and critically access the implications in the light of changing health concerns.

In their second year, students are exposed to Malawian anthropology and a Malawian life cycle model. Instead of being confined to Erikson's model, they are now also taught the five stages or rites of passage of the Malawian life cycle (Ott, 2000). These are: birth, puberty and initiation, marriage, leadership, and death. Each stage and its accompanying ritual and symbolism is presented and explored. Students are taught that each stage has three components: seclusion, transformation, and reintegration. Given the rapid social change happening in Africa, the students are encouraged to critically analyze the impact of the absence of these rituals on contemporary African society.

At the end of the first two terms in the first and second years, students are afforded the opportunity for a small group research project. A critical and relevant psychology should produce research that furthers the needs of Malawi and developing societies in general. This includes research into poverty, illiteracy, and alienation caused by globalization (Mkhize, 2004). Our students spend a few weeks exploring these issues in a local township where they conduct focus group discussions and individual interviews. They then analyze the data. This exposes them to what the population thinks and feels about these issues. The students are also encouraged to go and listen to the stories of people's lives to get a sense of where the people are at. This narrative analysis approach is used because of the strong oral tradition in the country.

Students are further challenged to be creative in exploring the practical application of uMunthu to current health issues. How could the principles of collective identity and caring about the welfare of others be translated and applied to safer sex promotion? Instead of approaching health behavior change from a purely rational perspective, how could a value-laden message that has more meaning to persons emerging from a collective worldview be effectively utilized in Malawi? (Bandawe, 2002).



Knowledge Flow Enhancing Capacity

How, then, should knowledge flow in order to enhance capacity? Like a raging flood that swallows everything in its path, globalization has swept across the African valley of knowledge, uprooting local knowledge in the process. Knowledge flow has thus typically been uni-directional and has undermined capacity. The consequence of this one-way tidal flow has been the creation of an irrelevant educational elite. The way to reverse this is to strengthen the students' philosophical roots so that their capacity is enhanced in a blend of global and local knowledge. It is advocated that the global should be seen through the context of the local, especially if applicable relevance is to be the yardstick of capacity. How then might this local approach feed into and 'enrich' the global system? The principle of unity in diversity or diversified unity serves to illustrate the importance of this approach. When one looks at nature one observes not only how diverse each part is, but how perfectly each part fits in to the whole. For example, each tree in the forest is unique, but collectively the trees form an even more beautiful forest. The creation of space for the expression of local knowledge will, in turn, result in the creation of a beautiful forest of knowledge. Hence, the expression of localized knowledge will serve to enrich globalization. Diversity enriches and strengthens this unity of quest for knowledge and alleviates assumptions about the local.

This brings us to important key issues worth further exploration that go beyond the scope of this illustrative paper. Are there alternatives to traditional Western-style medical education? Should tertiary education seek to circumscribe knowledge flows by putting more resources into training the cadres of clinical officers and medical assistants? Could such an approach be seen as a model for Western countries to adopt? Hence, knowledge flow would be multidirectional. Will a focus on uMunthu inspire our students aiming to become public health specialists to stay in Africa and make a relevant contribution? Apart from the obvious financial reasons, which are beyond the control of the course offered, one of the factors in 'brain drain' could be students' frustration at not being able to integrate the knowledge they have acquired with the realities of life in Africa. It is hoped that the course will continue to evolve to address this frustration and by implication curb the outflow of trained healthcare personnel.

Conclusion

The challenge that has faced psychology is to offer students in the African context knowledge that is relevant to the challenges, puzzles, and dilemmas that the students experience as part of their everyday lives. Given the globalized context in which today's Africa exists, psychology has to balance the global

agenda with local needs. This balancing act can be helped through the scrupulous selection of what students learn. Exposure to Western (and even Eastern) psychology theories is necessary, while at the same time imparting critical skills that enable students to broach psychology through local lenses that translate into practical relevance.

There is still work to be done. In the same way that uMunthu looks at a person as a process of becoming, so too the incorporation of uMunthu into tertiary education will be a process. The teaching of uMunthology will hopefully move from being just another topic in a medical program course to an epistemology that informs and directs African education at all levels. Musopole puts forward this powerful challenge:

‘If Malawi is to realize its intellectual independence, that is rooted primarily in its cultural soil, it will have to... discover its own epistemological emphasis just as the Greeks, Romans, Germans, British and Americans have done. One that sustains its view of uMunthu rather than one that services capitalist needs at the expense of human well-being’ (Musopole, 1998, 39).

In attempting to ‘brew psychology in an African pot’, the Social and Behavioral Dynamics course at the University of Malawi, College of Medicine, seeks to be a step in the creation of such a uniquely Malawian epistemological emphasis. Only then will pragmatic relevance in tertiary medical education



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