

THE CULTURAL DYNAMICS OF STUDENT ANXIETY : A REPORT FROM LIBERIA¹

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1. Introduction

The purpose of this paper is to describe the effects of rapid socio-cultural change on the personality structure and coping ability of (university) students in Liberia, and for this purpose I will confine my discussion to Liberians of tribal origin. The students who are the subject of this paper share the following characteristics: 1. their environments of origin are undergoing rapid economic development with concomitant social and cultural changes, 2. they are key participants in the inter-generational conflict of values that has accompanied the declining importance of the extended family and traditional tribal authority structure, and 3. they are representative of a generation of Liberians for whom advanced education has become both a highly sought after goal and at the same time a central focus of inter-generational conflict; being highly valued by youth and negatively or ambivalently regarded by "traditional" adults of the tribe.

Clinical material is presented to illustrate the relationship between identity conflict and psychological disadaptation experienced by some students. The data is drawn from the author's two years experience as director of mental health services in

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Liberia (1964-66), and medical director of Liberia's only psychiatric facility, the Catherine Mills, Rehabilitation Center.

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2. Developmental change and educational expansion

Liberia is, a (West African) country of more than a million people which has been established as an independent republic for more than a century; since 1847. The population comprises some twenty major tribes in addition to the relatively small but socially and politically dominant group of "Americo-Liberians", descendents of approximately ten thousand American slaves and free Negroes who first established settlements along the coast during the mid-nineteenth century. Although education up to university level has been available for many years in the capital city of Monrovia and through high school in several towns along the coast, for the vast majority or the tribal population the possibility of obtaining formal education has been a relatively recent phenomenon. This change has, in large measure come about as a corollary of the large-scale exploitation of the timber, rubber and mineral resources of Liberia during the past fifteen years, which in turn stimulated the rapid development of roads, a communication network and administrative centers throughout the country. The Liberian government has undertaken an enormous expansion of educational facilities in the 'interior' of Liberia in the wake of these developmental changes.

The tribal population of Liberia is experiencing profound socio-cultural changes. Traditional legal, political, and religious institutions, such as the Poro and Sande societies (Harley 1941; Nolan 1986; Gibbs 1963), while by no means in eclipse, are declining in authority. The traditional economic system of subsistence farming and fishing based on the cooperative effort of the extended family is giving way to wage employment at mines and plantations. Geographic mobility and increasing urbaniza-

tion that accompany this occupational shift have contributed to an erosion of traditional extended family ties.

One consequence of this rapid process of change – which I recognize is as characteristic of other countries in West Africa, and elsewhere as it is or Liberia – is the demand for new skills and its promise or new rewards directly related to educational achievement. Accordingly, the desire for education among tribal youth has steadily mounted. Competition /p. 269/ for admission to technical schools and colleges is particularly intense and anxiety-provoking.

3. Educational achievement and the cultural dynamics of student anxiety

One must bear in mind that during the early stages of what anthropologists call acculturation or developmental change, what sociologists term modernization and economists technological development, authority figures within the extended family and the tribe are generally hostile to education. They see it as a threat to the stability and continuity of traditional tribal institutions. These institutions are safeguarded primarily through the power of the Poro and Sande secret societies. Gibbs (1962) has stressed the inherent conservatism of these organizations, and pointed to d’Azevedo’s contention that one of their major functions is to preserve the status quo; to maintain adherence to traditional norms, even in situations of acculturation or social flux (d’Azevedo 1962). The central role of the Poro and Sande secret societies demands that pre-adolescents spend several years at initiation “bush school”. In keeping with cultural tradition, a bush school is organized by the Poro or Sande society at intervals of approximately seven years, and all non-initiated younger members of the tribe must participate (Gay & Cole 1967). Beliefs and values essential to traditional enculturation are inculcated during this period or strict seclusion from

the outside world, and among the most fundamental values is that of unquestioning submission to authority (Harley 1950). Gay & Cole (1967) assert that in terms of the traditional culture. (in their case of the Kpelle tribe); “ ... knowledge is primarily a possession of the elders. Education is concrete and non-verbal, concerned with practical activity, not abstract generalization. The primary goals of education are maintenance of the past, conformity, and provision of the necessities of life, in descending order.”

The system of values implicit in Western education emphasizes individual rather than collective (family, clan) achievement; self-reliance rather than group effort; abstract reasoning and verbal facility rather than rote and imitative learning. There is a strong commitment to questioning of past practices and traditions, rather than conformity to them. /p. 270/ Greater value is attached to future than to past concerns. One can readily appreciate therefore, that the student must undergo profound changes in value orientations – indeed, of cognitive structure – in order to operate successfully within the context of the formal (Western) educational system. One can appreciate that the thrust of Western educational institutions runs strongly counter to traditional institutions, threatens the tribal authority structure, and consequently gives rise to strong opposition within the family and tribe. During the early stages of acculturation, the further the student progresses in his education, the more he revises his educational goals upward, and the more committed he becomes to the social and occupational aspirations associated with those goals. As this process continues, intergenerational conflict progressively intensifies. By the time the students reach high school and beyond, intrafamilial strain has often reached the point of rupture. Parental frustration with if not hostility toward their children’s educational aspirations is most frequently expressed in the conviction that once they have gone to school their children will, as one parent described it; “get too puffed up and have no more time to bother with us country

people again”. Such students come to Monrovia highly motivated to advance their education, but cannot count on any support from their families, either financial or psychological.

Furthermore, among Liberians there is widespread belief that when success engenders jealousy and resentment, the highest academic achievers may be subject to retaliation by their less successful peers through the agency or witchcraft. Successful students are especially fearful of retaliation in the form of mental illness induced by witchcraft. Because of the pervading belief that any individual has the potential to invoke malevolent spirits, interpersonal relations are characterized by a high level of suspicion and guardedness (Wintrob 1968; Wintrob & Wittkower 1968). Students soon suspect that they are being “poisoned” (bewitched) when they develop a low grade but persistent fever or intestinal disturbance. This belief is internalized early in the child’s life and reinforced when parents explain his minor illnesses as attempts by malevolent individuals to bewitch him.

/p. 271/ The type of family estrangement such as I have described has two major concomitants for the student. First, it generates further culture-specific anxiety that witchcraft procedures will be directed against him by members of his family or tribe who are envious of his achievements and angered by his flaunting of tribal authority. In Liberia, the most intense anxiety about “being witched” typically relates to one’s immediate family members (Wintrob & Wittkower 1968). Many of these students become so convinced that they will be “poisoned”, “witched”, “humbugged by geni” or “troubled by bad medicine” and ultimately “turned crazy” by these methods, that they will not risk returning to their village to visit.

Second, an identity conflict develops and assumes a major role in the student’s psychic functioning, as the student’s aspirations increasingly polarize toward the “acculturated” identity

model represented by his teachers and other individuals in the urban setting with whom he has progressively greater contact². In keeping with this polarization of identity toward the Western, urban model, the student conceives of his education as the sine qua non for achievement and status in the urban society. He becomes increasingly anxious about the implications of failure in school that would require him to relinquish his goals and return to his village. Fears of retaliation by authority figures of kin group and tribe exacerbate fears of failure and may generate such intense anxiety that the student's ego defenses collapse. One such case is described at a later point in this report.

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4 . The development of mental health facilities in Liberia with special reference to students

Clinical psychiatric facilities were introduced in Liberia in 1961 with the construction of the 40-bed Catherine Mills Rehabilitation Center, followed in 1965 by the establishment of after-care and mental health clinics. An unexpectedly high percentage of patients at the mental health clinic were students. During the first 18 months of its operation, students (high

² For tribal Liberians there are, in fact, two models for identification contrasting with the traditional one (or their pre-school experience). In addition to the "white" middle class model represented by foreign school teachers, missionaries, plantation and industrial personnel, there is another model for identification represented by the socially, economically, and politically dominant Americo-Liberians. Sharp distinctions between tribal and Americo-Liberians were long maintained by law and practice, reinforced in consequence of repeated tribal revolt against Americo-Liberian authority and control (Fraenkel 1964; Martinelli 1964). Since it has long been necessary to have the support of the Americo-Liberian power bloc in order to advance one's education and ultimately one's career beyond the limits of the village and the tribe, it can readily be understood that the Americo-Liberian identity model internalized by the tribal Liberian gives rise to intensely ambivalent feelings (Wintrob 1967).

school as well as university) accounted for 38% of mental health clinic patients and comprised 13% of inpatients at the Catherine Mills Rehabilitation Center during that same period (Wintrob E.P. 1916). Prompted by our experience that such a large proportion of students sought mental health consultation at our clinic, we determined to attempt a systematic social-psychological interview survey of all University of Liberia students. Our intent was to detect cases of emotional disorder early in their development and refer such students to our mental health clinic for treatment, as indicated. Data from its first year of operation is incorporated in this report³.

5. Clinical features of anxiety reactions among students

Our findings from the university mental health screening project and from students treated at the mental health clinic indicate that hypochondriacal preoccupations are very common among students, and are almost invariably associated with complaints of weakness, fatigue, headache or numbness in the head, insomnia and nightmares. A further group of symptoms relate more specifically to feelings of inadequacy and fears of failure in academic performance. They include blurred vision; inability to concentrate, impaired memory and learning ability. feelings of loneliness or hopelessness and rumination over falling grades.

In our experience this pattern of symptoms develops insidiously over several months, and students are almost invariably insensitive to the psychological nature of their condition./p. 273/

³ We planned to begin our interview survey with all first year student proceeding year by year to more senior students. The university mental health screening project was endorsed by the administration and student's council of the University of Liberia. During its first year of operation the project was staffed by two volunteer social workers and a Peace Corps volunteer with a sociology background.

Since the most frequent presenting picture at the onset of the condition is the symptomatic triad of hypochondriacal complaint, inability to concentrate on studies and rumination about falling grades, the concerned student will usually consult a teacher or guidance counsellor on the one hand, or a general physician on the other. Such a student is, in a typical case, advised about his study habits, given remedial course work and/or referred for ophthalmological or gastrointestinal investigations. That is, although this syndrome of neurotic anxiety among students is common, it goes largely unrecognized by students, teachers and physicians alike. When we collected social and psychological background data on all freshman students at the University of Liberia we discovered that some 20% of them experienced the symptom triad of this condition that Prince has so aptly named "the brain fag syndrome" (Prince 1960). And half of this "brain fag" group of students were referred for treatment to our mental health clinic.¹

It is only at the point of appearance of nightmares, manifest anxiety and on intellectual block on the acquisition of new (course) information that students begin to recognize the emotional nature of their dysfunctioning and may seek out psychiatric help. The following case is a typical example.

Case one

Mr. J. F. is a 23 years old single student of the interior Loma tribe, enrolled in his first year at law school. He sought psychiatric help at the mental health clinic following an acute panic attack during which he thought he was "going crazy". He was afraid to go to classes out of the conviction that he might die if he did go. He could not explain why he was so fearful of dying, but doubted that he had been "witched" by fellow students. He had decided to drop out of his law course.

The story he told is that for several months he had been feeling unusually tired out at the end of the day; a day that consisted, for him, of working full time as an elementary school teacher as well as attending classes in law as a part-time student. His father is a (subsist-

ence) rice former. Although J. F.'s father never attended school himself, he /p. 274/ encouraged his children "to learn book". J. F.'s father could not afford to send the patient to school, but the patient had sufficient aptitude to win several scholarships enabling him to proceed through high school. In college he supplemented scholarship money by doing a variety of part-time jobs. He had been supporting himself completely for five years, being scrupulously careful about all his expenses.

J. F. was a serious and determined student. He rarely went out socially, except for an evening drinking beer or cane juice with fellow-students of his tribe once or twice a month. He spent long hours studying, but seemed to have great difficulty concentrating on his (law) reading during the previous three months. He felt he was learning nothing that he had to read paragraphs over and over, but could still not remember the details of what he had just read. He was having frequent frontal headaches and vague feelings or pressure in the head. He had trouble falling asleep at night, and felt intensely fatigued during the day. He had no energy to study and felt it would be useless in any case, since he was having such difficulty remembering what he read. He had experienced several episodes of abdominal discomfort, nausea and diarrhea since he began his law course. He had also been subject to chills and fever – which he attributed to malaria – on two occasions in the month prior to his panic attack. As a result of all this he felt hopeless about completing his education and would sometimes break out in tears as he thought about these recent changes in his life pattern.

At first he denied that he was under any stress in recent months. But at the fourth follow-up evaluation, by which time treatment with Elavil (Amitriptyline, 25 mg t.i.d.) and Librium (Chlordiazepoxide, 10 mg q.i.d.) had considerably reduced the acuteness of his symptoms, he confided that he had been under an enormous burden of family responsibility. Six months previously his holder sister had sent her 11 year old son to J. F. "to learn book", thereby charging the patient with the obligation to look after the boy's living arrangements, tuition and welfare. J. F. felt that he could not refuse this "legitimate" obligation to provide help for members of his extended family, in keeping with Loma custom. At the same time the added expense and respon-

sibility made the patient /p. 275/ feel hopeless about his ability to cope with his own needs as well as his ward's. He wanted to send his nephew back to their village, but he knew that to do so would be a disgrace to him and an insult to his family.

Case two

The second case concerns a 19 year old girl of the coastal Kru tribe, who was brought to the Catherine Mills Rehabilitation Center by the principal of the mission school she had been attending for the past six years. The girl had become very irritable and withdrawn during the previous month. The symptoms appeared the day after she had written national competitive examinations to qualify for university entrance. At first she complained only of feeling feverish, then of weakness and a tingling sensation in the head. Restlessness, irritability, anorexia, and intermittent insomnia followed. She began to laugh inappropriately. The principal decided to seek psychiatric help when the patient became abusive and then aggressive toward her peers and reported that she heard Jesus' voice instructing her to become a missionary.

On admission this student confided that her classmates had been looking at her in a funny way and sometimes laughed at her or caused her to stumble so that her toes would bleed. She felt that her classmates were jealous of her because she was attractive and had achieved the highest academic standing in her class. She felt certain that they wanted to make her lose her mind and were poisoning her food in an effort to kill her.

The girl had always been the top student in her class. The principal confirmed that she had in fact obtained one of the highest marks in Liberia on the university entrance examinations, although she had not yet been officially informed of her outstanding success. She is the oldest of five siblings, the first to attend school, and the only member of the family who has lived away from their village and outside the Kru territory. Her father is a fisherman. She had been supported by the mission from the beginning and had been consistently favoured by the principal, who regarded the girl as a ward. She had not visited her family for nearly three years.

/p. 276/ Her condition improved rapidly on tranquilizing drugs; in this case Stelazine (Trifluoperazine, 6 mg b.i.d.). As her thinking cleared, she spoke about having been extremely worried that she might not have done well enough in the examinations to get the scholarship she needed to attend university. She was afraid that if she failed to win the scholarship she would be forced to return to her village to help her mother take care of the household and their small cassava farm. She had set her hopes on becoming a school teacher or a nurse.

6. Culture change and attitudinal modifications

a. From opposition to ambivalence

The altitude of strong opposition to education on the part of the authority-wielding generation in the traditional tribal milieu undergoing early acculturative changes becomes modified as a further socio-cultural change occurs. Direct opposition to education decreases and an altitude of highly charged ambivalence develops. This stage is reached when parents tolerate or even encourage one or more of their children to attend schools in their village or region. The parents will want these children to stop school when it is time for them to attend the initiation “bush school” or when they have had sufficient formal education to enable them to effectively communicate with the regional representatives or government and commerce. If these students want to continue their education and are able to neutralize opposition within the family toward this end, they will be expected to begin contributing materially to the support of the kin group while they continue their education. In addition to the sources of anxiety described earlier, these individuals feel, like the case of the Loma student cited earlier that the demands and expectations of their kin are too much for them to cope with; for instance, that they should act as guardian and provider for younger siblings and other kin sent to them to be educated. Role conflict creates great anxiety in many of these students,

since they are expected to assume the full burden or traditional adult responsibilities long before they have completed their studies and could be in a position to shoulder adult obligations realistically. Even before these students have completed their education they come under an expanding burden of responsibility for the material support and aggrandizement of the /p. 277/ entire kin group; the obligation to repay their debt for the opportunity afforded to them to become “the educated one” of their family and clan.

b. From ambivalence to a valuation of education

The following stage of attitudinal variation under the impact of acculturation is what I shall term “selective valuation”. At this point geographical mobility has often occurred, with a shift toward urban life style. The extended family begins to conceive of the student as an important source of material support. Parents begin to recognize the economic potential of education and urge their children to go to school so that they will be able to get a good job. A wide range of fantasies focus on the students as one whose level of interaction and integration with the dominant culture is such that he can arrange for the provision of employment, education, social welfare, and other services to whichever members of the family call on him for assistance. The anxiety aroused by this situation can become incapacitating for those students who feel caught in a vise between the desire to pursue their education and the mounting demands of their family.

7. Identity conflict and mechanisms of ego defense

In Liberia, where witchcraft beliefs continue to play a dominant role in the psychic organization, intense anxiety is defended against by denial and projection. Liberian students who come to identify with the value system of the urban, industrial

society through their pursuit of Western education, are acutely aware that they are defying tradition and drawing upon themselves the hostility of their elders and many of their peers. Owing to their dependence on group approval (Collomb 1967) and their tendency toward superego projection (Wintrob & Wittkower 1968), this hostility is felt to be a grave threat to their physical and mental well-being. Fears of academic failure that would necessitate the student's return to a potentially hostile kin group and tribal authority system are repressed and denied. Aggressive retaliatory impulses toward authority figures and competing peers, to which those fears of failure give rise, are projected and emerge into conscious expression as convictions of witchcraft intervention of spirit possession. Fears of failure and of tribal retribution /p. 278/ are thus re-interpreted in magical terms in accordance with an internalized traditional belief system, as evidence of external interference with the student's competent functioning. These projective mechanisms serve to arouse sympathy and support and neutralize hostility among family and peers, since the student's beliefs are readily understood and shared by his entire social network (Wintrob 1968).

This in turn may relieve the student's anxiety to the point that he may either become reintegrated within the family and tribe, or be better able to direct his emotional energies toward his academic goals. It is only if the student's identity conflict is of such magnitude that these defenses are insufficient to cope with the anxiety aroused by it that the defenses miscarry and ego regression follows, as in the case of the young Kru girl cited.

8. Some trans-cultural comparisons: emotional disorder among East African and West African students

I think that the most meaningful way to conclude this discussion of mental health problems of Liberian students is to enlarge our view to include comparisons with students from

other regions of West Africa and from East Africa. I shall focus on two major themes for purposes of comparison; 1) the context or cultural transition, and 2) the nature or the presenting symptomatology.

Reporting on the psychiatric morbidity of fifty male Ethiopian university students. Giel writes:

“These students often leave their rural homes at an early age. They become estranged from their home environment and have to struggle or beg in order to live during their years of elementary and secondary schooling. They frequently have to change from their native language into Amharic, and then into English. A definite relationship exists between complaints and fears of academic under-achievement. Relatively harmless bodily sensations, become the object of excessive concern about their health. If they fail in class or think they fail, they tend to become very suspicious of their teachers and fellow students. Some of the students do not completely abandon belief in spirits or other supernatural influences. They tend to believe in the importance of holy water, native healers, thought-reading, and hypnotism.” (1969: 169.)

The striking similarity between Giel’s observations and our own findings in Liberia is echoed by several other authors. /p. 279/ German & Arya (1969), reporting on the characteristics of a group of 121 students at Makerere University in Uganda who were referred for psychiatric consultation, point out that:

“The majority of students are the first generation of the educated. Great expectations rest on their shoulders. For most, arrival at Makerere means a sudden change from a traditional family-centered way of life to the novel freedoms and restraint of a European-patterned center of learning set in the forefront of the intellectual, political, and technological revolution of mid-20th century Africa.” (1969: 1323)

According to Forster (1962), education is the *sine qua non* in contemporary Ghana. It confers social prestige and opens the way to economic security. Forster believes that the proper role of education is to help maintain mental stability among people exposed to rapid and extremely stressful social change.

J.R. Copeland has collected data on sixty West Africans (mostly Yoruba men) studying at British universities who were admitted to the psychiatric services of three British university hospitals. He reports (1968) that traditional tribal beliefs remain strong among highly educated West Africans, although they are normally suppressed. He also contends that repatriation of students who experience a psychotic decompensation is often recommended without due consideration of the stress the repatriated student is likely to encounter when, as a failure he confronts his family, neighbours and peers, who may have been pinning hopes of social and economic advancement on his success. It is often this sort of anticipated pressure that keeps students in Britain long after they have abandoned their academic goals, and underlies their refusal to return home.

Speaking from Western Nigeria, Asuni (1969) suggests that the apparent increase in mental ill health in that region may simply reflect the inability of a society shifting from extended family, agricultural economy to nuclear family, wage-labor economy to support the “ineffective” mentally ill person within the social network. Asuni relates the increasing incidence of psychiatric disorders among students to the rapidly increasing valuation Nigerian youth are attaching to the pursuit of formal education.

In describing the clinical features of emotional disorders among students in Liberia I have emphasized the virtually /p. 280/ universal findings of hypochondriacal preoccupation and rumination about falling grades. Giel is similarly impressed. “The majority of the symptoms (experienced by Ethiopian students) were of a hypochondriacal nature. Many of the complaints concerned the head” (1969: 168). Giel also notes that the proclivity of these students to believe in the importance of holy water, native healers, thought-reading and hypnotism indicates a tendency toward introversion and paranoid attitudes. German & Arya report that 104 of the 121 Ugandan students they observed could be categorized diagnostically as psycho-

neurotic. The most frequently occurring stresses were related to examination and study (40 percent of cases) and to fears of impotence or having contracted venereal disease (37%). Both Asuni (1969) and German & Arya (1969) report that "the brain fag syndrome" first described by Prince (1960) is common and increasing in the student population of West and East Africa.

Drawing on their observations of psychoneurotic syndromes in a sample of 66 urbanized Nigerians who attended a psychiatric out-patient clinic in Lagos, Boroffka & Marinho (1963) emphasize the high proportion of students (29% full-time, 44% half-time). And "the brain fag syndrome" was by far the most common diagnosis in their sample. In another paper Boroffka (1966) takes note of the increasing use of cannabis (Indian hemp) among the educated and acculturated segment of Western Nigerian society. He points to the student users' conviction that the drug makes the brain work better. But Boroffka equally emphasizes that cannabis is used especially by people suffering from the loss of traditional group membership Which Westernization tends to bring about.

One other finding is common to all the reports I have cited on the mental health problems of East and West African students: the marked preponderance of male over female patients, ranging from 2 : 1 to as much as 10 : 1.

Given the central importance of "the brain fag syndrome" in the overall picture of mental health problems of East and West African students. I should like to pay tribute to my colleague Raymond Prince by ending this presentation with a brief resume of his description of the syndrome.

/p. 281/ As a testimonial of how common "brain fag" is, Prince cites the remark of a Nigerian medical officer: "If a young man comes in with glasses and European dress, you may be sure that he will complain of burning in the head and inability to read" (1960: 559). "The brain fag syndrome" then, includes the following symptoms: intellectual impairment. Sensory-

ry impairment (chiefly visual) and somatic complaints, of which the most common are pain of burning in the head and neck. These patients, generally unmarried males age 15 to 30 who are students at secondary school or university, complain that they are no longer able to read, or grasp what they are reading, or cannot recall what they have just read. They are unable to concentrate and a lecture seems just “words without significance”. In addition to consistent complaints of generalized weakness and easy fatigability, there is sometimes a special weakness or shakiness of the arm which impairs writing ability.

In his comments on the etiology of “brain fag” Prince (1960: 665) states: “Education... is the road to wealth and prestige, which, with fecundity, appear to be the major values in the culture... The educated member (of the extended family) is expected to be responsible for other family members should the need arise ... The burden of family reputation and prestige rests upon (the student’s) shoulders. His success or failure, then, looms large, and much more is at stake than for the European or American student... Success in their education represented a very major need for all these patients and two of them declared that they would “rather die” than give up their schooling.”

With this kind of determination and perseverance characterizing Nigerian youth today, my assessment is that the developmental challenges of the future will be met by vigorous and well-trained graduates of universities such as this one that it is my privilege to visit today.

I thank you for inviting me.

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RÉSUMÉ:

LA DYNAMIQUE CULTURELLE DE L'ANXIÉTÉ
DES ÉTUDIANTS.
UN RAPPORT DU LIBÉRIA

Cet article se propose de décrire les effets du changement socio-culturel rapide sur la structure de la personnalité et les mécanismes de défense des étudiants au Libéria. Ces étudiants partagent les caractéristiques suivantes :

1. Leurs milieux d'origine connaissent un développement économique rapide avec les changements sociaux et culturels concomitants.
2. Ils sont les protagonistes participants majeurs dans le conflit inter-génération des valeurs qui a accompagné le déclin de la famille élargie et des structures traditionnelles de l'autorité tribale.
3. Ils sont représentatifs d'une génération de Libériens pour qui l'éducation avancée est devenue un but très recherché et un objet central de conflit entre générations : hautement valorisée par la jeunesse et appréhendée avec ambivalence ou négativement par les adultes traditionnalistes de la tribu.

Pour la grande majorité de la population tribale, la possibilité de bénéficier d'un enseignement formel est un phénomène récent. Ce changement est, dans une large mesure, un corollaire de l'exploitation à grande échelle du bois, du caoutchouc et des ressources minérales du Libéria durant les quinze dernières années. Le Gouvernement libérien a engagé une énorme expansion des structures éducationnelles dans l'intérieur du pays à la suite de la mise en exploitation de ces ressources.

Le système économique traditionnel de culture de subsistance et de

pêche, basé sur un effort coopératif de la famille étendue, cède la place à l'emploi salarié dans les usines et plantations. La mobilité géographique et l'urbanisation croissante qui accompagnent ce changement d'occupations a contribué à l'érosion de la structure familiale étendue traditionnelle.

Une conséquence de ce procès rapide de changement est la demande de nouvelles échelles barémiques en rapport direct avec le niveau d'éducation scolaire. Le désir d'être scolarisé est croissant parmi la jeunesse tribale ; la compétence pour l'admission dans les écoles techniques et les collèges est particulièrement intense et anxiogène.

L'auteur souligne deux champs majeurs de stress sous-jacent affectant les étudiants qui aspirent à poursuivre des études.

Premièrement, c'est comme si leurs parents, comme si d'autres membres traditionnalistes de leurs communautés, ne voulaient pas sympathiser avec leurs aspirations. Il y a une conviction largement répandue chez les aînés selon laquelle plus longtemps leurs enfants iront à l'école, moins ils adhéreront aux valeurs traditionnelles et aux prestations sociales prescrites par la famille et l'affiliation tribale. Comme le disait l'un d'eux : « Ils deviennent trop bouffis d'orgueil et n'ont plus de temps pour s'ennuyer à nouveau avec nous paysans. » de tels étudiants viennent à Monrovia hautement motivés à poursuivre leurs études, mais ne peuvent compter sur aucun support de leurs familles, qu'il soit financier ou psychologique.

Deuxièmement, il y a une croyance largement répandue chez les Libériens selon laquelle le succès académique engendre la jalousie et le ressentiment ; les sujets ayant les résultats académiques les plus brillants sont exposés aux représailles de leurs condisciples moins heureux par le truchement de la sorcellerie. Les étudiants qui réussissent ont particulièrement peur des représailles sous forme de maladie mentale induite par sorcellerie.

Le conflit d'identité développe et assume un rôle majeur dans le fonctionnement psychologique de l'étudiant, comme si ses aspirations le polarisent de manière croissante vers le modèle d'identité "acculturée" représenté par les professeurs et d'autres personnes en milieu urbain. Quand l'étudiant conçoit sa scolarisation comme le moyen adéquat de réalisation dans la société urbaine, il devient de plus en plus anxieux des implications d'un échec scolaire qui le forcerait à renoncer à ses buts et retourner au village. Les craintes de la représailles par les figures d'autorité du groupe familial et de la tribu exacerbent les craintes d'échec et ont pu engendrer une telle anxiété que l'étudiant perd tous ses moyens.

Les statistiques pour une période d'un an révèlent que 38 % du total des malades traités à la Clinique de santé mentale étaient des étudiants. Préoccupations hypocondriaques, faiblesse, fatigue, insomnie, cauchemar et engourdissement étaient des symptômes typiques de présentation accom-

pagnés de vision trouble, incapacité de se concentrer, mémoire et capacité d'apprentissage altérées, sentiments d'isolement et désespérance à propos de leur avenir.

L'auteur discute les dimensions socio-culturelles du changement dans les attitudes vis-à-vis de l'éducation sous l'impact de l'acculturation qui vont de l'hostilité à l'"appréciation sélective" ou l'approbation de mauvaise grâce. Il souligne ensuite les mécanismes sociaux et initiatiques adoptés par les étudiants dans leurs efforts pour tenir tête aux tensions familiales, académiques, et interpersonnelles dont ils font l'expérience dans la poursuite de leurs aspirations.

Dans la conclusion, les particularités cliniques et la dynamique culturelle de l'anxiété chez les étudiants libériens sont comparées avec le "*brain fog syndrome*" (inhibition intellectuelle) décrit par Prince chez les étudiants nigériens. En fin de compte, les facteurs sous-jacents et la symptomatologie des désordres émotionnels chez les étudiants ouest-africains sont comparés avec ceux des étudiants est-africains.

Mots clés : • Changement cultural & Personnalité • Libéria • Kpelle (ethnie) • Kru (ethnie) • Loma (ethnie) • Anxiété des Étudiants • *Brain fog syndrome* • Catherine Mills, Rehabilitation Center (Monrovia).

SUMMARY:

This paper sets out to describe the effects of rapid socio-cultural change on the personality structure and coping ability of students in Liberia. These students share the following characteristics:

1. Their environments of origin are undergoing rapid economic development with concomitant social and cultural changes.
2. They are key participants in the inter-generational conflict of values that has accompanied the declining importance of the extended family and traditional tribal authority structure.
3. They are representative of a generation of Liberians for whom advanced education has become both a highly sought-after goal and a central focus of inter-generational conflict; being highly valued by youth and negatively or ambivalently regarded by "traditional" adults of the tribe.

Drawing on his experience as director of mental health services in Liberia for a two-year period in the mid-1960's, the author presents clinical material to illustrate the relationship between identity conflict and psychological dysadaptation experienced by some students. The clinical dimensions and

characteristics of student anxiety in Liberia are compared with the manifestations of the “brain fag syndrome” described by Prince among Nigerian students.

The paper concludes with a discussion of student mental health problems common to both West and East Africa.

Key words: • Cultural change & Personality • Liberia • Kpelle (tribe) • Kru (tribe) • Loma (tribe) • Student Anxiety • *Brain fag syndrome* • Catherine Mills, Rehabilitation Center (Monrovia)