

University of Limpopo



**CULTURE-CENTRED
PSYCHOTHERAPY:
A TEMPLATE FOR MODERN AFRICA**



Religious Faith Healing
"Others"
African Traditional Healing
Western Oriented Therapies



Inaugural Lecture

Prof. SN Madu

**CULTURE-CENTRED PSYCHOTHERAPY:
A TEMPLATE FOR MODERN AFRICA**

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CULTURE-CENTRED PSYCHOTHERAPY: A TEMPLATE FOR MODERN AFRICA

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ABSTRACT

The emotional problems associated with African specific problems and those related to westernisation and underdevelopment, pose a great challenge to psychotherapists working in modern Africa. Many of the psychotherapists are cut in-between the western forms of psychotherapy, which in many cases do not properly address and appeal to the needs of African clients, and African traditional forms of Psychotherapy, which apparently belong to the exclusive domain of African traditional and religious faith healers. In this paper, the author presents a way forward in this dilemma. He draws from literature and from his knowledge on the psychotherapeutic activities of African traditional and religious faith healers pre and post colonial days in Africa, the present western oriented psychotherapy practices in Africa and the in-Africa-based psychotherapeutic practices, to arrive at conclusions. He suggests a way forward - a culture-centred psychotherapy form, where the western and the traditional African forms of psychotherapy blend, respect, and constantly enrich each other, for the benefit of modern African clients. This blend can also serve as a template for different cultures of Africa.

Key Words: Culture-Centred Psychotherapy, Modern Africa, Template.

Introduction:

In the modern Africa, the challenges posed by poverty and underdevelopment, child abuse and neglect, trauma resulting from different forms of crime and abuse of human dignity, increasing stress-provoking lifestyles, tribal and international wars and conflicts, westernization and globalisation, and the HIV/AIDS pandemic, are enormous. The emotional aspects of those problems need to be addressed using appropriate psychotherapeutic methods that would appeal to the African clients. Surely, we have the likes of Sigmund Freud and Carl Rogers in Africa, but often we run short of African-originated forms of psychotherapy to be used to address our emotional problems. It is a challenge for us to know exactly how to adapt the different western forms of psychotherapy to our African situations. African traditional healers, have been managing many of the physical as well as emotional problems of our people. In spite of that, how we (the western-oriented African psychotherapists) should relate to them professionally, is still a matter of debate (Madu, Baguma & Pritz, 1998, 2000). The above are some of the challenges that have generated intensive dialogue among African psychologists and psychotherapists. During this presentation, I will try to throw some light on a way forward from this dilemma.

I am of the opinion, there is a way forward in our quest for appropriate psychotherapy method for modern Africa. My presentation will, however, be limited to the black African population group. This leads us to a reflection on psychotherapy in Africa in the past, present and future. While doing the reflection, some of the following questions may run across our minds: Did our African parents and forefathers suffer from any form of emotional problems? If yes, how were they treated? Are there some cases of emotional problems to be found in Africa among Africans today? If yes, how are they being treated? What efforts are being made today to improve on the treatment modalities? What are our dreams and wishes for psychotherapy in Africa in the future? What direction should psychotherapy in Africa take to minimise problems of the past and as much as possible prevent problems of the future? These and many other questions surely run across the minds of many of us. The

answers to the above questions will help us in crystallising Culture-Centred Psychotherapy, which I suggest is a way forward and a template for psychotherapy in Africa.

What is meant by “Psychotherapy”?

There are many definitions of psychotherapy. However, I consider psychotherapy to be that process that enables people to express their feelings in a protected environment, to a person trained to listen with understanding and compassion. The process helps people reconnect with and honour their roots, affirm their identity, and develop healthy ways of being in the world (See also Pritz, Kuriansky, Nemeth, Mulcahy, Walsh & Madu, 2005). By restoring an individual's human dignity, and personal and cultural identity through psychotherapy, the person can regain emotional resilience and achieve sustainable mental health to overcome fear and deal effectively with personal suffering and trauma in the world.

What is meant by “Culture-Centred”?

Culture in the context of psychotherapy, could be described as those ways of life of a particular group of people, which they normally used to express feelings and emotions. These may be looked at, for example, from the point of view of their artefact/production, idioms, vocabulary and language specificity, habits, manner, and characteristics. Therefore, it is to be assumed that culture is contextual and dynamic (Libben & Lindner, 1996). The world at large has many cultures and therefore, should have many and diverse forms of psychotherapy. Thus, by “culture-centred” psychotherapy I mean that kind of psychotherapy that is embedded or rooted in the client's culture, with full cognisance, however, that culture is not static but dynamic. I will described later how this form of psychotherapy would look like.

Types of African psychotherapy clients:

According to Ebigbo and Ihezue (1981), there are three types of clients (in Africa) - the traditional, the mixed, and the western oriented types.

The traditional type grew up and spent most of his or her formative years in rural areas. Some of them move to the townships at a later stage in their lives. Their world image is analogical, magical and pictorial. They always go to traditional healers when they have health problems.

The intermediate mixed type was either born or bred in the rural areas but moved to a city to work and live as an adult or grew up in a city but continued to have a very strong tie to the rural areas and their customs. This type is a compendium of two cultural systems (the traditional and the western-oriented), because he or she has the tendency of making use of the two cultural methods of healing at the same time (concurrently). Some of them also consult the religious faith healers. It is worth noting here that the majority (ca. 80%) of the African population today would fall (within either the traditional or) the mixed types (compare also with Peltzer, 1991). The Culture-Centred Psychotherapy being presented in this paper is particularly relevant to this group of clients.

Most of the western-oriented type of clients were born and bred in the townships. They are educated, mostly Christians or Muslims, they come from monogamous families and their parents are also educated. From childhood, they have always been treated in hospitals and have never thought of going to a traditional healer for treatment. The western forms of psychotherapy would appeal to this group of clients. The Culture-Centred Psychotherapy would also appeal to many of them.

With the above operational definitions of psychotherapy and culture in mind and the explanation of the types of psychotherapy clients in Africa, let us trace the development of psychotherapy in Africa from the past to the present. Thereafter, I will try to describe what a culture-centred psychotherapy should look like from the point of view of Africa (i.e., for African clients).

Psychotherapy in Africa in the Past:

Operationally, I want to consider 'the past' to be before and during the 1960's. This was the era before and during the colonial days of many of the black African countries.

To ask whether some people in those days suffered from emotional

problems would be the same as to ask whether a conflict could arise where two or more persons lived together. Interpersonal and intra-personal conflicts have been found within all nations at all times. However, the epidemiology (prevalence and incidence) and the methods of management of such problems may differ from culture to culture.

At that time, the management of most of the health problems (whether physical, psychological or social) lied in the hands of the traditional healers, traditional priests, traditional chiefs and heads, family and extended family meetings and peer groups. Western oriented medicine was rarely available and western formal psychotherapy was not existing in Africa.

Though there are no documented research studies conducted at that time (to the knowledge of the author) in the area of African traditional healing and psychotherapy (Madu, Baguma & Pritz, 1997), it is known among Africans that any problem was handled by the above mentioned groups. Research studies conducted in the more recent years suggest that most of the Africans in the past (and many even at present) believed that sickness originated from one or a combination of the following: punishment from the gods for evil done, a wicked eye look, a curse, witchcraft, an offence against the gods, a disruption of harmony in one's earlier life, "juju" (native charms), natural causes, break of taboo or native customs, a disruption of social relationships, angry ancestors, evil possession, possession by the devil, or an intrusion of objects (Madu & Ohaeri, 1989). The traditional healers (including the herbalists and the traditional priests) specialise not only in the use of herbs for the treatment of many diseases, but they are also believed to be the king of the spirits, the middlemen standing between the gods and human beings. They offer sacrifice to the gods; they can look into the future, foresee events, and prescribe what should be done for the treatment of all sorts of disorders. Due to the above beliefs about them, people went to the traditional healers to seek help for their problems.

The traditional healers make use of the following methods of treatment:

(a) Offering of sacrifice to the gods.

- (b) The use of herbs, concoctions from leaves and roots, which may be administered in form of a liquid, powder, or cream.
- (c) Cutting open of a part of the body of client so as to let out 'bad blood'. It is believed that the colour of the 'bad blood' (black or dark red) is a clear sign that it is poisoned. When the part of the body is cut open, black (or dark red) blood will flow out and some medicine will be applied on the surface of the wound.
- (d) Total withdrawal - especially in the cases of drug addiction or abuse. The client may be constrained to a room or the compound until the withdrawal syndrome is over.
- (e) They also use other kinds of psychosocial methods, like, dancing, beating drums, rituals, suggestions, etc. Suggestions, in many parts of Africa, are not only part and parcel of the daily life and customs of the people, but also they are often used by the traditional healers as a method of treatment.
- (f) The traditional healers lay much emphasis on attention and obedience on the part of the client. At times, they even use some frightening methods (at least in the eyes of an observer) like Cain-sticks and hand- or foot cuffs to enforce obedience.
- (g) Incantations: These are emotional monotonous songs or citations, which contain very deep culturally convincing and suggestive words. Studies have been conducted to find out the effects of such Incantations on the clients (Madu & Adejumo, 1996).
- (h) Dream Interpretation: Many traditional healers say that during dreams, they get messages from their ancestors concerning the methods to be used for the treatment of a particular case, or any other information relating to their healing practice.
- (i) Throwing of Bones: Many traditional healers, especially in the southern parts of Africa, throw bones as a means of divination. The position of the bones on the ground and how they relate to each other convey certain vital messages to the healer for the case in question.

It suffices here to say that many of the qualified African traditional healers use techniques similar to those used by western-oriented behaviour therapists (e.g., systematic desensitisation), psychoanalysts

(e.g., dream analysis and hypnosis), client-centred psychotherapists (e.g., empathy), and group therapists (Madu, Baguma, & Pritz, 1996).

The psychotherapeutic activities of the village heads, family and extended family meetings, and that of the peer groups in the past were not documented. It is important, however, to mention here that those activities may be likened to the western-oriented family therapy techniques and those of other forms of group therapy. However, most of the clients in that era belonged to the "traditional type" of clients and would therefore feel comfortable with the African traditional forms of therapy.

Psychotherapy in Africa at the present time:

As from the 1970's up till now, much research has been conducted and published in the area of psychotherapy in Africa (e.g., Madu, 2003; Madu, Baguma, & Pritz, 1996, 1997, 1998, 1999, 2000; Peltzer, 1995; Madu & Govender, 2005). These works agree that the traditional and the religious faith healers still take care of about 80% of the psychiatric (including emotional) problems in Africa South of the Sahara, while the rest are being treated by western trained psychotherapists, medical doctors, family and extended family meetings, peer groups, or a combination of two or more of the groups (Madu, 2003; Madu, Baguma, & Pritz, 1996, 1997, 1998, 1999, 2000).

Christian religious faith healing has gained strong grounds in Africa. Nowadays, especially in the rural areas, many black Africans who have emotional problems go to a traditional healer or a religious faith healer to seek help. The methods the religious faith healers use for treatment (Madu & Adebayo, 1996; Ebigbo & Tyodzua, 1982) include:

- (a) Methods that employ and stimulate all sensory organs during the healing process. For example, while in the right mood, dancing the right music at the right place can stimulate all the sensory organs and this in turn can lead the clients (dancer) to ecstasy or to extraordinary states of consciousness, which also can lead to relaxation of the mind.
- (b) Emotionally exiting activities like singing and clapping of hands.

- (c) Prayer: The emotional prayers of the healers at times suggest dramatic scenes and visions where good and bad spirits, the devil and the witches are used as symbols.
- (d) Exorcism: i.e. casting of evil spirits out of a client.
- (e) Group rituals are also used to promote group togetherness.
- (f) Laying of hands (during prayers or rituals) on the head of the client.
- (g) They also use inducement of courage, self-assurance and conviction on their clients.
- (h) Open confession and open testimony are often used to 'empty the hearts' of the clients.
- (i) Disobedient schizophrenics and drug addicts are at times compelled to obey through flogging and or handcuff. They also use such methods to achieve total withdrawal.
- (j) Fasting: Through fasting, the internal and external defence mechanisms of the clients are reduced. At such a state, they are more receptive to suggestions. Through fasting also, some get into extra-ordinary states of consciousness.

Besides the traditional and the religious faith healing methods, modern medicine has gained a solid ground in most parts of Africa. Its position and role in the societies have been well accepted. However, other paramedical fields like Psychotherapy (and Clinical Psychology) are still struggling to gain their grounds (Peltzer, Ebigbo, Stubbe, & Madu, 1989). Most of the black African clients in the present era fall within the intermediate "mixed type". Thus, African traditional healing methods alone or the western oriented forms of therapy alone would not address their needs. That may be the reason why most of the consult the two types of healers (traditional and western), often concurrently.

The problems the psychotherapists are encountering in trying to apply western oriented psychotherapy in an African culture have also been extensively reported (Madu, 1991; Hanneke, 1989; and Oladimeji, 1988). Some of the psychotherapists have gone a step further in trying to develop some Africa-based forms of psychotherapy. Three examples of such forms of psychotherapy are the Ubuntu therapy (Nefale & van Dyk, 2003; Louw & Madu, 2004), the "Meseron" Therapy (Ofowwe,

2005) and the "Harmony Restoration Therapy" (Ebigbo, Oluka, Ezenwa, Obidigbo, Okwaraji, 1995). Each of the three forms of therapy has some aspects of the African cultures and belief systems as it's take-off-base.

Ubuntu is a South African cultural, philosophical, religious and psychotherapeutic concept, which refers in a broad sense to communality, oneness, co-operation and sharing. A pioneer account of Ubuntu as a healing instrument (**Ubuntu Therapy**) was given by Nefale and Van Dyk (2003) and Louw and Madu (2004). According to them, a person, family, group, or community in relationship with themselves (intra-psychic level), in relation to each other (interpersonal level), and in relation with their religious believes (psycho-theological level) can be characterised by many psychological problems like low self-image, anxiety, anger, feelings of rejection and conflicts (to mention but a few). The aim of the Ubuntu therapy is therefore to heal clients on the psychotheological, intrapsychic and interpersonal aspects of life, in accordance with Ubuntu values. The different phases of the Ubuntu therapy (telling the story, life script, burning platform, dancing, eclectic approach, and art) are well-described by Nefale and Van Dyk (2003: 16-17).

The assumption behind the concept of Ubuntu as a healing instrument is that a person possessing the greater degree of Ubuntu is greatly praised, wise, godly, generous, hospitable, mature, virtuous, blessed and therefore psychologically balanced. Contrary to that, the absence of Ubuntu leads to tension, conflicts, frustration and disintegration of basic human relationships and community. The communal value of Ubuntu assists in the building of good interpersonal relationships and leads to the increase of human value, dignity and trust, thus enhancing social harmony, cohesion, and psychological well-being (Mnyandu, 1997).

The **Meseron Therapy** is a psychotherapeutic technique developed in Nigeria (Ofovwe, 2005). Meseron is derived from Urhobo language. The Urhobos are from Delta State of Nigeria. Meseron simply means, "I refuse". It is an active form of speech used in rejecting anything

unwholesome. For more information on the Meseron therapy, especially as it is used as a antidote for stress, see Ofovwe (2005).

The **Harmony Restoration Therapy** is based on the Igbo (Nigerian) cultural belief that for one to be in good health, he/she must be in harmony with his/her environment (Ebigbo, Oluka, Ezenwa, Obidigbo, & Okwaraji, 1995). The environment means not only the immediate family and extended family members and surroundings, but also the ancestors or dead relatives. Thus, when one is psychologically ill, it implies a disharmony in his/her relationship with the environment. Harmony Restoration Therapy therefore aims at restoring harmony between the client and his/her environment.

The above emerging African originated forms of psychotherapy notwithstanding, Africa, especially black Africa, has not been popularly associated with formal psychotherapy. The activities of the African traditional healers and the increasing religious faith healing sessions in Africa have not been properly and sufficiently looked at from the point of view of psychotherapy. The increasing emotional problems that come as a result of the globalisation and westernization trend now in Africa have not gained world attention and proper study. War, hunger and different kinds of natural catastrophe or misery have also their emotional after-effect that need to be tackled through psychotherapy. The fact that there are little or no training institutions in black Africa for formal psychotherapy, where indigenous African psychotherapists would be trained to combat the fast increasing emotional problems, has not been of any concern to the African governments and world organisations.

The very few psychotherapists trained in Europe or America in the western oriented forms of psychotherapy, who are now working in Africa are very insignificant/when compared to the population of the people and amount of emotional problems facing them. Adaptation of the different western forms of psychotherapy for use in African cultures, and the development of African-culture-based forms of psychotherapy, have not been given proper attention. Furthermore, psychotherapeutic activities in Africa have not been sufficiently and efficiently

documented and published. Many of such documentation, if ever done, end up as monographs in individual bookshelves.

This is partly due to the fact that the criteria for acceptance for publication in many of the western-based journals do not take into consideration Africa-specific problems being encountered by researchers in Africa. The politics of western psychology that promotes the domination of western psychology in the world of psychology and the resulting lack of interest in the promotion of African psychology and psychotherapy - all add to the frustration of articles on psychotherapy in Africa written for publication in international journals. Moreover, besides a few publications in the area of psychology, clinical psychology and psychotherapy, all other attempts to publish books on psychotherapy in Africa may have met insurmountable financial problems. Such financial problems might have also led to short life span of many African journals that were meant to deal with psychotherapy in Africa. All the above factors made psychotherapy in Africa to lag behind in contributing to Africa's and the world's health care programmes (Madu, Baguma & Pritz, 2000).

The above attempts notwithstanding, there is a need to conceptualise and develop the Culture-Centred Psychotherapy method that will provide to the majority of black modern African clients the good and beneficial aspects of the two worlds of therapy (African traditional and western oriented). This model will also serve as a template for many (African) cultures.

Culture-Centred Psychotherapy (CCP) - A template for modern Africa:

In the new millennium, psychotherapists working with black African clients should use the following ideas about Culture-Centred Psychotherapy as a template:

- Psychotherapy for modern black African clients should take the form of a blend, where the western forms of psychotherapy and the traditional African as well as religious forms of psychotherapy cherish, mutually

respect, and constantly enrich each other. Figure 1 below dramatises the recommended template of Culture-Centred Psychotherapy in a pictorial form:

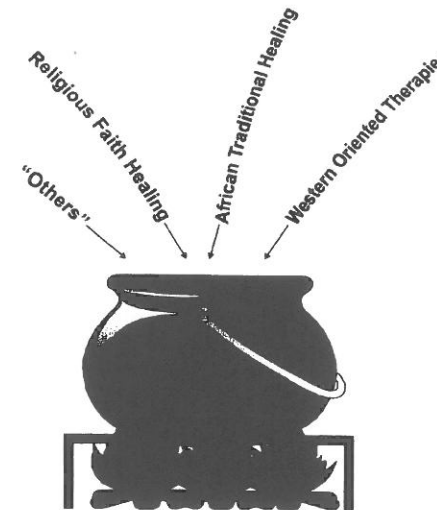


Figure 1: The Psychotherapy Blending Pot.

- In Figure 1, efforts are being made in “melting/blending” the already existing western oriented forms of psychotherapy, so as to bring out the universal principles of human behaviour involved in them for application in Africa, while the aspects of western cultures inherent in them would be replaced with corresponding aspects of African cultures. Furthermore, the African traditional and religious faith healing methods are being sieved to extract the psychotherapeutic ingredients in them. These extracted therapeutic ingredients, together with brought-out universal principles of human behaviour from the western methods, together would form the recommended blend and template of psychotherapy for modern African clients - the Culture-Centred Psychotherapy.

The Resulting Formula:

Universal Principles of Human Behaviour (UPB) + African Cultural Elements (ACE) + Therapeutic Ingredients in Trad./Rel. Healing Methods (TITHM) = Culture-Centred Psychotherapy (CCP).

CCP is a Template I recommend for modern black African clients.

A way forward:

Bearing the above template and formula in mind, I recommend the following:

- Psychotherapy for modern black African clients should reflect a blending situation, where western and African methods cherish, mutually respect and constantly enrich each other. The universal principles of human behaviour implicit in western methods should be retained, while western cultural elements should be replaced with African ones. The proven therapeutic ingredients in the African traditional and religious healing methods should be combined with the universal principles of human behaviour to give the appropriate psychotherapy method for the African client.

- Psychotherapists in Africa should be broad-minded in their definition of psychotherapy to include some effective emotional healing activities of the African traditional healers, religious faith healers and the in-Africa-originated forms of psychotherapy.

- Recent developments in South Africa, where African traditional healers have become part of the Health Professions Council of South Africa, some traditional healers have started studying psychology at university level, and some psychologists are undergoing training in African traditional healing methods, are moves in the right direction.

Furthermore, psychotherapists in Africa should:

- Intensify efforts in developing more new African forms of psychotherapy. These may contain some in-Africa-originated

universal principles of human behaviour which can later be separated from its cultural envelop by our African colleagues and then be applied or adapted to any other culture in Africa (see also Pennymon, 2004).

- Intensify efforts in promoting co-operation and a favourable atmosphere for cross-pollination of ideas between the western oriented psychotherapists on the one hand and the African traditional and religious faith healers on the other hand and among psychotherapists in Africa. The kind of tension that at times exists between western-oriented psychotherapists from different schools/orientations will not be healthy for the proper development of psychotherapy in Africa. The co-operation between the therapists of different orientation is meant to encourage multi-stakeholder dialogue with the intention of mutual understanding, reconciliation, and the construction of common fields of discourse.

- Pay much attention to designing and developing psychotherapy forms that will focus and address specific emotional problems like trauma, which resulted from child and sex abuse, interpersonal and family violence, colonialism, apartheid and other forms of abuse of human dignity, drug abuse, HIV/AIDS, and poverty. Many of us are yet to see a form of psychotherapy or counselling that is aimed at mentally empowering our people for poverty alleviation, self-development and self-fulfilment and actualisation. When a person's emotional suffering is addressed, the personal, interpersonal, social and even financial burdens are minimised.

- Intensify research and documentation in the area of psychotherapy and related healing activities in Africa, e.g. traditional healing, healing activities of the village heads, family and extended family meetings, and peer groups. We (the western trained psychotherapists) have a lot to learn from those healing activities for the benefit of our African clients.

- Try to publish their therapeutic experiences in books or journals, which are based in Africa. This does not necessarily imply compromising the quality of the publications.

- And, they should intensify efforts in nourishing the relationship existing between psychotherapists in Africa and their colleagues in other parts of the world.

The governments of Africa and educational institutions should:

- Put more effort in training illiterate African traditional healers to be literate, so that they can start putting down in writing, their wealth of knowledge. Due to illiteracy, many of them die without documenting their healing art for future generations, and a proper dialogue with the western trained therapists is often difficult because of language barriers.

- Create more opportunities for training of psychotherapists in Africa.

- Each psychotherapy-training programme in Africa should have modules or courses offered in the area of African traditional and religious faith healing. Traditional and religious faith healers themselves should teach these.

- Create more information service centres for giving information and directing enlightenment programmes in the area of psycho-hygiene in Africa.

Conclusion:

Psychotherapy in modern (black) Africa should take the form of a blend, where the western forms of psychotherapy and the traditional African as well as religious forms of psychotherapy cherish, mutually respect, and constantly enrich each other. This blend should contain the psychotherapeutic ingredients extracted from the African traditional and religious faith healing methods and the brought-out universal principles of human behaviour from the western oriented methods. This implies that as far as modern black Africa is concerned, we should be broad-minded in our definition of psychotherapy to include not only the universal principles of human behaviour inherent in the western oriented methods but also some effective emotional healing activities of the African traditional healers, religious faith healers and the in-Africa-

originated forms of psychotherapy. The above-described Culture-Centred Psychotherapy is a blend that can serve as a template for many cultures.

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CITATION

Prof. Sylvester Ntomchukwu Madu got his Doctor of Science Degree in Clinical and Applied Psychology in 1984 from the Leopold-Franzens University of Innsbruck, Austria. He was the first black man to obtain a D.Sc. Degree in Psychology at the University of Innsbruck, Austria. And in 1985, he received his Final Certificate in Client-Centred Psychotherapy in Austria.

From 1985 to date, Prof. Madu has taught Clinical Psychology and Psychotherapy Courses at the following universities: University of Ibadan, Nigeria; University of Vienna, Austria; and University of Limpopo, South Africa.

Prof. Madu is a member of many Learned Societies, including the World Council for Psychotherapy, European Association for Psychotherapy, Austrian Association for Clinical and Health Psychologists, African Network for the Prevention and Protection Against Child Abuse and Neglect, and the Psychological Society of South Africa. He is currently the President of the World Council for Psychotherapy African Chapter.

He joined the University of the North (now University of Limpopo) in January 1998. Since then, he has served the university in many capacities, such as: Head of Department of Psychology, Member of the University Senate, Member of the University Ethic Committee, Member of the Senate Academic Planning Committee, and Member of the School of Social Science Senior Degrees and Ethics Committee.

At this University, he has supervised many Masters and Doctorate Theses in Psychology. He has also served as a technical evaluator and external examiner in many other universities and research institutions, including the University of Witwatersrand (WITS), University of Venda for Science and Technology, and the National Research Foundation (NRF). He has also edited articles for many national and international scientific journals.

Since his employment at the University of Limpopo, Prof. Madu has attracted many research grants from local, national and international sponsors. He has published seven pioneer books in the area of Psychotherapy in Africa, and over 100 articles in national or international peer-reviewed journals or as chapters in books. Prof. Madu has attended and presented scientific papers in many national or international conferences. He has organised three international conferences on psychotherapy, two of which were hosted by the University of Limpopo.

In 1999, Prof. Madu received the prestigious International Sigmund Freud Award for Psychotherapy of the City of Vienna, Austria. Also in 1999 and 2002, he received the University of the North Research Excellence Awards in the Senior Category. He was the African Counselling Network Honouree for 2001. In 2002, his Biographical Profile was included in the Who's Who in Science and Engineering by the Marquis Who's Who (USA). In 2004, Prof. Madu was rated by the (South African) National Research Foundation as an Established Researcher with sustained recent record of productivity.

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