

## Repositioning the knowledge of mental health disorders among the Igbo tribe of Nigeria

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### Abstract

The Igbo tribe of eastern Nigeria take the lead in expressing that mental health disorders are products of metaphysical machination or unwholesome practice which originated principally from various spiritual/metaphysical causations such as: - punishment from God or gods, evil eyes of the enemies, violation of certain customs, spirit/demonic possession, evil manipulations, sorcery, disturbances in social relations, dependence on drug substances and natural causes. In fact, the Igbo teaching on mental health diseases separated the causations and treatments from clinical protocols. By this, certain mental health diseases are incurable. Today, clinical facts have separated mental health disorders from the realm of spiritual causations with medical proofs that mental diseases comprise elements of genetic, psychological, environmental and sociological dispositions such as heart disease, drug abuse, anxiety, fever and other related medical issues. This happens that disease etiology, medical symptoms and physical examination define the type of mental disorder, diagnosis and treatment. This study aims at changing the traditional knowledge Igbo people have about mental disorders through creating wider clinical discussions on mental diseases. The study recommends that where there are cases of mental disorders, medical treatment, diagnosis and counselling (psychotherapy) should be considered appropriate.

**Keywords:** Disease, Disorder, Health, Igbo, Mental, Psychiatry

### 1. Introduction

In every part of the world, there are apparent swarm of people suffering from various forms of mental health diseases. Mental health diseases are aspect of human diseases that impair human reason, perceptions, and behaviours. Such diseases affect victim's learning capabilities, thought processes and patterns, levels of consciousness in performing intellectual tasks such as education, judgement, and decision-making. They also affect negatively the psychological, biological, or developmental processes essential for mental operation (Steven, Dan, Ronald, Vikram & Harvey, 2017; American Psychiatric Association, 2015). According to Tamparo (2016), 2005 Global Burden of Disease Study showed that mental diseases will account for over 15% of the total burden of disease in 2020 been reported by The World Health Organization (WHO), the World Bank, and Harvard University. Mental disorders are primarily characterised with variant emotional, behavioural, and cognitive or

thoughts disturbances. Based on this, specialists categorise any disease impairing human cognition to be schizophrenia, mental disease, mental illness, mental disorder, depression, psychopath, psychosis, insanity, psychiatric disorder, personality disorder, psychiatric disease, psychiatric illness, and mood disorder. Mental diseases are quite different from mental deficiencies because, the later involve act of struggle to reach the stage of mental development necessary for chronological stage, educational opportunities or pattern of culture. They comprise of defection in intelligence, capacity for learning and profiting from experience. Mental disorders occur in a person of normal intelligence, although, in accordance with the principle of multiple diagnoses. These disorders do not connote expected response to either stress or loss (though it is natural at times that individuals become anxious, fearful, or angry) but are concerned with significant conditions clinically categorized with changes in thinking, mood (emotions) or behaviour associated with individual distress and/or damaged functioning (Wertheimer, 2018). This is to say that, any disease(s) that impairs or cause human cerebrum, brains, emotions and psychics to malfunction constitute mental health disorders.

People of different age range can suffer from mental health disorders. Children though to their stage might not clearly relay in words their cases likewise the dementia who is mentally incapacitated to communicate the situation. Black women, adults within the age bracket of 60 years living alone, unemployed adults, women who live in large households, those in receipt of welfares and substance dependants (addicts) according to a psychological survey by Stansfeld, Clark, Bebbington, King, Jenkins and Hinchliffe (2016) are at greater risks of diagnosable mental disorders. As a subject of academic discourse, mental health disorder is a subject matter in medicine precisely in psychiatry/psychological medicine, a discipline that deals on the mental, emotional, or behavioural disorders (Okonkwo, 2012). Psychiatry aims at detecting the causes, prevention and treatment of all types and degrees of mental health diseases while a psychiatrist is a physician who is trained and specialises in treating people living with elements of mental disorders. People with mental disorders are commonly anti-social. They are commonly treated with stigma and many of them are believed to be violent and dangerous. Clinically, the potency or surge in hostility may occur in cases of mental diseases. According to Tamparo (2016: 126), “people diagnosed with a mental health disorder are up to 11 times more likely the victims of violence than those who do not suffer from a mental health disorder.” However, cases of severity cause the victim to be separated or withdrawn from human groups and social activities. This shows that cases of mental disorders at a larger index are usually treated with rejection, isolation, and discrimination irrespective of the culture, place or tribe because most people have stigmatised attitude towards the diseases while victims are believed to have stereotyped behaviour such as being dangerous, aggressive, unpredictable, lack self-control, frightened, strange. In most third world regions, victims of mental diseases are mostly seen in unusual corners of local markets, site of refuse dumps, under bridges and uncompleted buildings either seeking for shelters or scavenging for food. From the nature, mental disorders pose serious economic and psychological difficulties. Psychologically, victims of mental disorders often suffer from cognitive deficits, anxiety, confusion, and other mental harms. Foldemo, Gullberg, Ek and Bogren (2005) state that, mental orders constitute risk factors for diverse psychological and health problems. These make them to be unassertive and unable to yield to personal problems. Economically, mental disorders create enormous financial burdens on victims and families - personal suffering, crippling care efforts and life-time lost productivity, and drainage of national resources.

Traditional knowledge about mental disorders links the causes to metaphysical elements. Native Chinese relate mental disorders to religious and superstitious beliefs which emanates when there are

divine and ancestral taboos violations, when future is being predetermined and past evil deeds (Ugo, 2016). The African society despite ethnic disparities believe that cases of mental disorders are rooted in unforeseen forces like breach in customs, false oaths, unfriendly familial spirits, spirit/demonic possession, inherited from reincarnation, evil machination, magic, personal hatred and other such factors. A good example is the cultural Igbo people who conceptualised mental disorders in terms of spiritual/metaphysical factors such as possession of evil spirits, incest, falsely oaths (Igbinomwanhia, James & Omoaregba, 2013). Hence, victims are bewitched, unpredictable and unstable; always dangerous to those around them. According to Igbo culture, some mental disorders are curable while some are resistible to treatments. Today, improved health literacy and clinical researches have provided adequate and useful procedures with diagnostic steps and specifications that enable clinicians and concerned bodies to examine, interrogate, diagnose, enact policies, and treat victims of diverse mental issues using clinical procedures. By this, cases of mental disorders have clinical therapies (drug therapies - antipsychotic medication, foliate, omega-3 fatty acids, counseling, biofeedback, relaxation) depending on the diagnosis while stabilised patients can articulate skilfully, participate in decision-making and undergo logic processes. It is on this background that this study aims at debunking, challenging and clearing the myths and stereotypes surrounding the Igbo notion about mental disorders.

## **2. Overview of mental health disorders in Igbo culture**

Igbo tribe is among the three dominant ethnic tribes of Nigeria. It is situated in south-eastern region of West Africa consisting of a culturally homogenous people that occupy five states of Nigeria - Anambra, Imo, Enugu, Abia and Ebonyi. Geographically, Igbo area falls within the equatorial rain-forest region between the latitude of 5° and 7° north, and longitude 6° and 8° east (Ikenga, 1988) covering a territory of about 15,800 square miles. The spoken language among the Igbo tribe is Igbo language. In aspect of religion, prior to the western missionaries, Igbo people are followers of African Traditional Religion (ATR) that is purported in some aspects to superstitiously imbed. The Igbo as a people, a society and a nation occupy a pride of place in Nigeria in particular and Africa in general. It is made up of people; institutions and relationships. When these social forces are combined with natural land marks such as the longest river in Africa the River Niger and Onitsha market that is ranked the biggest market in Africa (Onyekwere, 2011). Like other tribes of the world, Igbo people have their value and belief systems enshrined in their tradition. To them, the knowledge about realities is certain; some realities are physical while others are metaphysical. Realities whose natures are metaphysical are products of mysticism and spiritualism as shown in mental disorders.

Expressions of mental disorders according to Igbo people are guided by their knowledge of spiritual world – world of ancestors. To them, psychiatric/mental ailment, disease or disorder is a state of irrationality or insanity with no different types and the symptoms are always the same. Dialectically, cases of mental disorders are addressed as ‘Ara’ while the person suffering from the ailment is known as ‘Onye ara’. Base on this in the traditional Igbo society, one can rightly point at ‘onye ara na-agba’ – a victim of mental disorder. Victims of mental disorders are mostly deemed harmful and dangerous and this is why some are restrained with chains in order to control their dangerous state, prevent them from harming themselves and members of the family (Okpalauwaekwe, Mela & Oji, 2017). According to Igbo culture, mental disorders purport the worst sickness that can befall any person because it affects human reason, thoughts, perception and behaviour (Nwoko: 1999). Spiritual problems become known in physical sickness just like mental disorders, this is the

reason the causes of mental disorders according to Igbo people are linked to the works of devil, demons, or affliction from the gods like those ensuing from the anger of the gods, preternatural sources usually caused through the acts of witchcrafts, and ones inheritable. Further, some environmental factors such as addiction to alcohol and consumption of illicit hard drugs can cause mental disorder. Primarily, victims of mental health disorders are generally influenced by metaphysical powers. This thus expresses why cases of mental health disorders among the indigenous Igbo tribe are attributable to natures, supernatural or mystical factors.

The spiritual/metaphysical causes of mental disorders in the Igbo belief system are factored on the following research investigations. In Igbo culture, some of the causes are linked to one's chi (personal god) as a punishment for the abomination committed in the past. Some are believed to be the reward for abominations committed in the past by one's family, lineage or clan. In such case, it is alleged that those inflicted with mental disorders are considered 'sacrificial lamb' chosen by the gods to save their families or clans as the case might be. Some are consequences for wronged and failed rituals or sacrifices either because the propitiator has no clear reasons to perform such a ritual or the person is unclean ritually. In situation like this, the propitiator is culturally considered unclean to perform such a ritual or propitiate before the higher spiritual beings that the person has invoked and assembled during the ritual (Oguejiofor, 2017). Some are the effects of disobeying the warnings of the gods. Some as a way of passing verdicts by the gods in reproaching the shamefaced party in a disagreement following after the completion of administering mediation and the swearing of an oath. Through this, the guilty is exposed and penalised for the unlawful evils against the innocent. The guilt according to Igbo culture can only return to normalcy only after the person must have confessed the evil deeds and perform required sacrifices as means of cleansing the land. The same are applicable to people who poisoned, or inflicted others by means of supernatural powers like casting of spells, acts of witchcraft, talisman (juju), or sorcery to suffer calamities and mysterious sickness like blindness, miscarriages, madness, tuberculosis, barrenness, untimely deaths. Depending on the sex of the victim, some mental disorders are linked to their relationship with water spirits who has possessed the person. In this type of spiritual possessions, women are usually the victims. Some are believed to be possessed by 'mammy wata' (water), 'Agwu' and other water spiritual beings. Other variants metaphysical causes of mental disorders are hereditary, people who attempt using another individual whose 'chi' is stronger than the 'chi' of the perpetrator for unapproved ritual purposes. People with such strong 'chi' or 'ogu na ofo' might be only child, twins and other related such people. Outside metaphysical influences, there are environmental factors like consumptions and dependences on illicit hard drugs or psychotropic substances such as marijuana, nicotine, caffeine and other pain medicines that can significantly damage human brain especially when abused or taken by one whose brain is not developed enough to withstand the effects of such drugs.

Base on the factors surrounding the cultural etiology of mental disorders, Igbo people believe that some disorders have therapies while others are resistible to treatments. By treatment, it involves those of permanent or incurable madness and the temporary or curable madness. Disorders caused by natural, mystical or supernatural, and preternatural forces are believed to have therapies while those as a result of hereditary resist treatment. The act of treating mental disorder cases is basically hereditary that requires both natural practices and supernatural forces. Among families with such powers, all family members can practice the art but the oldest man in the case of a nuclear family culturally takes the lead to instruct and direct other family members how to go by the art. The traditional psychiatrist (dibia ara) in general attend to mental disorder cases especially those inflicted

by evil spirits or invoked on people by their enemies (Okonkwo, 2012). Nwoko (2009) writes that the depiction that mental disorders are either curable or incurable is determined mostly according to the level of the individual's heinous deeds and the nature of the afflicting spirits. The reason is this, there are some malevolent and stubborn spirits that cannot be appeased and benevolent ones that are consolable. The wicked spirits are usually found among the male water spirits (Di uwa) whose wives are believed to exist in the physical world. By this, healing is determined not according to the cause or extent of the sickness but the nature of the affecting spirit and the places where the victim has visited. Healing systems springs from the belief that mental disorders are caused by evil spirits, a belief that placed native healer (Dibia) at the climax of traditional healing. The practice of traditional healer's (dibia) art is cloaked in mystery and followed by dramatization which adds to the inspiration of awe on the part of his patient (Ijeh, 1997). However, treatment of mental disorders basically requires performances of different rituals and sacrifices so as to appease the deity or spirit offended. The traditional healthcare practitioners engage in physical observations, disease symptoms, history, oral interview and spiritual consultation (either through divination/consultation of oracle) to detect the sort of ailments. The use of local roots, herbs, shrubs and other items are involved in diagnosing cases of mental disorder. Though Igbo culture takes cases of mental disorder as state of complete loss of reason and memory, there are situations a victim is believed to be sensible. For instance, it is culturally believed among Igbo people that a mentally deranged person can be accurate in giving lottery because the person is heightened with some principles and forces invisible for perception.

### **3. Clinical causes of mental health disorders**

Clinical expressions deal with the medical analysis of the causes, types, symptoms and therapies for any health-related issues. By clinical expositions on the causes of mental disorders overview the examination of those predisposing factors that make a person susceptible to mental health diseases. Among these factors are: - Biological factors which involve elements of genetic, psychological and biological traits. Social factors oversee those environmental habits and acquired lifestyles such as the use and dependence on hard drugs/substances. Fareo (2012) describes a drug as any substance that can bring about a change through its chemical activities in the biological function. Such substances include: methamphetamine (colloquial: mkpuru mmiri), cocaine and heroin, cannabis, tramadol, harmful solvents or inhalants that provide euphoria, emotional dis-inhibition and perpetual distortion of thought to the user. Other stimulants are glues, spot removers, excessive consumption of alcohol, tube repair solution, perfumes, chemicals, and intravenous injection of heroin or any other injectable substances. In a report by Mental Health Foundation (2016), individuals tend perceptible or at higher risks of mental health diseases due to amplified vulnerability to hostile social, economic, and environmental situations which transect with factors such as gender, ethnicity, disability and lesser access to protective resources. Mental disorders impair the senses through following means: -

- i. Perception: Victims relate to physical world in rare and/or unusual manners (for example, talking to oneself, visualising unseen objects).
- ii. Thinking: Thoughts of victims are poorly organized, confusing, illogical, irrational, and others.
- iii. Mood: people of mental health disorder are always depressed and they have impaired and blurred ability to function in daily life.

From clinical narrations, mental health disorders occur when any of the cognitive organs in the human body malfunctioned, impaired or damaged (cerebral dysfunction). The etiology, symptoms and diagnostic procedures determine the sort of mental issue.

#### **4. Types of mental health disorders**

Mental health disorders are clinically categorised between psychotic and neurotic diseases. Psychotic diseases are those mental disorders affecting seriously the mind - abnormal thinking and perceptions. Victims of psychotic diseases hallucinate, delusional and lose contact with reality. Neurotic diseases in other hand are mental disorders not linked to organic basis nor the victims lose contact with realities just like in psychotic diseases. A victim of neurotic diseases internalises phobia and other neurotic traits such as emotions, anxiety, depression, and aggression. The individual may also be self-conscious and ashamed. Below are some commonest types of mental reference and their degree of severity: -

##### **(i) Depression**

Depression is the commonest form that causes pain, distress and disability. Victims develop the feelings of worthlessness, despair, guilt, hopelessness. Depression is categorised to be dysthymia, postpartum (following childbirth) and seasonal affective disorder. Depression is believed to occur in every 3–5% of males, 8–10% of females (Tamparo, 2016). According to Weiss, Jadhav, Raguram, Vounatsou and Littlewood (2010), depression is clinically caused by distressing life events, a biochemical imbalance (serotonin) in the brain and physical, psychological (negative or pessimistic view of life), and social causes. The diagnostic procedures are determined by an absence or withdrawal from usual human/social activities (apathy in ordinary things and experiences), agitated or reduced psychomotor activity, reduced sleep, lowered appetite, tearfulness, suicidal tendencies, changes in appearance, despair, lack of libido, fatigue, physical aches and pains, loss of intellectual capacity (decline in intellectual performance), poor attention/concentration, repeatedly negative thoughts about oneself (both in past and future life), mental slackening and ponderings. Depression however, focuses on wide range of emotional/cognitive, physical and behavioural signs.

##### **(ii) Bipolar disorder**

Bipolar disorder also known as manic-depressive disorder is characterised with cycling mood changes that progresses from severe highs (mania) to severe lows (depression). In this disorder, there is usually a gradual dramatic mood swings from high to low, from state of being violent to state of being mild. Bipolar disorder is classified between Bipolar I disorder (with at least one manic episode with or without previous episodes of depression) and Bipolar II disorder (with at least one episode of depression and at least one episode of hypomania (a less aggressive form of mania) (Taylor & Dear, 1981). The aetiology of the disease remains clinically unknown but specialists always refer to elements of biochemical brain activity, genetic tendencies, and environmental influences. Victims have alternate pattern of emotional highs (mania) - overactive, talkative, inflated self-esteem, aggression, agitation, surge in sex, unwise or aggressive decision-making, lack of concentration, suicidal thoughts and, lows (depression) - insomnia, fatigue, sadness, hopelessness, anxiety, guilt, loss of interest, and irritability.

##### **(iii) Schizophrenia**

Schizophrenia spectrum disorder is considered the most chronic and disabling among severe mental disorders. It involves a change in relation to sensory perception with physical and psychological changes resulting to cerebral dysfunction and behavioural changes. According to Wright (2000), schizophrenia involves a psychosis which manifests as predominant negative symptoms (PNS), characterised by social withdrawal, delusions, personal fantasy, sense of mental fragmentation, thought disorder, strange behaviour and progressive deterioration in personal, domestic, social and occupational competences. The aetiology of this disorder is linked to genetic elements,

psychodynamic neurobiological theory, and diathesis stress theories. Victims develop psychotic symptoms such as delusions, hallucinations, incoherence, catatonic or hyperactive behaviour.

**(iv) Anxiety disorders**

Anxiety disorders are the most prevalent mental disorders affecting millions of adults globally. Psychological survey shows that these disorders are common among women particularly people within the age bracket of 30 and 44 years. The etiology of these disorders is linked to combinations of psychological and biological elements which cause the increase of anxiety disorders. Clinically, the causes of anxiety disorders remain unknown, but while few theorists believe that the diseases are hereditary, some specialists uphold conflicts, such as intrapsychic, sociopersonal, or interpersonal to trigger anxious conditions (Moore, Zammit, Lingford-Hughes, Barnes, Jones, Burke & Lewis, 2007). Again, it is believed that distressful events and major depressions may contribute major to anxiety disorders. Some forms of anxiety disorders include: -

**i. General Anxiety Disorders (GAD)**

General Anxiety Disorders (GAD) affects the behaviour, thoughts, emotions and physical health of the victims. It is characterised with an unnecessary anxiety and worry (apprehensive expectation) which manifest constantly other than a duration of at least six months, over a number of events. Victims of (GAD) are mainly known by biological and situational circumstances through response to continued heightened perceived threats. The diagnostic procedures according to Brown, O’Leary and Barlow (2001) include restlessness, fatigued, poor concentration, irritability, muscle tension and disturbed sleep. Victims are usually unnecessarily afraid about the results of daily activities, especially those related to the health or separation from loved ones. They always find it difficult in controlling anxieties and worries

**ii. Panic disorder**

Panic disorder is the unexpected or sudden feelings of fear and anxiety that is connected to particular situations or spontaneous attacks, without clear causes. This unexpected attack varies widely according to the frequency and severity. In fact, situationism triggers panic attacks and this can be external (a phobic object or situation) or internal (physiological arousal). The disorder is characterised with physical symptoms such as trembling, sweating, shaking, shortness of breath, chest pain or discomfort, nausea, stomach upset, dizziness, lightheadedness, fear, tingling, chills, hot flash, palpitations, tachycardia. Victims of panic disorder often react negatively to sudden short-lived anxiety.

**iii. Obsessive-Compulsive Disorder**

Obsessive-Compulsive Disorder (OCD) is linked to either obsessions or compulsions. Obsessions are unwanted intrusive thought, image or urge that enter one’s mind continuously. Obsessed mental acts are known to be distressing that emerged from the person’s mind without any form of external imposition. Compulsions are learned behaviours or mental acts that are habitual linked with relief from anxiety either overt (explicitly known by others), or covert (hidden from others). Lochner and Stein (2003) writes that OCD occurs when there are changes in body’s natural chemistries like serotonin. Clinically, the etiology of Obsessive-Compulsive Disorder (OCD) remains unidentified though specialists point to genetic and hereditary factors. They also feel that abnormalities in the brain can occur through chemical, structural and functional impairments. Victims of OCD exhibit exaggerated fear, repetitive, involuntary and compulsive behaviour.

**iv. Post-Traumatic Stress Disorder (PTSD)**

Post-Traumatic Stress Disorder (PTSD) otherwise known as shell shock or battle fatigue syndrome is a constant emotional and mental stress due to past severe psychological shock (traumatic event) that the memories keep recalling. It is also the psychological consequences after traumatic event characterised with re-experiencing of traumatic events in a clear and disturbing manner in which the victim cannot easily forget, the person acts or feels as if the event will reoccur. Such traumatic or distressing events include nightmares, repetitive and distressing scaring images or other sensory impressions from the event (Okafor, 2009). People who are at risk of PTSD are victims of accidents, natural or artificial disasters, violent crime (for example, physical and sexual assaults, kidnapping, bombings and riots), refugees, survivors of war and torture, women who have experienced traumatic childbirth, people diagnosed with a life-threatening disorders, and members of the armed forces, police and other emergency personnel (Foa, Keane & Friedman: 2008). PTSD is characterised with persistent and irrational fear. Victims suffer from dull responses when relating to the society. They feel detached from other people and also find it difficult in concentrating.

**v. Social Anxiety Disorder (SAD)**

Social Anxiety Disorder (SAD) also known as social phobia is an intense and constant fear for social situations. In SAD, fear is triggered by the actual or imagined scrutiny from others, an overwhelming fear of either being watched, embarrassed, humiliated or judged by others in social situations (Nwoko, 2009). The disorder is characterised with withdrawal from a number of social situations which might significantly have negative impacts on the victim's social activities like educational and vocational performances. This shows that SAD impairs victim's ability to function effectively in day-to-day activities like work, school. Victims often subscribe to alcohol or drug which they believe can assist to cope with the disturbing and disabling situation.

**5. Common symptoms of mental health disorders**

Environmental factors like changes in behaviour are the commonest rationale in categorising and determining cases of mental health disorders. By this, most manifested deviant behaviours are labelled and equated to psychiatric disorder in the involved person. Anxiety is among the commonest symptoms of mental disorder especially among people with depression, schizophrenia, and post-traumatic stress disorder (American Psychiatric Association, 2015). People suffering from disorders like schizophrenia usually display negative behaviours like a-logia (difficulty in speech), anhedonia (inability to feel pleasure), a-volition, and catatonia (lack of motivation) which consequently are the reasons victims of mental disorders find it difficult to interact with others or integrate into the society (Ugo, 2016). There are behavioural and cognitive symptoms such as distorted thought and speech, decrease in concentration/attention, fatigue, anxiety, anti-social, easily provoked, mental retardation. Other commonest symptoms include loss in mental functions, insignificant thought, unstable emotions, impaired perception, wrong orientation and confused memory, difficulties in reaching commonest life demands (Iroegbu, 2005).

**6. Clinical therapies to mental disorders**

Certain models and methods have been clinically proven effective in treating cases of mental health disorders. These therapies depend on the symptoms shown by a patient (Wertheimer, 2018). The most commonly used therapy for victims of common mental disorders are drug therapies (medication) and psychotherapy or counselling. The use of psychotropic drugs like dopamine, gamma amino-butyric

acid (GABA), norepinephrine, and serotonin in adjusting levels of chemicals in human brain, or neurotransmitters in treating disorders such as schizophrenia, bipolar, major depression, anxiety, obsessive-compulsive, attention deficit hyperactivity and sleep disorder have been effective. Even antipsychotic, mood-stabilizing, antidepressant, anti-anxiety agents, and stimulant drugs are effective involving a large number of randomized clinical procedures and trials. Other certified clinical proactive models include: -

- (i) Bio-psychosocial model comprises of three terms: - 'Bio' (biology-life) concerns with the composition of the brain, chemicals in the brain, inherited genes from parents. 'Psych' (psychology) refers to the personality, personal beliefs, experiences, thoughts, and other related concepts while 'Social' (sociology) centres on the environmental stresses (such as trauma as a result of war, assault, accident), cultural factors, discrimination, amongst others. Bio-therapy diagnosis with nutrition, medication and general physical health. Psycho-therapy depends on education (safe program), psychotherapy and coping skills. Socio-therapy is a model that uses environmental management, stigma of mental disorders and advocacy.
- (ii) Cognitive Behavioural Therapy (CBT) or applied relaxation focuses on changing patients' maladaptive thoughts and behaviours. CBT is more effective in handling cases of Generalised Anxiety Disorder (GAD), depression, severe disorder in matters of long-standing problems. People with milder and more recent disorders are subjected to two options: facilitated or non-facilitated self-help depending on the CBT principles and psycho-educational groups. According to National Institute for Health and Clinical Excellence (NICE) (2011), moderate and severe mental disorders are treated with antidepressants while in milder disorders, structured group physical activity programmes, facilitated self-help and CBT are real interventions. Brief symptom-focused psychotherapies like cognitive-behavioural therapies are effective for panic disorder, phobias, obsessive compulsive disorder, and major depression (Steven, Dan, Ronald, Vikram & Harvey, 2017). However, Interpersonal Therapy (IPT), Cognitive Behavioural Therapy (CBT), Behavioural Activation, Drug therapy, Behavioural Couples Therapy and Mindfulness Based Cognitive Therapy are generally proactive psychological therapies for most mental health disorders. Despite all these therapy models, there exist impediments in interventions such as frequent and intense symptoms, inadequate medication management, self-medicating, inconsistency in clinical team meetings for treatment planning, lack of consistent family support, lack of meaningful activities and structure, cognitive deficits, conflict of belief with presented treatment plan, lack of understanding-misunderstanding of diagnosis, treatment and prognosis. Significantly, the persistence of these obstacles sustains the anchoring of indigenous knowledge about mental disorders on metaphysical machinations as been believed by the Igbo people.

## **7. Repositioning Igbo's View of Mental Disorders**

Mental diseases generally are best thought in terms of disorders of the cerebral functions. Igbo people are correct in linking some of the causes of mental disorders to drug dependence but the idea that some have their etiology with metaphysical or spiritual elements depending on the affected person's level of mental development is objectionable. Mental disorders are far from being caused by spiritual factors as per se. They are not caused by any single spiritual element or metaphysical machinations rather biological, environmental and social factors can lead to mental health disorders. The National Institute of Mental Health (NIMH) reports that chromosomal disparities can lead to heritability

(genetic or inheritable trait) in schizophrenia, bipolar disorder, major depressive disorder, autism spectrum disorders, and attention deficit-hyperactivity disorder. Strauss (2017) suggests that any thought on causes of a particular disorder should focus on (i) psychic (referring to the life of the mind and the emotions), (b) somatic (bodily), (c) constitutional or genetic (inherited factors) and (d) social and environmental (cultural, economic). Causality is discernible at all these four levels in every mental case, and it is the task of the diagnostician/psychiatrist to assess the relative importance of these factors, from the pathogenic point of view, if only in order to arrive at a rational decision as to where to intervene so far as treatment is concerned. To psychoanalysts, all psychiatric disorders solely depend on psychic causes and effects while psychopaths believe that mental disorders are not an inborn or constitutional defect (that is not genetically determined) but are the results of early-infantile experiences. For instance, there are tendencies that a child nurtured in an area of great deal of anxieties is will show signs of stress or express anxious behaviour. This shows that nature and nurture are proactive in causing mental diseases. There are a number of complementary therapies used in the treatment for many mental health disorders today in which the commonest today is psychotherapy - a systematic application of psychological principles in the treatment of psychogenic disorder and maladjustment (functional disorders of the mind, that is, those which are apparently psychological in nature and origin).

## **8. Recommendations**

The study recommends that: -

- i.** To clinically deal with cases of mental disorders, there should be collaborations among primary care providers (PCPs) and mental health specialists.
- ii.** Physical examination from appropriate bodies such as primary care providers (PCPs) and mental health specialists before treating cases of mental disorders.
- iii.** Consulting the the primary care providers and mental health specialists is important before administering any supplements or vitamins.
- iv.** Concerned institutions such as government, communities, religious/spiritual centres, schools, hospitals should develop resources to support patients.
- v.** People should learn how to maintain a healthy mind and body, and to make positive changes that can improve quality of life and outlook.
- vi.** Victims of depression should be informed about healthy practices: sufficient exercise, adequate sleep, balanced diet, and social activities.
- vii.** Government and other concerned agencies should promote Eco-therapy by building parks and amusement centres.
- viii.** Nigerian Government should enact and implement policies so as to checkmate the importation and consummation of psychotropic substances and, to protect people living with mental disorders.

## **9. Conclusion**

This study presents that mental health disorders are caused by biological, social and psychological elements. Despite their devastating nature, every metal disorder can be effectively treated or managed with combinations of medications, education/counselling, job training/coaching, peer support, and psychotherapy. All cases of mental disorders should be adequately referred to the psychiatric centres or hospitals for immediate medical attentions. People with the opinions that mental diseases have

spiritual origins are absolutely illogical about the disease because, there is no rational connection between spiritualism and insanity and besides, substances of metaphysics are unbalancing. The Igbo people ideation about mental diseases have narrower focus than the clinical perception because, all mental disorders in the classical world have therapies. In conclusion thereof, it is an epistemic setback to align cases of mental health disorders to spirituality in this 21<sup>st</sup> century. Every case of mental disorder should be subjected to clinical test and diagnosis so as to protect human dignity and not to just watch people with mental disorders to continue to deteriorate.

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