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# Religious Culture in Mental Health Issues: An Advocacy for Participatory Partnership

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## Abstract

Religion constitutes an important element in every society as regards coping with the demands as well as vicissitudes of life. Mental health issues are becoming a recurrent decimal in societies overwhelmed by stress and other social factors. This paper examines how the presence of religious beliefs affects how some Christians respond to cases that have to do mental health. At the same time, it surveys how a near absence of religious attitude, that is, clinical medicine approach to mental health issues betters the state of those suffering from these psychopathologies. This work sees participatory partnership approach as an effective means of correcting unhealthy biases that prevent a better understanding of mental health care. Sociological theory of structural functionalism will be used in assessing how religion can reinvent itself in areas that are associated with mental health. Ethnographic methodology through quantitative analysis of administered questionnaire is used as a research tool for this research. Three persons were also interviewed. The research findings show that religion is a crucial agent of socialization that can change how religious beliefs impact on mental health and there is need for medical professionals to collaborate with pastoral agents.

**Keywords**: Mental health, Christian religious culture, stigmatization, psychological conditions, and participatory partnership.

## Introduction

The balance between the inner-self and the environment wherein one finds oneself is in constant negotiation that remains fundamental to any holistic understanding of mental health. This state of being is certainly influenced by some predisposing factors, present conditions and persistent stressors that characterise one's existence. Hence, when life stressors are stretched to their limits of elasticity, any human being can experience varying degrees of mental health challenges. Contemporary understanding of human health underscores the importance of religion and spirituality as therapeutic instruments of life (Oman and Thoresen, 2005, p. 441). This paper is concerned with Christianity and mental health.

In view of investigating the topic of this paper, this work will be divided into eight sections: (i) introduction, (ii) general understanding of mental health, (iii) theoretical framework and methodology, (iv) cultural stigmatization and mental health, (v) the presence of positive religious cultures in handling mental health issues, (vi) the presence of negative religious cultural patterns in mental health care, (vii) absence of Christian religious attitudes in clinical care of psychopathologies, (viii) the need for participatory partnership, and (ix) conclusion.

## General Understanding of Mental Health

The human person is a multidimensional entity that comprises body, mind, and spirit. For integral wellbeing, bodily health, spiritual health, and psychological health should be given adequate attention because imbalance experienced in any of these dimensions of life affects the entire human being. It is pertinent to observe *ab initio* that there is no clear cut definition of mental health. This is partly because situations connected to mental health are assessed in terms of degree of non-normal behaviours which are invariably conditioned by what various societies accept as normal or deviant behaviours. In this regard, Graham (1986) suggests that stakeholders in mind-related matters should extend the domain of mental health to cover all degrees and kinds of psychological distress as well as recognizing that human beings suffer not because of being sick but the fact that they are humans (pp. 46-47).

Diener and Chan indicate that mental health concerns personal wellbeing expressed in contentment, family, social relationships, community and societal interactions demonstrated in coping with social stressors and resilient behaviours (2011, p.5). Consequently, mental health is not equal to psychopathology as it is erroneously construed by others. Similarly, Crossley (2000) warns that emphasis on mental illness rather than mental health is damaging and destructive; according to him, latter is proactive approach and highlights mental health risks thereby diminishing the social phobia that comes with it (p. 27). This proactive approach is

equally a strategy in preventive health that focuses on the origins of health malfunctions in view of demystifying them and devising a way of tackling these challenges (Pitts, 1996, p.1). If a preventive approach to mental health is not encouraged, the damages precipitated by mental health misconceptions will hardly reduce. These misconceptions need to be exposed because they have serious consequences for self-worth, public perception, interpersonal relationships and job opportunities. MacDonald (2006) argues further:

> Some people see mental illness as something to be frightened of, to be embarrassed about, and to fear. Some who have mental health problems will go to some length to deny or avoid being labelled as 'mentally ill' because of this fear, because of the stigma and victim blaming, because of what it might lead to in terms of their job, their relationships and their own sense of worth (p. 10).

The above misconceptions that vilify those with psychopathology would be reduced when people discover that apart from some genetic factors, these conditions are majorly caused by systematic determinants that are external to human beings such as: social conditions, economic situations, political and environmental composition of space where an individual finds himself or herself. This being the case, MacDonald avers that mental health should be described rather than defined since there are many social conditions and processes that contribute to this dimension of wellbeing (p. 13). He makes reference to Stainton-Rogers (1991) description of mental as "the process of taking a complex and amorphous mixture of observed events, experiences, accounts and ideas conceptually turning them (having them turned) into a 'thing' and then giving that 'thing' a name…constraining people to see the world in a particular way" (p.9 in MacDonald, 2006, p.13).

The above description of mental health departs from the pathogenic approach that seems to reduce matters of psychological wellbeing to mental illness. In Stainton-Roger's view, the complexity of mental health is rendered intelligible in the process of understanding observed events, experiences and the past life of persons experiencing imbalance of mental

health. It also draws attention to fact that these conditions force people to perceive the world differently from others. This means that most mental health issues can be reversed through various therapies according to the condition of an individual. In addition, this description challenges medical personnel to go beyond the standard coefficients of diagnosis as regards mental health assessment in view of having a holistic picture of each person's condition. In line with this paper's argument on the difficulty of arriving at a clear cut definition of mental health, Pieper and Uden (2005) state that what is acceptable in one context may not be considered normal in another; this cultural relativity shapes how mental health is understood or described. Thus, cultural ideologies such as political, philosophical and religious presuppositions determine how mental health situations are considered sane or insane (p. 25). From the foregoing, when seeking to understand mental health one needs to take into consideration the following: (i) the index for wholeness, peace, and general wellbeing, (ii) the degree of disorder and violence that affects social order, (iii) social variance index, (iv) the pathological condition of the person, and (v) the processes of rehabilitation and integration into the society. All these factors will lead to a comprehensive understanding of mental health that equally includes a critical assessment of contextually and socially acceptable characteristics of affective, cognitive, and behavioural functioning that are relative to social deviations. These deviations are identified by Hicks (2005) as: (1) anger (2) antisocial behaviour (3) anxiety (4) appetite disturbances (5) avoidance (6) body image problems (7) compulsions (8) confusions (9) cravings (10) deceitfulness (11) delusions (12) denial (13) depression (14) dissociation (15) euphoria (16) fatigue (17) fears (18) flash backs (19) grandiosity (20) grief (21) hallucinations (22) histrionics (23) hyper activities (24) identity confusion (25) impulsiveness (26) intoxication (27) jealousy (28) learning difficulties (29) mania (30) memory loss (31) mood swings (32) movement problems (33) nonsense (34) obsessions (35) oddness (35) panic (37) paranoia (38) physical complaints and pains (39) psychosis (40) religious preoccupations (41)

self-esteem problems (42) self-mutilation (43) sexual performance problems (44) sexual preoccupation (45) sleep problems (46) sloppiness (47) speech difficulties (48) stress (49) suicidal thought and (50) trauma (pp. 9 – 11).

Okello and Musisi add another perspective to mental health by observing that generally African traditional medicine considers psychological illness as a situation in which a person tends to interpret reality in weird ways. For these African care providers, mental illness is caused by evil forces therefore victims need to be protected by auratic radiance of the supernatural (2014, p. 251). This understanding resonates with the argument that mental health is guarded by what is socially accepted as normality or abnormality in a particular society. In the same vein, folk beliefs are closely associated with that which is culturally accepted in one social context but not in another. Therefore folk healers still command a lot of respect in many traditional African societies because many with various mental needs still patronize their services without seeing conflict between them and conventional health care providers. Vega and Murphy regret that mental health professionals see folk beliefs as stumbling block to the development of health care and treatment process (1990, pp. 71). For a better understanding of this paper's subject matter, there is need to elucidate its theoretical framework and methodology.

## Theoretical Framework and Methodology

Lemert describes social theory as basic surviving skills within an organized system which facilitates the understanding of how any organized system operates. Since the society is an organized system, knowledge of its operational patterns helps those in it to live in relative peace and harmony (1999, pp. 1-2). Functional theory of religion is the brainchild of one of the social theories called structural functionalism. This is because the former visualizes the society as a complex system wherein religion influences its coherent ordering, shapes other social

structures and contributes to its stability. Hence, the understanding of the workings of religion can influence its use for the good of the society.

Mouzelis (1995) explains theories as set of substantive interrelated statements drawn from human experience that say something new about the social world; these meaningful propositions benefit the ordering of the society. Theories are falsifiable or proved by empirical inquiry. He goes on to say that theories are tools that facilitate the understanding of human society and by this reason, prepare the grounds for the formulation of substantive theories on social relationships. (p. 1). Thus, theories precisely as instruments of interpretation give perspectival knowledge and can hardly enunciate everything about reality.

In the field of social sciences, theories are very crucial to a scientific interpretation and understanding of human beings in the society. They are useful means concerning organization of the society and peaceful co-existence of its members, *ipso facto*, theories are means rather than ends. The theoretical framework for this research is functional theory of religion. This choice is based on the assumption that religion or its absence influences other institutions in the society. More so, the importance of religion to the society and how it affects various institutions therein is at the foundation of functional theory of religion. Drawing a cue from the foregoing, theories of religion should be understood as concepts or modes of thinking that sensitize and aid human beings to relate with themselves, their environment and its components (Wuthnow, 2003, pp. 22-23).

Functional theory of religion can be explained as modes of thinking that throw more light on how religion functions in the society. These functions can be negative or positive depending on how they affect the wellbeing of human persons at the micro and macro level respectively. Lidz observes carefully that:

> Functional theory has particularly emphasized long term effects of religion on other institutions, including strata formation and legal, political, economic, educational, and cultural institutions. In the cases of world religions, such as Christianity, or Buddhism, functional theory has focused on religion's part in shaping trends of development for entire civilizations. (2010, p. 76).

It cannot be gainsaid that religious belief and routine activities control how members of the society respond to other institutions and their programmes. One of the effects of this control is its influence upon people's social imagination. Duke (2014) opines that religion functions as a means of shaping the social imagination of the people and since it is not insulated from the influences within the society, the realities on ground can reverse some of the gains of religious beliefs within the society (p. 51). So a shift in structural function of any institution within the society, for example, religion, affects the organization of other social interactions. Therefore the negative impacts of Christianity on mental health care can equally be reversed by religious institutions' awareness of the complexities of this state of being and their readiness to educate those who are engaged in pastoral work.

People's wellbeing during period of global crises deteriorates as a result of deep sense of insecurity; lack of basic necessities of life, economic hardship and other social problems that stretch the stress elasticity of human beings. Stressors are more ubiquitous during this period hence any human being is a potential victim of unbalanced mental health. The functional theory of religion that mirrors structural functionalism has a lot of implications for holistic management of mental health condition. The interest of this research focuses on the presence and absence of Christian religious culture in mental health of a cross section of persons in Calabar municipality, Cross River State. It will be germane to investigate how young Christians from Roman Catholic Church and Mountain of Fire and Miracle Ministries are adapting to trends in mental health. For this reason, quota sampling technique is used in the distribution of questionnaire.

Quota sampling is a research tool that principally aims at a representative sampling without random selection because particular types of people were already mapped out beforehand (David, 2002, p. 90). For this work, Christians from Roman Catholic Church and Mountain of Fire and Miracle Ministries between the ages of 20 and 40 were selected. 104 copies of questionnaire were returned out of 180 administered – a return rate of 57.7 per cent. Being a homogenous group, the small sample size of respondents will give a fair representation of the population parameter studied. This claim is supported by the work of Suen and Ary (1989, pp. 46-47). In addition to this, three persons were interviewed and published texts on this research topic were consulted. Owing to the fact when mental health challenges are not properly understood and handled, unfounded stigmatizations arise. It will be expedient to look into how cultural stigmatization affects perceptions on mental health.

## Cultural Stigmatization and Mental Health

Shame in relation to one's unbalanced mental health is one of the excruciating pains that are associated with the wellbeing of the mind. This emotional state is aggravated when the shame is heightened by cultural stigmatization. Social psychology of stigmatization is a two-way traffic: the behaviour of a person with unbalanced mental health, and the response of the environment to him or her. Katz infers (1981) that the most instructive consequence of stigmatization is that the subject is considered a threat to other human beings in the society and the intensity of harm that can be caused by such persons determines the degree of avoidance and experience of low esteem they get (p. 3). On the other hand, Pope observes how some with mental health imbalance or distress unwillingly retreat to bed or to themselves so that they may not be a burden to others, yet they end up being stigmatised because of the attention they attract from others (2010, p.52).

Culturally induced stigmatization is an issue in mental health management. This is because sub-cultures of the society influence people's *weltanschaung* and mental health is not an exception. In most African sub-cultures, lack of mental wellbeing is among the worst things that can ever happen to anyone. Furthermore, Patel and Stein argue that the triad of depression, anxiety and somatization make up common mental disorders (CMDS) which are part of daily struggle of people in the African continent (2014, p.50). On a related note, Allott (2004) suggest that many people diagnosed as 'mentally ill' reject such nomenclature and this is connected to cultural perception of psychopathology (p. 13), Given that psychological wellbeing is partly dependent on inclusion and public perception of mental health, the frequent rejection and exclusion of those scourged by stigmatization owing to their health challenges worsen their condition. Explaining this further, Major and Collette quote Cartwright (1950) as follows: "To a considerable extent, personal feelings of worth depend on the social evaluation of the group with which a person is identified. Self-hatred and feelings of worthlessness tend to arise from membership in underprivileged or outcast groups" (2005, p. 70). Stigmatization is even more daunting when it comes from family members, friends and close associates. One of the questionnaire items read: "**Have you ever suffered from rejection or exclusion from close relations or friends because of any mental health challenge, like depression**?" 62.7 % of the respondents stated that they have not directly suffered such treatment but some expressed that based on how the society perceives health condition; the fear of being maltreated is always there. However, 37.3% felt disappointed with family members who often, being sceptical of their recovery, reminds them of their past struggles. This response shows that stigmatization within the family does not help those facing mental health issues or recovering from it. An important way of warding off this cultural bias lies in deflecting the diatribe of social exclusion and those suffering this should know that this is exogenous and not constitutive of their personality. This suggestion is supported by Major and Eccleston theoretical models of emotion

which demonstrate that when negative energies and events are attributed to external factors, the tendency to protect individual's self-esteem increases (2005, p.78). When those affected by cultural motivated stigmatization see these biases as extraneous to them and as well as unfounded misconceptions they will less bothered.

The lingual culture of stigmatisation wherein expressions such as: 'Are you mad?' 'You should be out of your mind for doing that' 'Are you insane?' 'He behaves strange...looks like a psycho'; are used in conveying dissatisfaction with the rational judgement of others signal how people react to what they consider abnormal in social interactions. Hinshaw (2007) avers that undoubtedly, "such language expressions reveal fear, fascination, and ridicule: fear that affliction could befall the perceiver; morbid fascination with the illicit, mysterious, and dangerous behaviour patterns underlying the terms and labels" (p. 11). Hence, there is need for a change in lingual culture that reduces unpleasant behaviours to mental health imbalance or psychopathology.

This culture of stigmatization is associated with how the society perceives and receives disability. Where public awareness concerning disabilities is minimal a positive social association with any of these conditions can hardly be encouraging. In this regard**, 87.8% of respondents aver that the attitudes of Nigerians to mental disabilities are culture based**. Hence, they suggest that government, churches, INGO's and NGOs have a crucial role to play in changing the negative social perception of the people on mental health disability. In addition, **80.2%** of respondents argue that social education on disabilities should be part of educational curriculum from primary school level so that as the wards grow up they may see disability as a difference rather than a disadvantage. This suggestion will go a long to correcting wrong social perceptions on mental health as well..

The scourge of stigmatization does not only affect those undergoing treatment for mental health related challenges but the caregivers as well. This might be a universal experience. The work of Perlick et al (2007) indicates that significant numbers of care givers of patients with bipolar disorder in New York were stigmatized because of high depressive symptoms they manifested in the course of their work. This might be as a result of not receiving enough support from the community as regards their profession or associative effect of caregiving (p. 116). In view of controlling this culture of stigmatization suffered by those associated with Neuro-Psychiatric Clinic as patients, the Chief Medical of Officer of Federal Neuro-psychiatric Hospital, Calabar, stated in an Oral Interview that mental health services have been introduced into Primary Health Care Scheme in two rural communities in Cross River State. According to him, this will go along to taking these services to the doorsteps of the people and at the same time reducing negative stereotypic attitude to mental health patients (7/07/2016). There is no gainsaying that physical, emotional, behavioural, and psychosocial problems that are related to mental health conditions are closely connected to one's systems of meaning and religious attitude. Based on this claim, it is germane to investigate how the presence or absence of Christian religious culture in mental health issues affects how they are managed.

## The Presence of Positive Religious Cultures in Handling Mental Health Issues

Cave (2002) describes culture as a learned system of existence that defines values, beliefs, practices and code of conduct of a particular group of persons which is passed on from one generation to another. This learned system of life colours the way that people view and experience the world (p. 11). Some authors claim that Christian religious culture or way being has improved the lots of humanity in so many ways, educational, social, spiritual and otherwise. Its message of peace, brotherliness and compassion resonates with the aspirations of human

beings concerning wellbeing, contentment and overall satisfaction with life. In this wise, the study of Otakpor and Akanni (2015) demonstrates that the relationship between religious faith and mental wellbeing can be very complicated. Nevertheless, there is a predictive influence of religion and spirituality on adolescents' psychopathology in Nigeria (pp. 40-41). In addition, Lily (2010) reflects on how religious faith assisted his struggle with mental health issues as follows:

> Without my faith I could not have perceived a way to continue to make sense of my life as someone condemned to suffer my illness, together with the drawbacks of treatments that are really in their early stages, considering all that is yet to be known about the function of that extraordinary organ that controls each human being – the brain. The Holy Spirit has been many things to me on my journey (p. 116).

This claim is associated with the long standing Christianity's as regards healings. For many years, especially from the Middle Ages, the Christian religious establishment had been in control of science, medicine and health care until the nineteenth century. Thus Koenig, McCullough, & Larson (2001) contend that because of the influence of the Church on mediaeval and post-medieval understanding of psychopathologies, people believed that physical and mental disorders came from demon possession and thus healing is possible through faith (p. 3). This belief is already found on the pages of the Christian sacred text, New Testament, wherein Jesus Christ is reported to have healed those who suffered mental health disturbances (cf. Mathew 10: 7- 8; Luke 10: 8, 9; Mark 5: 1-34). Hence, some Christian religious beliefs suggest that psychopathology is under the domain of demonic disturbances; and with the charisma of healing, the churches lay claim to reversing it. Hence, exorcism of those suffering of mental health challenges is common practice among Christians. One of the Interviewees, from Mountain of Fire and Miracles Ministries claimed thus: "Fasting and prayers of true believers can reverse madness. One of my neighbours suffered this problem and 40 days of prayers and fasting by his relative cured the insanity" (21/06/2016). This claim was

not independently verified. **On the question: do you believe that mental health problems can be caused by malevolent (spiritual) forces?** 75% of the respondents believe that some cases of mental health problems are induced by the devil. It is pertinent to note that over 85% of those who gave an affirmative answer came from Mountain of Fire and Miracles Ministries. However, 25% of the respondents had a contrary opinion and was convinced that such belief reflect African mind-set on demonology and psychopathology.

As regards patronizing traditional healers in mental health care alongside Christian faith-praxis, this question was asked: '**Do you think that a Christian should seek for help from traditional healers?** 45% per cent of respondents agree that a Christian can approach traditional healers in as much as sacrificing to idols is not involved. But 55% were against this practice. These responses highlight the readiness of some African Christians to try the assistance of traditional mental health care givers when the desired result is not found in their faith community. On this question, the Roman Catholic respondents seem to embrace easily the African traditional alternative to mental health care. They were more in number as regards this response. The above response corroborates Okello and Musisi's indication (2014) drawn from the 2002 W.H.O Report. This document claims that 80 per cent of African population consults traditional healers regardless of the patient's social or economic statues, (p. 253). This report suggests that 8 out of 10 Africans patronize traditional medical practitioners on psychopathologies. The data indicates that some Christians are still at home with traditional African culture as regards taking care of their health needs and this acquaintance can hardly be diminished by creedal affiliations.

Many scientific studies have persuasively demonstrated that Christian faith and spirituality are influencing physical and mental health conditions of people in the world. And this relationship is sometimes complicated. Porterfield (2005) succinctly that

> Christians have constantly found themselves involved with medicine and concerned about the relationship between medical practice and religious faith. Over the centuries, many Christians practiced medicine as part of their religious outreach and employed it to recover natural health as God allowed. But the relationship between Christianity and medicine, and the boundaries between them, have always been complicated. Even when extreme Christians denied themselves natural remedies in order to prove their faith, they used medicine as a metaphor for Christ, the sacraments, the scriptures, and the blessings of the saints (p.141).

This relationship does not exclude psychopathologies. Indeed as indicated above, some Christians seek faith healing as regards mental health problems. The complexity of this interface between faith and medical help with regard to mental health issues is the *raison d'etre* for this paper's call for participatory approach when dealing with difficult psychopathologies. This could contribute to a holistic treatment of such pathologies. The data from questionnaires cited in this section suggest that faith related narratives and trust in divine intervention have helped some Christians to cope with challenges associated with mental health pathologies. Nevertheless, undiscerning appeal to religious faith on psychopathological matters can as well be counter-productive.

## The Presence of Negative Religious Cultural Patterns in Mental Health Care

The presence of negative cultural patterns among Christian churches has impacted negatively on contemporary mental care management in Africa. In an Oral Interview, the Chief Medical of Officer of the Federal Neuro-Psychiatric Hospital, Calabar, decried that some clergy among Christian churches are not helping matters as regards proper approach to mental health care management. According to him, a good number of them retain those who need clinical assistance in the name of faith healing. At the end of the day, some of these patients find their way back to the hospital when all their income must have been exhausted without any reasonable improvement. Even though he does not discount miracles, his opinion is that: these

should not be expected at all cost or to the detriment of those with mental health challenges (7/07/2016).

Concerning the presence of negative religious culture that are damaging to mental wellbeing, one of the questionnaire's entries was: **do you think that Christian sermons and homilies as regards sin sometimes traumatise the faithful and also contribute to mental health problems?** 12% of the respondents agreed that Christian world view concerning God and sinfulness constitute precipitating factors that impact negatively on mental health. One of the respondents claimed that the picture painted of God as a tyrant that punishes every sinful act generates a lot of anxieties in the mind of young people trying to find meaning in life. However, 88% consider the message of hope that Christianity gives to be very consoling and important help for dealing daily stressors. In addition, some argued that it is not the message of repentance that triggers depressive feeling. Rather it could be the mental state of the hearers of the Christian message or the manner which it is delivered.

One of non-academic staff at the Federal Neuro-Psychiatric Hospital in Calabar, stated in an Oral Interview that a Prayer Group from one of the African indigenous charismatic-like churches visited the facility and demanded that some of the Christian patients should be released to them for healing. She stated that they wanted to use spiritual therapy on the patients because according to them, it is not the portion of believers to stay in neuro-psychiatric hospital. This arrogance in the name of religion breached several medical and ethical practices. She posited that, firstly, the self-proclaimed healers are not legal guardians of those patients hence did not have the rights to demand for their release. Secondly, before such permission for withdrawal of patient from the facility is given, certain documents must be signed. Consequently, they acted in error. This notwithstanding, she affirmed that some guardians have, in some instances, legally withdrawn their patients for alternative healing therapy for personal reasons (2/07/2016).

Where specialized knowledge on mental health is lacking, the belief in malevolent spirits as principal causative factor for psychiatric illness remains prevalent. The growth in this negative cultural attitude concerning psychopathology constitutes a social problem because of its effects on the society. It seems that this attitude is partly stoked by a cross section of Christians. Some pastoral workers tend to discourage those with mental health challenges from seeking conventional/professional help. On another note, the cultural mind-set of the people may have influenced the delay in attaching chaplains to Neuro-Psychiatric Hospital as it is done for the Teaching hospital in Cross River State. Or can one say that this an over-sight? Could it be caused by sub-cultural stigmatization of mental health challenges? As regards the presence of Christian chaplaincy at psychiatric hospitals this question was asked: **'Is there any need for official pastoral ministry at our psychiatric health facilities?** 18% of the respondents said: 'yes', but after adequate training of the chaplains. 82% were of the opinion that such matters should be treated in the church where faith clinic will not be interrupted by any medical practice. It is also possible that a greater percentage of the respondents may have been influenced by strict dichotomy between faith induced healing and conventional medical help as regards mental health challenges. The response of those who said: 'yes', suggests that some Christians are aware of the need for specialised pastoral ministry among those with mental health issues. This could be very demanding, and McCann (1962) records the report of a Chaplain for mentally ill patients below:

> I find that one of the critical problems of my work as chaplain is the need for more chaplains so that we can have the extensive program which will meet the pastoral needs of patients. Mentally ill patients call for much time, and when there is only one full-time chaplain available, he is limited to just so many patients. We could use one full-time chaplain alone to work on our receiving wards to meet the pastoral needs of the newly admitted patients. We could use other chaplain help to work with the patients of our chronic wards and maintain religious services for these patients, who demand a more specialized ministry (p. 25).

The complexities recorded as a result of undiscerning pastoral approaches to psychopathologies make some to suggest that clinical management of such health conditions should be encouraged.

## Absence of Christian Religious Attitudes in Clinical Care of Psychopathologies

It seems that the critical-minded public is culturally reacting to the excesses of the healing claims of various Christian clergy. This is partly consequent upon lack of a co-ordinated oversight in various Christian approaches to mental health management whereby incidences of abuse, maltreatment and extortions have been reported. In relation to this, an item on the questionnaire read: **do you consider exorcism a dependable therapy for handling critical mental challenges?** 88% of the respondents said that they do not consider exorcism to be a dependable method of managing critical mental health cases because of questionable religious practices among the churches and the incidences of relapse for those who had claimed faith healing. Those in this group highly recommend pharmacological therapy, non-invasive treatment, constant medical check-up, and family support. Interestingly this is a high percentage that reflects a gradual cultural change as regards mental health care.

Owing to multiples stressors in the society, the prevalence of mental health issues is in the increase. In view of knowing the opinion of the respondents on the importance of counselling to mental health care of tertiary school students, the questionnaire read: **do students need more chaplains or clinical psychologists?** 65% of respondents were of the opinion that disturbed mental wellbeing occasioned by multiple stressors on campus are militating against students' academic performance. For this reason, they would prefer to speak with professional psychologists rather than chaplains who are not trained on counselling. In addition, 60% of this group of persons favoured meeting these psychologists on campus rather

than going to the neuro-psychiatric centres. This conjecture seems to reflect concerns over culturally induced stigmatization. Nonetheless, the variances observed in the responses of respondents and interviewees consulted so far suggest that there is a dire need for collaborative partnership among stakeholders in mental health care in Cross River State.

## The Need for Participatory Partnership

Where there is a common interest and more than one player in a particular sphere of endeavour, participatory approach to problem solving remains more beneficial. The mental health of human beings is a common interest of health organizations, religious institutions, and the society at large, *ipso facto,* participatory partnership between mental health personnel and religious workers is indispensable. Monigue argues that this is not usually an easy task since all conflicts and differences as regards management are hardly resolved completely. She explains that before such partnership commences, there is need to draft policies/agreements on scope of collaboration, monitoring and evaluation of such ventures (2005, p.222).

Every society participates in or benefits from the wellbeing of any of its members directly or indirectly. The direct benefits of this wellbeing are for those in close social interactions with such persons. However, the indirect benefits lie principally in the reduction of social costs that deviant behaviour might cause. Similarly public memory of human wellbeing is participatory because people are inspired by it or talk about it. But as Haskins (2015) asserts, not everyone may accept the claim that public memory is participatory (p. 3). Nevertheless, this does not rule out the fact that there is always a public dimension to wellbeing because of the impacts of social interactions on the society.

Callaway sees participatory management style as the process of interminable discussions which allows every important stakeholder, in a project, to contribute towards the realization of shared goals (1999, p. 214). This style brings closer all those who are involved

in a decision-making process on a particular project. But one of the limitations of participatory management is that more time is consumed in arriving at decisions. This notwithstanding, when the decisions are properly managed complex task are broken into achievable goals that are collectively accomplished by all participants.

From the foregoing, participatory partnership can be described as a process of managing problems collectively by personnel from distinctive disciplines based on the principles of respect, equality, and fairness so that common interests of all will be averagely satisfied. Given that the mental health care within the society is, *inter alia*, a common interest of medical professional and health workers, family members as well religious personnel or chaplains, participatory partnership allows them to freely share ideas on a better way to helping those who might need spiritual help, pharmacological aid, and/or psychological based assistance either as a preventive measure or ancillary curative therapy.

Firstly, participatory partnership is a multidisciplinary approach to mental health care that takes seriously the place of culture in modern African approach to psychiatry. Collignon indicates that French speaking West African psychiatrists and healers made some progress with their multidisciplinary – clinical, epidemiological, therapeutic and anthropological perspectives – approach to mental health care (2014, p. 175). In the same vein, this paper calls for sincere dialogue among those who are truly interested in Nigerian mental health care so that holistic care for the people in this regard may be achieved.

Secondly, participatory partnership will facilitate the healing process of those who are making use of conventional health facilities for mental wellbeing. Thus through a discerning dialogue, a pastoral agent can assist his/her clients to accept the fact that seeking medical assistance from health practitioners does not mean lack of faith or trust in God. Similarly, medical practitioners can invite pastoral agents to their clinical domain in view of giving

spiritual and moral support to those who are traumatized by various environmental stressors or other inexplicable factors.

Thirdly, the present socio-economic situation in the country is precipitating mental health disorders. The respondents to the questionnaire were asked: **are you facing psychological issues because of the socio-economic situation of the country?** 82% of them complained of not sleeping well at nights and 26% admitted that they do experience uncontrollable panic attacks. Studies, like that of Ostler et al (2001) confirm the effects of socio-economic deprivation on mental health and their Hampshire Depression Project indicated that patients between the ages of 16 and 94 were diagnosed with depressive symptoms associated with fallen standard living and socio-economic problems ( p.13). The Nigeria environment might is not immune to socio-economic development. In a situation like this, participatory partnership in view of stable mental wellbeing of the society cannot be more needful. Pastoral workers who are not professionally trained in counselling or mental health science should not hesitate on calling professionals to organize workshops and programs that will benefit their community, especially on how to cope with hardship and economic stress.

## Conclusion

10th October every year is World Mental Health Day. This year, 2016, it falls on a Monday; awareness on mental health can hardly be enough on this international memorial. More needs to be done so that the myths on mental health may be separated from realities. Furthermore, from the foregoing, the Nigerian society has a lot to benefit from a less stigmatized approach to mental health; all hands must be on deck. As the Latin adage goes: *nemo dat, non quod habet* meaning one cannot give what he does not have. It is needful to be educated on mental health so that one can help oneself and others. With this mental health education, families can improve upon the life of their members who are facing mental health

challenges. It pertinent to reiterate that the inclusion of mental health awareness in academic curriculum from primary education level can go a long way to reducing cultural stigmatization and reducing misconceptions on this subject matter.

Claims on the socializing effects of Christian religious culture have been highlighted in this work. Hence, scholars of religion are challenged to investigate more on the bane of religion with regard to its contributions to mental health care. Developed countries have gone a long way concerning partnership between health care organizations and religious institutions on mental health care management. Despite this, more still needs to be done for the improvement of mental health care. Finally, the work of Davies-Quarrell, Jones, & Jones (2007) supports the position of this paper that participatory partnership approach to mental health care services is the future of a better and holistic treatment of psychopathologies (p. 41). Hence, families of patients, religious institutions, and clinical professionals in Nigeria need to collaborate for a better treatment of those with mental health care issues.

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