

The Perceived Role of “Igbe” Cultural Practice in the Development of Mental Illness among the Tiv People of Benue State Nigeria.

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DOI: 10.29322/IJSRP.10.08.2020.p10456
<http://dx.doi.org/10.29322/IJSRP.10.08.2020.p10456>

Abstract: This study investigated the perceived role of “Igbe” cultural practice in the development of mental illness among the Tiv people of Benue State. The “Igbe” cultural practice has been part of the Tiv ancestral culture and despite attribution of the practice to the development of some mental illnesses no empirical evidence has been established. A quantitative and qualitative design was utilized for the study. A purposeful and convenient sampling technique was used for the study. A total of 1540 participants comprising of 1037 (64.8%) male and 503 (31.8%) female were sampled for the study. The Igbe Inventory a self-developed inventory by the researcher for the measure of Igbe cultural practice was used for data collection. Three hypotheses were tested using simple linear regression, independent t-test and univariate analysis of variance. It was found among others that Igbe cultural practice played a significant role in the development of mental illness among the Tiv people. The result also showed a significant gender difference in the development of mental illness among the Tiv people and a significant interactive effect of age and sex on Igbe cultural practices in the development of mental illness. Based on the study findings, recommendations were made.

Keywords: Igbe, cultural practice and mental illness.

INTRODUCTION

Illness, either mental or bodily, implies deviation from some clearly defined norms of the society (Szasz, 1960). That is why, when any human being changes his/her behavior unexpectedly and behaves differently from the normal way of life, the public construes these signs as mental illness. These changing behavioral indications are described by Muslims as possessed by ‘Peer’ and illustrated by Hindus as possessed by ‘Goddess’ (Behere, Das, Yadav & Behere (2013). Due to the lack of instruments or devices through which we can measure the exact cause of this changing behavior a lot of causes come into the picture for mental illness. As a result, culture is playing a major part in determining the different causes of mental illness and shape the treatment process accordingly. The people sometimes blame demonic spirits or curse of the past life as the cause of mental illness (Magnier, 2013). The concept of mental illness is changeable over time, but it is specific to culture at a given time in its history (Foucault, 1965; Szasz, 1960). Culture has a prominent role in the perception, experience, response, treatment, and outcome of mental illness (Siewert, 1999). Culture not only influences the mental illness, but also it is an essential part of it (Sam & Moreira, 2012).

Many cultures view mental illness as a form of religious punishment or demonic possession. In ancient Egyptian, Indian, Greek, and Roman writings, mental illness was categorized as a religious or personal problem. In the 5th century B.C., Hippocrates was a pioneer in treating mentally ill people with techniques not rooted in religion or superstition; instead, he focused on changing a mentally ill patient’s environment or occupation, or administering certain substances as medications. During the middle Ages, the mentally ill were believed to be possessed or in need of religion. Negative attitudes towards mental illness persisted into the 18th century in the United States, leading to stigmatization of mental illness, and unhygienic (and often degrading) confinement of mentally ill individuals (Linda, 2013).

Available information indicated that culture can be associated with mental illnesses including better mental and physical health, better coping and higher well-being (Arndt, Kazimierz & Janusz, 2014; Chittaranjan, 2014). Nigeria is a culturally diverse country where it is believed that, in every 40.234 kilometers we come in contact with people from a diverse culture. Nigeria is also associated with more spiritual traditions from primeval times; and is known as a home of all cultures. Culture plays a vital role in directing, shaping, and modeling social behavior at both individual and group levels (Pandey, 1988). The culture shapes the cause and probable treatment

of mental illness. The perspective and perception of mental illness and treatment practices also vary with the respective culture (Wagner, Duveen, Themel & Verma, 1999).

In Tiv culture, the onset of mental illness is basically associated with the superstitious powers of Akombu (Igbe). Akombu is the general deitic term that encompasses all aspect of Tiv various superstitious Goddess powers which Igbe is one among and has its specific function and effects that lead to differentiation from other powers. This is known through the signs and symptoms of the person experiencing the Igbe by the elderly people of the land and such a person is taken to the appropriate place for treatment. Akombu (Igbe) can be defined as a Tiv deity that is responsible for irregular menstruation, abortion, serious vomiting, bleeding, impotence in men, fertility of the land, badluck and infertility in women (Gbenda, 1979). According to an informant, Timve (2018), a native doctor from Mbatyav of Gboko Local Government, "Igbe is a specific problem or illness that is used by the Tiv people as a means of social control within the community because it cannot just affect someone, it is either the person has stolen something that the Igbe is used to protect, or the person walked close to the emblem or touched the emblem or if consciously or unconsciously the person urinates close to the emblem, then he or she automatically becomes a victim of Igbe". Also according to another informant, Atorough (2018), a native doctor from Kwande Local Government, that Igbe in Tiv land has its origin from the ancestral father of the Tiv people called Tiv and is a very strong deity among Akombu that is used specifically for the protection of agricultural products and can cause a great deal of mental illness to any person that touches or steals such product. And if not dictated quickly can lead to death within a couple of days (Agber, 2014).

Culture and Mental illness cannot be isolated. Culture plays a crucial role in the perception of mental illness. Cultural relativist emphasizes that concepts are socially constructed and vary across cultures. Mental illness is a social construct. Hence, different cultures have their own beliefs to find the etiology of mental illness, as well as treatment and intervention processes (Jimenez, Bartels, Cardenas, Dhaliwal & Alegría, 2012). Kroeber and Parsons (1958), define culture as a transmitted and created content and patterns of values, ideas, and other symbolic meaningful systems as factors in the shaping of human behavior. Culture consists in patterned ways of thinking, feeling and reacting, acquired and transmitted mainly by symbols, constituting the distinctive achievements of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values. There are significant variations in the cultural views of mental illness across cultures (Mehrab, 2009). Culture influences the epidemiology, phenomenology, outcome, and treatment of mental illness (Viswanath & Chaturvedi, 2012).

In Tiv cultural society "all mental illness is attributed to the violation of a particular "Akombo" for example, "Akombo" "a Igbe" is the protective emblem whose violation results in infection by dysentery" (Hagher, 1989). Indeed, in Tiv mytho-lectics, diagnostic symptoms of mental illnesses and diseases: cough (houghtingir), common cold (gbakundu), whooping cough (hough u bar), fever (iyolhian), malaria (iyolgenger), gangrene (ibya), dysentery, diarrhea (akongu a haan, igbeinyian), diabetes (suga), body aches, paleness of skin, drooping eyelids, anaemia, wiry or falling hair (veekombo); impotence, infertility, hemorrhage, (ikyôôr, akomboadam, akombogbande); rashes, boils, blisters, hard scaly pimples, distended belly, rheumatism, gastronomic disorders and ulcers, sores in the private parts, helpis, etc and other psycho-social maladies of ill-luck, poverty, joblessness, childlessness are all covered by the pantheon of Tiv trado-religious medicare and have appropriate cult discourses associated with the controlling akombo deities (Hugh, 2010).

The spirit behind the various Akombo is always associated with natural phenomena to which they can be summoned at will by the human agents (Mbatsav). In other words, their presence is usually enshrined in natural objects and images, which are artistically carved or adorned, or beautifully designed amulets, fetish threads, perfume, cultural hold all-bag (Ikpaibôr), etc. These objects and images go by various Tiv appellations including "Imborivungu", "Atsuku", "Ubende", "Ikpyagher", "WunaIngban-Ijôv", "Poor", "AtsuKwase", "Laya", "Swem", "Gbegba", etc. These are material symbols of cultural significance. The cultural artifacts are simply the product of the creative imagination but they are considered essential in the visual representation of the supernatural forces and their evocative potency. In fact, there is profound visual poetry and artistry in their design and presentation.

Downes (1933), for instance, gives a graphic description of the artistic input that goes into the design of the Tiv "Imborivungu" cultural masterpiece: It consists of portions of the actual femur bone of the departed family father, with a voice hole in the centre. The lower end of the bone is covered with fine, strong membranes of the spiders egg capsule or it is said sometimes bat wings (both of which have significance as belonging to animates of nocturnal habits) firmly fixed in place with gum and this forms a vibratory medium. The upper end of the bone is inserted and firmly fixed into the base of the actual skull of an ancestor which is dressed with human hair said to be that of the ancestors and decorated with asah (beads). Actually, "Imborivungu" is symbolically an embodiment of an abstract discourse through which the living pay homage to the great ancestor spirit and is said to be part of the traditional spirituality.

It is obvious that right from origin the Tiv people had a strong tie with Igbe cultural practice to the development of mental illness but no research was ever been carried out to relate this variable to the development of mental illness in Tiv land which is the focus of this study.

Statement of the Problem

In Tiv land, Igbe cannot be isolated from the development of mental illness. The role of cultural practice of Tiv is so much attached to the development and treatment of mental illness that if investigated will add to the knowledge of culture bound syndrome in the field of mental health. Igbe in Tiv land has received a lot of attraction by various researchers in other fields of study, although in the field of clinical psychology no research has so far been carried out concerning Igbe to the development of mental illness which the present study considers as a great lacuna that needs to be filled. Also the Tiv cultural practices plays a significant role in the development and treatment of mental illness which researchers can search for ways of diagnosis, management and promotion of mental health in Tiv land.

The researcher's desire is for mental health professionals to start looking at inward causes and treatment of mental illness rather than totally relying on the Euro-American perspectives. Apart from that, cultural practices of a particular ethnic group can bring out new perspectives if investigated in the field of clinical psychology that will help in identifying the etiology of mental illness and how such mental illnesses can be treated.

There is every need to find out how Igbe cultural practices among the Tiv culture influence the development of mental health as this will go a long way to add to the existing knowledge of the impact of cultural practices in the development and treatment of mental illness.

Purpose of the Study

The purpose of this study is to investigate the perceived role of "Igbe" cultural practice in the development of mental illness among the Tiv people of Benue State. The study aim at (1) examining the influence of "Igbe" cultural practice on the development of mental illness among Tiv people in Benue State (2) determining if "Igbe" cultural practice influence the male more than their female counterparts in the development of mental illness among the Tiv people of Benue State (3) ascertaining the interaction effect of age and sex on the influence of "Igbe" cultural practice in the development of mental illness among the Tiv people of Benue State.

Methodology

Research Design

The design of the study is both qualitative and quantitative research design because questionnaires and focus group discussion were applied for data collection. A focus group discussion on Igbe in the MINDA geopolitical zone of the Tiv was carried out by the researcher to elicit information which formed the development of the Igbe instrument that was used for data collection from the participants. Igbe cultural practice was the independent variable and mental illness as the dependent variable. The developed instrument was used for data collection in the remaining four geopolitical zones comprising of Jechira, Jemgbagh, Kwande and Sankera respectively.

Setting

This research was conducted in the five geopolitical zones of the Tiv speaking areas of Benue State. This is because Igbe deity is mostly peculiar to the culture of the Tiv people but can also affect other tribes. The Tiv form the largest ethnic group in North Central Nigeria and are the largest ethnic group in Benue State. They settled on both banks of the river Benue. The group constitutes approximately 3.5% of Nigeria's total population, and numbered about 6.5 million individuals throughout Nigeria and Cameroon. The Tiv are the 4th largest ethnic group in Nigeria. Bahannan expresses, that, their home land stretches from approximately 6⁰ to 100⁰ east by the Hausa speaking Mada, the Jukun and Chamba, to the North by the Alago and Akwa, to the south by the Udam (Shishima, 1993). The Tiv occupy 14 Local Government Areas, which are as follows; Kwande, Makurdi, Ushongo, Vandiekya, Konshisha, Ukum, Gboko, Logo, Gwer, Gwer West, Guma, Katsina-Ala, Buruku and Tarka respectively. The Tiv people are basically farmers and the language spoken by them is known as Zwa Tiv (Tiv Language) with little variation among the various districts. The concept of Aondo (God), Tsav (Witchcraft), Ujjingi (Spirit) and Akombo (Rituals) which Igbe is part of constitute the sum total of Tiv world view, religion permeates all facets of life (Shishima, 1993).

Participants

The participants for the study comprised of the four selected geopolitical zones of the Tiv areas which include; Jechira, Jemgbagh, Kwande and Sankera. This does not include the MINDA zone because the zone was used by the researcher for pilot study to establish the psychometrics properties for the developed Igbe inventory. The population of the four zones was estimated at 2,451,833 (Census, 2006). Out of the total population of the zones, a sample size of 1540 between the age ranges of 19 to 80 years was used as participants for the study. Out of the total population of the study, 1037 (64.8%) were male while 503(31.8%) were female and 60(3.8%) were missing. Also 151(9.4%) participants had no formal education, 119(7.4%) had primary education, 251(15.7%) had secondary education, 1002(62.6) had tertiary education and 77(4.8%) were missing. Again 284(17.4%) participants were farmers, 240(15%) were civil servants, 492(30.8%) were students, 428 (26.8%) did not mention occupations and 156 (9.8%) were missing. Furthermore, the marital status of the participants showed that 535(33.4%) were single, 910(56.9%) were married, 26(1.6%) were separated, 43(2.7%) were widowed, and 86(5.4%) were missing. In addition, participant's religious affiliation indicated that 1445 (90.3%) were Christians, 26(1.6%) were Islam, 55(3.4%) were African traditional religion, other religious were 13 (.8%) and 61(3.8)

missing. Lastly, the denominations of the participants showed that, 482(30.1%) were Catholics, 463(28.9%) were Pentecostals, 88(5.5%) were protestants, other denominations were 15(.9%) and 552(34.5%) were missing respectively.

Sampling

A convenient and purposive sampling technique (non –probability sampling method) was used for the selection of the 1540 participants who were from the selected four geopolitical zones of the Tiv people because of their convenient accessibility and for the purpose of the research.

Instruments

The study used the following instrument: Igbe inventory.

Igbe Inventory

The Igbe inventory is a self-developed inventory by the researcher for the measure of Igbe. The Igbe inventory was developed through a focus group discussion study to elicit information which formed the development of the instrument, and pilot study for validation and reliability of the instrument was conducted using the MINDA group. A focus discussion group was organized by the researcher which assisted in the transcription of the items of the questionnaire that was administered to the participants in the MINDA geopolitical area of the Tiv people. The focus group was divided in to three groups, group one comprised of 12 people, group two 7 people, and group three 9 people totaling 27 participants. All the 27 participants were people who had experience about Igbe and have seen the effect of Igbe on Igbe victims. Through the discussion, the researcher took comprehensive notes which helped in the transcription of the focus group discussion to questionnaires. These questionnaires were then re-evaluated by the members of the focus group and validated by different lecturers of Benue State University before it was used for pilot study for reliability testing. The result of the pilot study indicated a reliability coefficient about knowledge of Igbe Cronbach’s Alpha of .45 while experience about Igbe indicated a reliability Cronbach’s Alpha of .90 and the reliability for all the variables indicated .86 respectively. The result of the pilot study generally indicated a high level of reliability of the Igbe inventory.

Procedure

The researcher travelled to the selected four geopolitical zones of the Tiv people and administered 1540 questionnaires to the participants at their various residences in the villages among those who had knowledge about Igbe and those who had not. The questionnaires were shared to the participants by the researcher after they were given informed consent forms to assure them of confidentiality. In the field, most people whom the researcher met to answer the questionnaires declined with the reasons that, they don’t want to do anything with the culture of Igbe and this was particularly to people who claimed that their religious doctrines did not allow them to participate in issues that involve traditional affiliation. Apart from that, when people saw that the questionnaires were about Igbe, they were afraid because of what they might have heard about Igbe and didn’t want to involve themselves into anything relating to Igbe. It was not an easy task for the researcher to convince people to participate in the study despite the explanations the researcher gave them about the purpose of the study and assuring them of their safety. In some areas, the participants took the researcher to their chief for more explanation and clarification before they agreed to answer questionnaires that were given to them.

Data for the study were analyzed using simple linear regression, Independent t-test and univariate analysis of variance. Simple linear regression was used to test the influence of Igbe cultural practice in the development of mental illness, Independent t-test was used to test gender difference (male and female) in the development of mental illness while univariate analysis was used to test interactive effect of age and sex in the development of mental illness.

RESULTS

Hypothesis one states that Igbe cultural practice will significantly influence in the development of mental illness among the Tiv people in Benue State.

Table 1: Simple linear regression analysis summary table showing the influence of Igbe cultural practice in the development of mental illness among the Tiv people in Benue State.

Variables	R	R ²	F	β	T	P	Remark
Constant	.553	.306	590.845		22.419	.000	
Igbe cultural practice				.553	24.307	.000	Sig

F(1, 1340) = 590.845; P<.001; R=.553 and R² = .306

Result in table 1 shows a significant score. It shows the influence of Igbe cultural practice in the development of mental illness, the result shows that Igbe cultural practice has a significant influence in the development of mental illness [β=-.553, t = 24.397; p<.001]. Observation further revealed that Igbe cultural practice significantly accounted for 30.6% of the total variance observed in the development of mental illness. Hypothesis one which stated that “IGBE” cultural practice will significantly influence in the development of mental illness among the Tiv people of Benue State’ is therefore accepted.

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Hypothesis two states that the influence of “Igbe” cultural practice will significantly differ between male and their female counterparts in the development of mental illness among the Tiv people of Benue State.

Table 11: Independent t-test summary table showing gender difference (male and female) in the development of mental illness

Dependent Variable	Group	N	Mean	SD	SE	t	Df	P	Remarks
Mental Illness	Male	909	12.65	2.62	.087	5.323	1397	.000	Sig
	Female	490	11.79	3.02	.136				

Result in table 11 shows influence of “Igbe” cultural practice on gender difference in the development of mental illness among participants. The result shows that Igbe cultural practice on male differed significantly from their female counterpart in the development of mental illness [t (1397) = 5.323; p<.001]. Further comparison shows that males (Mean = 12.65, SD = 2.62) significantly scored higher compared to their female counterparts (Mean = 11.79, SD = 3.02) in the development of mental illness. Hypothesis four which stated that ‘the influence of “Igbe” cultural practice will significantly differ between male and their female counterparts in the development of mental illness among the Tiv people of Benue State’ was therefore accepted.

Hypothesis three states that there will be a significant interaction effect of age and sex on the influence of “Igbe” cultural practice in the development of mental illness among the Tiv people of Benue State.

Table 111: Univariate analysis of variance showing the interactive effect of age and sex of Igbe cultural practices in the development of mental illness

Source	Type II SSQ	Df	MSQ	F	Sig	D
Sex	170.396	1	170.396	23.757	<.001	.017
Age	41.556	1	41.556	5.794	<.05	.004
Sex*Age	122.199	1	122.199	17.038	<.001	.012
Error	9682.6.4	1350	7.172			
Total	236236.00	1354				

Result in table 111 shows a significant score on the interactive effect of age and sex on Igbe cultural practices in the development of mental illness in the study area. From the result, there is a significant effect of sex [F (1, 1350) = 170.396; p<.001] and age [F (1, 1350) = 41.556; p<.05] of Igbe cultural practices in the development of mental illness among the Tiv people of Benue State. The result shows based on the Eta coefficient (η) that sex reported 1.7% effect ($\eta = .017$) and age reported 0.4% effect ($\eta = .004$). On the interactive effect of sex and age, the result shows that there is a significant interactive effect of sex and age on Igbe cultural practices in the development of mental illness [F (1, 1350) = 17.038; p<.001]. The result further shows on the interactive effect that both sex and age reported 1.2% of the effect based on the Eta coefficient of ($\eta = .012$).

Discussion of Findings

Hypothesis one which states that Igbe cultural practice will significantly influence in the development of mental illness among the Tiv people in Benue State was significant. This implies that, Igbe in Tiv culture among other things contribute to the development of mental illness. This finding agrees with Sheikh and Furnham (2000) who examined the relationship between culture beliefs about the causes of mental illness and attitudes associated with seeking professional help for psychological problems. Their finding showed that cultural beliefs were positively related to the causes of mental illness. Also the result of the study is in line with Nalini (2011) who examined cultural and gender influences on mental health, health beliefs, health behavior, help-seeking and treatment expectations for mental health problems in newcomers to Canada who were members of an ethno-cultural, visible minority population -the Sri Lankan Tamils. Her finding showed a significant influence of cultural beliefs on the development of mental illness and other mental health related issues among the people. In addition the result agrees with Michelle and Patrick (2017) who investigated depression in the barrio: An analysis of the risk and protective nature of cultural values among Mexican American substance users. In addition, findings revealed that age is inversely related to depressive symptomatology. Young Mexican American heroin users who do not ascribe to traditional Latino values were highly associated with depression and therefore more vulnerable to riskier drug use behaviors. Moreover, drug-using social networks may affect the protective nature of certain cultural values. Furthermore the finding is in line with Natalio and Natalia (2005) who examined the hypothesis that cultural factors influence the relation between Perceived Emotional Intelligence (PEI) and depression. The finding revealed that depression was fundamentally associated with PEI (20% of the variance), gender (5% of the variance) and with cultural dimensions (approximately 6%).

Hypothesis two which states that victims of "IGBE" cultural practices who are male will differ significantly from their female counterparts on mental illness was significant. This implies that, the effect of Igbe differs between man and woman. This finding agrees with Dekela, (Research informant), who said that the Igbe Ikiriki (small Igbe) portends more danger to women than their men counterpart; it however, affects the men too. In women the symptoms associated with it include, diarrhea, vomiting, infertility, abortion, bad luck, barrenness, dizziness, stomach ache which makes one feel as if his intestines may cut; the pains of the stomach ache occurs around the pelvic region.

Hypothesis three which states that there will be a significant interactive effect of age and sex on victims of "IGBE" cultural practice on mental illness was significant. This implies that, sex and age have an interactive effect on victims of Igbe cultural practice on mental illness. This finding agrees with Martina and Dragan (2016) who evaluated the impact of religiosity and age on the quality of life and psychological symptoms of chronic mental patients. Their finding showed that religious activities and age of their research participants correlated with the etiology of their mental illness and mental health issues. The result is also in line with Nalini (2011) who examined cultural and gender influences on mental health, health beliefs, health behavior, help-seeking and treatment expectations for mental health problems in newcomers to Canada who were members of an ethno-cultural, visible minority population -the Sri Lankan Tamils. Her finding showed a significant influence of cultural beliefs on the development of mental illness and other mental health related issues among the people.

Conclusion

Based on the findings, it is concluded that, Igbe cultural practices among the Tiv people have a strong contribution to the development of mental illness.

Recommendations

- i. Cultural practice should always be considered by clinicians when handling issues of mental illness in Tiv land and across other tribes for effective treatment and etiology of mental illness.
- ii. Clinical professionals should not only center their clinical practice on Euro-American perspective but should be flexible in their approach to mental health issues that would consider other factors such as cultural practices of the people.
- iii. Health professionals should imbibe the culture of searching into their immediate surrounding for the causes and treatment of mental illness rather than relying on foreign knowledge that only focuses on their environment.

Limitations of the Study

- i. The research only covered the four geo-political areas in Tiv land which limit the generality of the research findings.
- ii. The research centered on only one aspect of culture bound syndrome to the development of mental illness which makes the study limited as there are other culture bond syndromes that also lead to the development of mental illness.
- iii. Not all culture-bound syndromes in Tiv culture that have history of mental illness development was captured in the study which makes the research a unidirectional study.

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