

Cultural-Bound Syndrome and the Case of Ode-Ori (Schizophrenia) Among Healers Among Onko-Speaking People of Oke-Ogun Area of Oyo State, Nigeria

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Abstract

This study profiles the nature of culturally bound syndrome perception of Ode-Ori (schizophrenia) incident among faith based and traditional mental illness healers in the Oke-Ogun area. The study relied on Interviews with mental health healers in the faith based and traditional treatment of mental illness. The interviews were recorded on tape, processed, and analyzed. Narratives indicated that local mental health experts conceptualize Ode-Ori as a psychotic syndrome resulting from spiritual attack, punishment for taboo violations or genetic inheritance from parents to their offspring. The disorder was viewed as having poor prognosis. Healers apply local treatment in the form of; holy water, spiritual bath, head washing with leaves sap mixed with black soap (osedudu), incision on the forehead and syncretism prayers and exorcism to return the patient to normality. This study concludes that there is cultural coloration to understanding of schizophrenia, it causes located in supernatural, spiritual and genetic factors. There is the need for more education about nature and causes of schizophrenia among Onko people in Nigeria.

Keywords: Ode-Ori (schizophrenia), culturally bound syndrome, Onko speaking people, faith based and traditional mental illness healers, indigenous treatment.

1. Introduction

Mental illness is characterized by instability in day-to-day functioning (McManus, Bebbington, Jenkins & Brugha, 2016). There are many different interpretations, thoughts, and insights that define the causes of psychiatric illness and distress, as such it is often difficult to grasp mental disease and psychological trauma (Galderisi, Heinz, Kastrup, Beezhold & Sartorius, 2015). When a behavior or action is out of the ordinary within the context of a society's culture, individuals use various phrases and vocabulary to explain what is happening to themselves or others close to them. As a result, depending on who does the critical analysis, the concept of normal may differ (Galderisi et al., 2015). Ode-Ori is a phrase used in Oke-Ogun area to describe a particular condition marked by hurting teeth, incoordination, mutism, agitation, hearing voices and seeing incomprehensible things (auditory/visual hallucination), yelling and screaming, and stripping off of clothing. A psychological or mental condition can affect both men and women.

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Furthermore, unlike many physical ailments with well-defined causes, the etiology of mental illness is difficult to pinpoint. These conceptions and descriptions are found to be culturally and geographically diverse. Individual in various cultural subgroups often describe and evaluate reasons for poor health from different perspectives, as proven by Lambo (1960; 1962) and Murphy (1982) referenced in Jilek, (2001), as well as the forms of therapy they receive (Galderisi et al., 2015). These may not fit how medical and psychiatric specialists see it, and the strategy to seeking assistance might very well take broader socio-cultural and religious aspects into consideration. Indigenous beliefs and practices are used to explain specific cultural manifestations and symptomatology of mental illness or psychological conditions (Labe et al., 2014). Demonic possession, witchcraft, angry ancestral spirits, punishment from the God, demonic machination, infiltration of entities, disruption in social relations, and affliction by gods are examples of known and unknown causes with external and internal origins (Ikwuka, Galbraith & Nyatanga, 2013; Labe et al., 2014).

In terms of the nature, interpretation, encounter, and appraisal of mental illness, there is diversity between ethnicities. Thus, the proposal is that based on culture relativism foretells mental problem and culture-bound condition, and that Africans prefer to employ therapies that respect their ways of thought and worldview, based on a wide range of viewpoints from psychiatrists and psychologists (Ikwuka et al., 2013; Labe et al., 2014). There is indeed a cultural knowledge that some extremely taxing traditional ceremonies or rituals may result in mental illness in people who are not mentally or physically primed and ready (Gureje et al., 2005). In India and third world countries, explanatory framework of schizophrenia as interpreted by carers of individuals with schizophrenia has been demonstrated in investigations. (Jacob & Kuruvilla, 2018; Mathews, Bhola, Herbert & Chaturvedi, 2019; Ikwuka, Galbraith & Nyatanga, 2013; Joy, Manoranjitham, Samuel & Jacob, 2017; Makanjuola, Esan, Oladeji, Kola, Appiah-Poku et al., 2016; Campos, Mota, Cardoso & Marques-Teixeira, 2019).

Public perceptions of the cause of psychiatric diseases have been examined in investigations (Angermeyer et al., 2020; Jacob & Kuruvilla, 2018; Makanjuola et al., 2016; Tesfaye et al., 2021). The majority from these investigations imply that the general populace and carers of people with psychiatric disorders believe in metaphysical causes of mental illness (Gureje et al., 2020; Ikwuka et al., 2013; Makanjuola et al., 2016; Mathews et al., 2019; Tesfaye et al., 2021). Most sufferers and their carers seek treatment from religious healers to alleviate their symptoms, according to research (Gureje et al., 2020). Indigenous healing approaches have also been proved to be beneficial in conjunction with medical treatment for sickness (Gureje et al., 2020; Ikwuka, et al., 2013; Makanjuola et al., 2016; Mathews et al. 2019; Tesfaye et al., 2021). The perceived cause of mental illness and health seeking behavior are also similar to the perception and belief system about mental illness in the Yoruba speaking area of Nigeria.

The development of the idea of cultural bound syndrome or condition, which is used alternately, has been sparked by a social-cultural viewpoint on psychiatric illness. Recurring, geographically unique patterns of abnormal behavior and distressing experience that may or may not be connected to a given culture are referred to as culture-bound syndrome (Diagnostic System Manual-1V (DSM-IV). Several of these mental disorders are regarded “illnesses,” or at the very least maladies, in their native cultures, and many have local names (Galderisi et al., 2015; Ikwuka, et al., 2013; van der Zeijst et al., 2021). Pow Yap (Jilek, 2001) coined the phrase and idea of Cultural Bound-Reactive Syndrome in the 1960s, and various instances have been mentioned in literary works under a variety of indigenous names, and are characterized as episodic and dramatic reactions distinctive to a particular group. local According to investigations by other experts, certain circumstances have been reported in the literature under a variety of indigenous names and are defined as episodic and dramatic reactions distinctive to a given community-locally

defined as different behaviour patterns (Bhugra, Sumathipala & Siribaddana, 2007; Crozier, 2018; Rebhun, 2004).

According to the empirical history of cultural bound syndrome, West Africans have documented a variety of culture-based syndromes, the majority of which have yet to be included in globally accepted classification systems (Jilek, 2001; Labe et al., 2014). Others might have been better off remaining undiscovered. This study aims to reveal the presence of Ode-Ori as a culturally bound ailment that mostly affects younger Yoruba people in the Oke-Ogun area of Oyo state, Nigeria, based on understanding of socio-cultural pedigree to mental health and sickness. Body Disruption (particularly the head part of the body), also known as Ode-Ori, is a temporary and episodic psychotic-like reaction afflicting exclusively youthful Yoruba people in the Oke-Ogun district of Nigeria's Oyo state.

A psychological or mental condition can cause painful teeth, confusion, muteness, restlessness, hearing voices and seeing inexplicable objects (auditory/visual hallucination), screaming and yelling, and heaviness of the head region. Both men and women can be afflicted by this disorder. Ode-Ori is treated differently in different nations and by different cultures within countries. The first is the growing variety of people seeking mental health treatment. Clinicians who work with a growing number of culturally diverse patients need to learn more about these illnesses (Labe et al., 2014). The second rationale for concentrating research on culture-bound disorders is that the DSM editions have become internationally recognised texts (Labe et al., 2014). However, prior editions of the manual contained little material that reflected the scope of cross-cultural diversity of psychiatric problems, necessitating the need to exhaustively include other culturally bound disorders noticed and mentioned by scholars in other parts of the globe, particularly in black third-world countries. The study sought out to find out why Ode-Ori, a culturally bound condition largely affects only specific age brackets and mostly during their transitional phase from puberty to adulthood.

1.1 Aim and objectives

The aim of the study was to examine Ode-Ori as psychotic-like reaction syndrome in Onko speaking people of Oke-Ogun area of Oyo State. The objectives are:

1. To evaluate the concept of cultural bound-syndrome in Ode-Ori among people of Onko speaking of Oke-Ogun area of Oyo state.
2. To determine culturally perceived etiology and causes of Ode-Ori among Onko speaking people of Oke-Ogun area of Oyo state.

To explain the treatment path chosen in treating the culture-bound syndromes among study population.

2. Method

This study used qualitative methods to interview traditional healers and faith-based healers in a selected local government area of Oke-Ogun who specialize in the treatment of mental illness, to investigate and evaluate the concept of the labelled cultural-bound syndrome Ode-Ori, which is known and perceived to affect younger people among Onko speaking people in Oke-Ogun, Oyo State. The goal was to discover, investigate, and describe this psychotic-like reactive disease in teenagers, as well as its triggering event. The findings of the study could serve as a starting point for further investigation into Ode-Ori as a cultural-based syndrome (CBS), that will aid in the development of treatment efforts to minimize the disorder's incidence and mitigate it from being passed down to future generations among Onko speaking people in the Oke-Ogun area.

3. Participants

The KII were purposively selected from the study area, the traditional healers and the faith-based healers because of their wide knowledge in the treatment of Ode-Ori in their various localities within the study area.

4. Instrument

Key informant interview (KII) was also used to collect data from one traditional healer, one Muslim cleric, one from Cherubim and seraphim in each of the three purposively selected local government area in the study area on the concept of Ode-Ori as it was conceived and perceived in Yoruba culture. Data were collected over a period of four months. Data was content analyzed.

5. Results

One selected case in each of the 5 Local Government Areas studied across the Onko speaking area of Oke-Ogun, Oyo North senatorial district, Oyo State are presented for analytical purposes.

6. Ode-Ori as a mental illness among the Onko people

The persons involved in traditional mental services defined Ode-Ori or schizophrenia as mental disorder resulting from influenced of supernatural, cultural violations, individual and genetic sources. It is seen as a manifestation of inflicted by spiritual forces on individuals or as an attack from enemies. They also agreed that it sometimes manifested in people with family history of schizophrenia when faced with environmental and psycho-social stressors. Whatever its source it is believed that spiritual vulnerability is what causes, aided or led to its manifestation and outcome. The conception of Ode-Ori among the Onko speaking people of Oke-Ogun area of Oyo State, indicates that people that are affected or inflicted with *Aisan Olode* or *Sanpona* (Small pox) are very much likely to develop Ode-Ori if not properly treated. In fact, it was believed that majority of people affected by *Aisan Olode* tends to develop Ode-Ori (Schizophrenia). This was reflected in the pattern of responses generated from the Key-informant interview. An informant noted that:

“Mental illness is a punishment imposed by supernatural forces on those that violate societal and cultural norms with impunity” (KII/ Female / Aladura Church/ Iseyin LGA.)

Another informant attribute it to the influence of spiritual power, reaction from rituals that people or evil machination:

... Ode-Ori is a mystery mental condition that is generally believed in our cultures to be produced by spiritual powers. It might be a reaction to a transgression of taboo or a result of a money-making ritual, and some people are bewitched out of envy. What is clear is that an evil spirit is controlling a mentally challenged individual. As a result, spiritual baths, rituals, and sacrifices are required to placate the gods. (Traditional healer/Male/respondent KII/Iseyin L. G.)

Narratives from a healer indicates that Mental disorder or what is called Ode-Ori among Onko people is caused by spiritual forces. It is a violation of taboo, and some are bewitched out of envy. To resolve this problem, such patients need to undergo spiritual bathing, ritual and sacrifices to appease the gods.

An informant from Aladura Church emphasise genetics & infliction through envious people as major causes.

“Ode-Ori is a form of mental illness that are inherited from generation to generation, people are sometimes afflicted with mental problem by another person out of envy.” (Aladura Church/Female respondent/KII/Orelope L. G.)

Another respondent has this explanation on the concept of Ode-Ori. When Ode-Ori is attributed to supernatural or mystical causation, participants believed such person must appease the gods for cleansing.

...What is clear is that bad spirits are in charge of mentally challenged people. As a result, such patients must undertake ceremonial cleansing and sacrifices in order to satisfy the gods... (Traditional healer/Male/respondent/KII/Orelope L. G.)

7. Symptom and treatment path-way of Ode-Ori in Onko area

The participants generally agreed that Ode-Ori is highly inflicted by spiritual and supernatural forces, as such only the same sources of the influence or attack can be used to stem, cure or alleviate the illness. The prognostic is believed to largely unpredictable and locally sourced herbs, spiritual concoctions, ritual bath and syncretic prayers or rituals were used to alleviate physical symptoms. The treatment is believed to be difficult due to its supernatural nature and reprisal by the spiritual forces responsible. Thus, only spiritually fortified healers are engaged in its treatment and management. This view was also found to influence the decision to seek care in traditional healers' hospital due to its spiritual nature. These views were represented in the narratives sampled in the study. A participant viewed that:

“The only mental disease created by supernatural forces that may be successfully treated in traditional households is mental illness induced by supernatural forces; since it has supernatural undertones, the sufferer could never get well until sacrifices are made.” (Traditional healer/Male/respondent/KII, Olorunsogo L. G.)

Perspective from the religious point of view identified incursion of bad spirit in the sufferers as a major caus. Hence introducing Qur'anic verses to ward it off:

“From Islamic point of view, people suffering from mental illness are said to be possessed, therefore such people need “Rukia” to be performed by a qualified Malam in order to ward-off the jinn from the sufferer. Islamic religion has answers to any afflictions or problem we experience in life. Qur'an has explained everything and Sunnah of the Prophet Muhammad (SAW).” (Islamic Clergy/Male/respondent/KII/Iseyin L. G.)

Another follower of religious parlance posits that only spirituality can respond to treatment of mental illness:

“Spiritual care is the best way out since God has power over all ailments including mental illness. Therefore, the treatment modalities should follow the power outside this temporary world.” (Aladura Church/Female respondent/KII/Orelope L. G.)

8. The treatment modalities: Traditional, faith healing and syncretic approach

The treatment follows a pathway of first discovery the source of the illness which requires spiritual consultation. These depend on the religious and particular belief of the healers. For the traditional worshipers a divination of the source is conducted whether it is an attack, a punishment for violation or genetically transmitted. These are then followed with treatment with herbal concoctions and appeasement of the gods or solicitation for assistance to aid the cure of the afflicted. Narratives of informants show the following from different participants:

- *“Divination is the first thing to be perform, then, the treatment regimen can follow based on the Yoruba cosmos and understanding of the reality, it has a supernatural connotation, and unless sacrifices are made, the afflicted will never be healthy.” (Traditional healer/Male respondent/KII, Orelope L. G.)*
- *“It is only mental illness that has supernatural explanations, the patient will never get better until sacrifices are undertaken, and it is induced by supernatural entities that can be properly treated in conventional homes.” (Traditional healer/Male respondent/KII, Saki West L. G.).*

9. Ode-Ori as a cultural syndrome of mental illness among the Onko people

In another dimension, the people of Oyo North Senatorial District were of the opinion that violation of serious taboo are predisposition to develop Ode-Ori (Schizophrenia). For instance, having contact with evil spirit at night, the negative consequences of money ritual making, evil machination of another person by the witches or witchcraft, the evil doer were of the opinion that once this is done, the attempt to advance the course of the progress of that individual has been seriously hampered. However, all consequences of the vices require efforts beyond western or medical solution. No number of anti-psychotics' drugs can resolve or wipe out this problem. The Oke-Ogun people believe that the spirit world needs to be critically interrogated and analyzed. The word “Ode-Ori” is like an object crawling on the fore head of an affected or inflicted individual, thereby reducing the capacity for thoughts, speech, and rational thinking and the general conduct with other people in the society.

10. Symptomology of Ode-Ori among Onko people

Several signs and symptoms of Ode-Ori among the affected people in the study area abound, this includes: laughing inappropriately, hallucination, looking unkept, roaming around the compound aimlessly, uncoordinated speech, scratching the forehead times without numbers, losing the capacity to function well in the community and inability to make a meaningful contribution to decision making. However, people with this health condition still much aware about his or her home surrounding, it's quite different from the vagrant one that appears in the community market.

11. Discussion

There is evidence of cultural-bound syndrome in mental health in this study area. Yap (1969) suggested culture-bound syndromes using descriptive approach in comparative psychiatry. This was in tandem with the finding of this study, particularly the contemporary Onko speaking Yoruba ethnic group of Oke-Ogun among young people and some families in this study area. Furthermore, it is not just tied to a specific social stress scenario, folk belief, and practice based on a detailed analysis and review of the situations provided (Bhugra et al., 2007; Crozier, 2018; Labe et al., 2014), but significantly also it has genetic links as reported in the case study and by the participants during interviewed with the respondents, who confirmed some of their families also experienced Ode-Ori. Ode-Ori is a rapid recurrent and intense reaction characterized by confusion and bizarre behavior in a patient who is generally a young person. The incident may be intensified by their emotional isolation and rage in response to external stimuli. Youth and individuals over the age of 30 are the most prone to this condition. The majority of persons who suffer from this illness are in the process of transitioning from adolescence to adulthood. Each event or chronicity lasted within 20 minutes and one hour, per the respondents. Regardless of the indications and symptoms experienced by these people, they include heat in the body, chest discomfort, painful

teeth, mental confusion, muteness, restlessness, hearing voices, and seeing inexplicable objects (auditory/visual hallucination). escaping to an unknown destination (confusion) The individual behaves with a sudden rush of energy, power, and battle to liberate self from the grasp of sympathizing relationships and head heaviness at each episode, yelling and shouting, taking off of garments worn at each episode. According to Jilek (2001), there is also bewilderment and forgetfulness following the incident. Typically, victims of the condition assign causation to an uncle, stepmother, grandpa, or mother who they suspect of witchcraft activities. Nonetheless, it is obvious from the interview with these individuals that there is a family history of the problem, since some respondents are cognizant of victims older or younger siblings in same family or a maternal cousin have had encounter with Ode-Ori syndrome.

Again, hereditary transmission is a key component, as evidenced by the fact that Ode-Ori has affected people in certain families in every section of Oke-Ogun at some point in their lives. As a result, it may be deduced that this is a genealogical occurrence traceable to the Onko people's ancestral relationship, which can be traced back to their origination from one ancestral house, "Ile-Ife." Ode-Ori, on the other hand, has no special orthodox therapy. Of course, it is self-imposed. However, because traditional perceptions of the illness lack knowledge of the etiology, folk medicine is commonly used to treat the ailment, and relatives of the sufferers are given locally made medicine and incise with three or seven marks and grinded charcoal powder mixed to rub the circumcised area on the forehead in an effort to calm them down. As a result, the elixir of these chemicals, such as "gbere sisa," is considered to have the ability to assist a person in a tense mood find relief. The findings from this study are similar to the study conducted by Owumi (1989, 2012) among Okpe people of Delta Nigeria that ill-health either physical or mental health problem the conception on the etiology of the problem is traceable along natural, hereditary, and supernatural forces. while solution to some of these conditions are better source through a holistic approach based on the belief and culture of Okpes people in Delta state of Nigeria.

12. Conclusion

Over the years, many scholars have conducted studies on culture-related specific disorders or syndromes. Makanjuola, (1987) conducted a study among the Yoruba ethnic group. However, this study of Ode-Ori phenomenon has a significant focus on Onko speaking people of Oyo state and in addition to the knowledge of Culture-bound syndromes (CBS). These mental disorders, whose incidence or manifestation is not only linked to ethnic, stressful events, folk beliefs, geographical landscape, and practice, as some academics claim, but also to hereditary factors, as seen in the case of younger people in Yoruba land's Onko speaking area, necessitates proper evaluation, treatment plan, and therapeutic interventions from a broad perspective.

As a result, further research into individual instances in these cultures is required to fully comprehend the biological, psychological, and socio-cultural processes at play in the diseases. It is critical to have a comprehensive understanding of the patient's life history, encompassing family and cultural background, genetic research, and psychological development., pressures experienced, and coping techniques, using a multifaceted approach. In the same way that medication (psychotropic drugs) does not guarantee cure, in order to encourage culturally adapted therapy procedures that would effectively cure or reduce patients with such diseases, there is a need to remain worried about the consequences of culture on all mental illnesses, not only culture-specific syndromes.

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