

## **Primogenitor-Psychotherapy**

### ***Becoming and Belonging: An Archaeology of Meaning. A Holistic Perspective of Mental Health Care among the Igbo People of South-Eastern Nigeria***

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**Ndubueze Fabian Mmagu**

Moerikeweg 16, A-1160 Vienna, Austria

Email: [ndubueze\\_fm@aon.at](mailto:ndubueze_fm@aon.at)

Website: [www.dr-mmagu-psychotherapie.at](http://www.dr-mmagu-psychotherapie.at)

#### **Abstract**

*Healing is a general understanding in the area of Health Services. It is nevertheless not a univocal concept. The one-dimensional consideration of the Human Person does not correspond to his or her Being Human and with his longing for healing. There is a necessity to see him or her from the holistic perspective. There are therefore, culturally immanent concepts and methods that contribute to the holistic healing of the individual. The concept of “**Belonging**” is one of such culturally immanent ways of holistic healing and philosophically closely connected with “**Becoming**”. It is a most fundamental characteristic of being human (Wolfers, 2018). The concept is very peculiar to the Igbos of Southeast Nigeria. “**Belonging**, understood as a **Life-Sense (Ibe bu ike – Belonging is strength)** has to do with the actively Living, though it never excludes the Living-Dead in their potential Meaning-Relations. The major business of Primogenitor-Psychotherapy therefore, is to elicit and lay bare all those conscious and unconscious Meaning Potentials waiting to be realised by those in immediate need of clinical treatment. The setting I have called the “**Archaeology of Meaning**”.*

*Two original symbols are of vital importance in their narrative structure: the OFOR and the COLANUT Symbols. The maieutic method finds here its application and strength. The objective is the enhancement of Logotherapy and Existential Analysis, utilizing thereby the “**Predominant Features of Personality of the intended Subjects under study**”. “**Selective Perception, Prioritization and Scaling System** help to create an inner awareness that resonates with the Treatment Objective in the patient.*

**Key words:** *Belonging, Meaning-Excavation, Life-Sense, Selective Perception.*

#### **Introduction: An Insightful Overture**

Austria, 29<sup>th</sup> of July 2018. A family visit. Four boys, all cousins of first grade, were playing one Sunday, soon after lunch, in their sitting room their “Formula 1”. Their car had however a trailer. This was meant to accommodate all of the four boys. Their mothers, the grandmother and I were the onlookers. Although deep in our own conversation, these were fully aware that we

were at the same time picking interest in their fun. They were really having their fun! It was however not only such an exhilarating moment for them, but we, the adults were equally tensed up because of the high velocity of their game. Suddenly, it came as we feared. The hilarity was over. There was a pathetic wailing. One of the twin-boys wanted to jump onto the trailer, but then just in that very moment the trailer got off the

hook and one of the twin-brothers was dashed to the side and was hurt at his hip. Although his wailing was not to be overheard, the other three raced off in an unmitigated merriment. The anxious mother was immediately on the spot and pulled him as fast she only could from the dangerous "lane". The mother huddled him on her lap whilst trying to comfort him. His words came like bullets from a loaded revolver: **"They have forgotten me!"** Even though we could hardly restrain our laughter, and although we tried to rebuke the other three boys and appealed to them to wait for him, the hurt was much deeper than we thought, **it was an emotional hurt, a kind of humiliation resulting from neglect.** The depth-psychological hurt was too obvious. Reconstructed in a family-systemic setting, his emotional concern lay somewhere else, **"They have forgotten me!"** One needed only to have heard *the anguish in his voice* to understand fully *the weight of his hurt – emotionally! The emotional pain was much bigger than the mere physical and visible one. Now such an acute affective disorder has in itself the high propensity to grow into a Chronicled Affective Disorder if unchecked. Surely this cannot be the best possible option for a personality development.*

For me, this incidence was **a wonderful example for the importance of "Belonging"** (*Ibe bu ike – in Igbo language and culture*). The emotional disturbance was like a shock for the boy. He felt he belonged to the group, but now the others *unconsciously* demonstrated to him that he did not really belong again. **He was left out**, excluded from the **Group Dynamics**. It was a case study not just for the very meaning of "Belonging", but likewise for the **emotional gravity of "neglect", of being left out, of disrespect und disappointment.** *The one boy felt seriously that he did not matter again.*

*Such instances could lead to a **diminished Self-Esteem** and therefore cause a kind of Personality Disorder with a concomitant effect of a protracted Aggressive Disposition.* This singular incidence was a practical demonstration of the existential quality of "Belonging" within the process of personality development. To be excluded from a group, a system or a wider society, can lead to an emotional imbalance and eventually to forms of Mental Health Problems. Social ostracism has some severe psychological consequences for all those affected (Haller, 2015). Like with an individual, there is a serious vacuum of interaction created here in the psyche of those disregarded or worse still ostracized. Within the unit of social integration, we can rightly call this a *social psychopathology*. Again just like in the case of an individual, the environment of social exclusion or precisely of ostracism is not without long-term consequences for the personal identity of those involved. It can readily lead to *uncertainty* and *anxiety* that are forms of personality disorder. (Dilling, Mombour, Schmidt, 2000) Again, Wolfers (2018) captured the clinical importance of this reality of Belonging when she writes that it is a most fundamental characteristic of a Human Being, if he or she has the consciousness of being dependent on connectedness. She indeed goes so far as to underscore the existential meaning of Belonging based on the resonance people generally enjoy in relation to and with others. This has an overwhelming effect on the development of our brain and the self (Wolfers, 2018).

I have committed myself to the phenomenological understanding of the concepts of Becoming and Belonging as an underlying principle of all cultures of the world. This predicates on and qualifies both as an anthropological foundation of

Intercultural Psychotherapy as an aspect of holistic healing. Here then, is the driving maxim in this deposition: *To heal is to understand man and to understand man is to understand him or her comprehensibly, and to understand him or her comprehensively is to heal him or her as holistically as can only be possible.* For a better understanding of both concepts as is applicable in this write-up, I am compelled by the logic of specifics and exemplification to streamline both concepts to the culture of the Igbo People of Southeast Nigeria.

When I talk in this proposition of a “holistic healing, I am solely concerned with healing in Psychotherapy. The implied holistic approach in the treatment method must therefore not be confused with the new consciousness of expansive knowledge in the field of School Medicine yet to be pointed out in this deposition. *Psychotherapy is not Medicine! As such, the art of Igbo Traditional Medicine with its diversifications of understanding and treatment approach must be considered as going beyond the scope of the propounded psychotherapeutic treatment method with focus on the external and internal dynamics of Belonging.* Writing on the necessity of dissecting Psychotherapy (Counselling) from African Traditional Medicine and of the recognition of its therapeutic (healing) efficacy, Okpalaenwe (2014) made the remarkable comments that: “People need counsellors to find a way forward through their emotional and psychological problems, a way which will eventually unite the body and soul together. A good number of people never think of counselling and psychotherapy as a possible way to help their emotional and psychological needs, which are as important as their material and physical needs. People haunted by bad memories of their experiences, for instance, cannot be cured by clinical means or by

pastors. The whole person is one who has discovered the balance between the physical, the psychological and the spiritual. Some people are spiritually well but psychologically sick. Some who are psychologically well can be sick in spirit.”

My concern in this treatment proposition is primarily centred on holistic treatment of a possible psychopathology in relation to Belonging in Igbo Culture. This would give the reader the necessary stepping-stone to a personal understanding and application of the propounded Treatment Method within one’s own culture, since Belonging is a most basic feature of being human. One’s own culture? Can we unequivocally talk of “one’s own culture” without considering the concession of “adulteration or “diffusion? Let us look into what I have termed the “concession of cultural adulteration in the following section.

### **The Age of Trans- and Intercultural Transformation**

The accelerated growth in the sector of information technology is an unprecedented unification process in our world. The digitalization of almost all aspects of our lives is a non-negligible paradigm of our time. Put simply, we live in a digital world and are at the same time influenced by it. It has become fashionable and by right too, to speak of the “world-village. *A funny episode within my own family circle brought more manifestly home to me what this age of digitalization is all about and how it affects our lives in many respects.* My eldest brother happened to have refurbished his private pharmacy in the United States of America and considered it something worth doing to ship home some of the electrical gadgets to be given out to those who understand the value and would be in a position to make proper use of them. After

some years of dormancy, when I travelled home from Austria in August of the year 2017, I decided to consult one of my elderly nephews to see how those machines could be given out to those who really needed them. When I mentioned to him that there were a few faxing machines that he could equally sell-off or give them out to those whom he personally knew would love to have them. He unexpectedly burst into a laughter. When I tried to find out what the cause of his laughter was, he told me blatantly and emphatically, with his face lightening up, "Uncle, Nigeria has since gone digital! Nobody would make any sense out of those things!" I could not restrain my own laughter too. Therefore, the intended deal was dead. What is the message?

*The "abolition of the faxing machine in Nigeria is just one aspect of the reality which characterizes our contemporary world. It is a world of unimaginably speedy information dissemination. People are interconnected. Generally it is called in the language of Computer Science "interconnectivity. This is the scientific language of the general concept of "globalization. Of course, this phenomenon of globalization has offered us more opportunities in different fields of life. People and cultures have for the first time come as close as never before. It has enhanced the desire of some people in the field of medical health services to explore other healing possibilities in other countries and cultures. In Europe, especially in Austria, it is called "Alternative Medicine. (Hanson, 2013; Schmid, 2018; Huber, 2017; Huber, 2016; Beck, 2017; Kandel, 2018; Knapp, 2013) are just a few of some prominent Physicians and Scientists who are deeply convinced that the School Medicine needs to be complemented through further developments. The generally accepted scientific scepticism in almost all the*

*Western countries has gradually given way to more curiosity and graduated understanding about the experience-based efficacy of the healing methods in other countries and cultures of the One-World. What before was considered a sheer impossibility in the western medical field has become the order of the day. There exists something I would like to call "Selective Pragmatism. This is most especially the case with a good number of the Chinese healing methods. The scope is however not limited to the Medical Healing Methods in the Chinese culture. Through the Social Media, evidences abound that a good number of plants and fruits in my culture (Igbo culture in Nigeria) have been experimented upon and found to be curative against diabetes, arthritis, high blood pressure and even against cancer.(Mmagu, 2019)*

The question that interests us here is therefore this: *Has the existing and ongoing "Age of Trans- , Multi- and Intercultural Transformation of our world, any influence on the treatment of Mental Illnesses? There is reason to believe this. Considering the origin of all the twenty schools of psychotherapy officially recognized in Austria, it becomes obvious that trans- and intercultural therapeutic methods cannot but be part and parcel of our contemporary trans- and intercultural transformation going on in our globalized world. This is the project to which I have committed myself in developing a culturally experience-based psychotherapeutic method that is demonstrable as would be shown in this write-up.*

### **Understanding Contemporary Healthcare Services**

Although Healing calls for and implies a general understanding in the area of Healthcare Services, it is nevertheless not a univocal concept. Notwithstanding the astonishing and epoch-making progress in orthodox medicine as well as in clinical psychology and psychotherapy, the necessity of the scientific basis of those Health Services does not imply any form of compartmentalization. Univocity (or univocality) cannot do justice to the understanding of man within the context of the complexity of being, just as unilateralism can never be enough to deal with *the complex nature of the structure of relations* among the nations of the earth. I consider this geo-political image very salient when dealing with such an issue as healing or therapy. *The one-dimensional consideration of the Human Person does not correspond to his being Human with his longing for healing. This is because our individual experiences teach us that we all generally aspire to be whole.* Talking about healing implies therefore to talk of a comprehensive or holistic understanding of the Human Person. There are obviously culturally immanent methods that contribute to the holistic understanding and healing of the individual. *It is impossible to understand the individual in its uniqueness without making serious efforts to understand it in the complexity of its situation.* In saying and acknowledging this fact, it does not imply in any way situationism understood as determinism, according to the definition of the Concise Oxford Dictionary (1999) which states that situationism is “the theory that human behaviour is determined by surrounding circumstances rather than by personal qualities”. Though not buying into the full implication of Social Determinism, it is still to be seen [something that is closely linked up with the discourse in this contribution] *that our Personality Structures*

*(our Concepts of the Self) are a Construction of Components that evolve in the course of time and which are partly dependent on environment and close individuals.*

*The subject matter of this proposal is about Becoming and Belonging within the context of therapy: psychological, psychotherapeutic and spiritual.* All of these could be subsumed under the title of “Existential Therapy”. “Existential” in the sense that Human Existence is involved in its totality. *To exist always implies that we exist within specific cultural context with its enormous influence on our lives.* The concept of Becoming and Belonging is one of such culturally immanent ways of holistic healing (therapy). The effectivity or the self-efficacy of all therapies, as is articulated in this article, demands that we must take cognisance of the cultural context of the life of the individual. This concept, though to be understood as a general human phenomenon, is very peculiar to the Igbos of Southeast Nigeria. “Belonging”, most especially, understood as *Life-Sense* has not only to do with the Living with their Meaning-Relations, but equally with all those who have died, but nevertheless have left *monumental virtues (life-anchors)* behind. *The major business of Primogenitor-Psychotherapy as is intended in this work is therefore to elicit and lay bare all those conscious and unconscious Meaning Potentials waiting – where possible – to be excavated and realised by those they left behind.* For this *Meaning-Excavation*, two original symbols in Igbo culture are of vital importance: the OFOR and the COLANUT Symbols. Details of their psychosocial and therefore therapeutic relevance will be treated in the coming pages, and indeed within the context of holistic understanding of life.

### **The necessity of understanding the holistic THINKING**

The compartmentalization [implying an autonomy that is resistant to cooperation] of Health Care Professions is a necessary given. It correlates with the essence of a natural science, whose *scientificity* consists in the fact that in its spirit of research and discovery, it is *committed to only an aspect of the whole*. Surely, this cannot be held out against science as something negative. Quite the opposite! This only enables it to arrive at its pre-supposed knowledge (Sir. Karl Popper, 1996) and possibly and necessarily finally to general applications (benefits). This necessary scientific stringency has however a price that must be paid – a high price at that! The danger is great that man who is the subject-object of concern in the Health Care Professions, would be seen in his or her one-dimensionality and consequently he or she would be *objectivized*. Again, exclusivity delimits the scope of general understanding and approach.

*The Igbo philosophy of life (Weltanschauung) being generally holistic by nature is, by the same holistic argument, brought to bear on a psychotherapeutic healing approach that has the complete human person in focus.* This involves his biopsychic, socio-psychodynamic, family systemic, religious, ethical and metaphysical mode of being. On this, Nwala (1985) writes the following, underscoring the general world-view (*Weltanschauung*) of the Igbo in its interconnectedness: “Therefore, it is not correct to talk of a strict dichotomy of the natural and the supernatural worlds. They are just different orders of being and existence which are in constant interaction and communication.” It becomes obvious that *contemporary Mental Health Care cannot reasonably be separated from Philosophy*. Against all avowed necessities

of scientific compartmentalization and quite irrespective of the need for specialization, Jürgen Habermas (1997) makes a striking point about the importance of a philosophical approach to all spheres of life, including the Mental Health Care Profession. He writes, “Philosophy, having become circumscribed as a specific discipline, can legitimately go beyond the area reserved to it by assuming the role of interpreter between one specialized narrow-mindedness and another. Thus, I consider it philosophical enlightenment when doctors learn from sociological and psychoanalytic studies to appreciate the influence of the family environment in the genesis of psychoses and thereby also learn to reflect on certain biologicistic assumptions of the tradition of their discipline.” Using Austria as a point of reference, where there are currently a little over twenty Schools of Psychotherapy as approved by the Federal Ministry of Health, *we are readily confronted with the question of whether there is – and could be – a single psychotherapeutic method that incorporates all these dimensions of human existence in its setting. The answer appears very difficult!* This is even more the case, when we remember what has already been said about “compartmentalization of knowledge in the field of the purely natural sciences, most especially in the field of School Medicine. There is need for expansive knowledge, and this can be provided by Philosophy or through the language of symbols. The two precious symbols in Igbo Culture at stake i.e. OFOR and COLANUT are an embodiment of the following **five Treatment Approaches** that cannot be explained here in the deserved details, because of the scope of the present deposition. These are:

- **Emotional dimension:** involving all expressive feelings of the Human

Person under diverse conditions (Längle, 2003).

- **Cognitive dimension:** involving thinking and wilful reflections on personal life and events as they affect one's life: thought patterns and content are relevant in the understanding and treatment of patients. We should never underestimate the power of human thoughts, as Nick Anderson (2018) emphasizes, "You understand that the way you think is ultimately a choice." We can therefore regulate or control considerably our thought-patterns, thereby influencing positively our mental health. His warning on this could not be stronger: "Negative thoughts not only affect you mentally and emotionally, they also have a physical impact." In the Primogenitor-Psychotherapy, this dimension plays an important role, because the Therapist leads the patient *onto* self-reflection on the strong personal qualities of his or her choice Subject-Objects under exploration.
- **Family Systemic Dimension:** this concerns a kind of "vital network, how people are knitted together with all the positive and negative possibilities involved. I would call this *systemic identity*."
- **Katathym Imaginative Therapy:** involving different "images of the 'soul' that are called up in the process of a Psychotherapeutic Treatment Session. Experiences do teach that many images are stored up in our unconscious minds and could lead to a kind of personality deformation, when however "called up in a healing session, could equally constitute positive resources for growth and/or stabilization of personality.

- **Meaning-Centred Dimension:** the process of discovering "what counts in the life of an individual, the Central Motivations and Objectives in concrete situations in their uniqueness as well as with regard to the uniqueness of the individual (cf. Viktor E. Frankl, 1998; 1984).

*All these seem to converge in the application of Primogenitor-Psychotherapy within the context of Belonging.* In the lives of the Igbo, Southeast of the River Niger in Nigeria, to be cut off from the family lineage amounts almost to being like a tree without taproots. This is often called outcast or even ostracism. *I call this disturbing experience "Existential Annihilation,* as I have severally witnessed in my clinic within the last thirteen years. In quoting Erik H. Erikson, Richard Sennett (2012) attests to the dangers of existential isolation, "cooperation is the foundation of human development, in that we learn how to be together before we learn how to stand apart. [...] we could not develop as individuals in isolation." In effect, this fits into the 5<sup>th</sup> Phase of human development as propounded by Erik H. Erikson (2017), where he juxtaposed Group Identity with Personal Identity as this relation affects the personality development of an individual. Though this reality of complete exclusion hardly exists among the Igbos, the validity of this phenomenon nevertheless belongs to the unwished possibility in Igbo culture. *Belonging is therefore, an inevitable sociocultural and metaphysical constitution of any Igbo woman or man, the absence of which could readily lead to depression or a personality disorder.*

**CASUITICS:**

*A patient narrated in my clinical centre (2014/2015) distorted relations in her marriage. These lead her to an extra-marital*

intimacy, which for her was somehow in order. Her **hurt** was that the husband had constantly treated her as if she were his mother. Nevertheless, she could not understand why that should be and why she should be having sexual intercourse with “her son”. Contrary to this aspect of her narrative, she felt that she had a special vocation, which was to “give love”, not only spiritually or through friendship, but likewise in terms of sexual intimacy.

What however came after several sittings to the limelight was **her maladjusted relation to her mother** who she – to put it mildly – loathed “more than everything”. Very often, she would break out in tears, in tearful lamentation! After repeated sittings, I felt there was need to apply the Hypnotic Therapy Approach according Milton H. Erickson (1901-1980), which is highly concerned with the unconscious mind as **creative and solution-generating process**. Creating a conducive atmosphere for her, I lead her back to all possible childhood-experiences and allowed her to stay in “out there”. When she came back mindfully to the therapy room, there was more flow of tears than before. Allowing her the necessary time to regain some energy that would take her back home, I gave her an assignment to write an **unfiltered letter** to her mother and come along with it next time. She accepted.

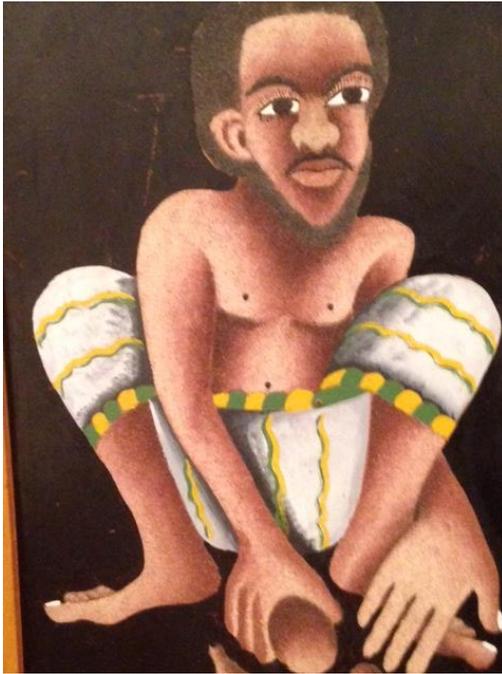
The content of the letter was very revealing as it was shocking! As she monitored me reading it carefully, she tried to excuse herself for some “unbecoming words” she used on her mother. However, I retorted that nothing was immoral about “letting out her true emotions”, that my clinic was not a “moral laboratory”. Our common discovery was an ambivalence of a distorted mother-daughter-relation. She felt that her mother was never truly “there” for her. She was after “her men and alcohol”. Instead, she

tried in addition to this loss to dehumanize her. In retrospect, she came to the realization that she was **lacking the sense of Belonging**. A situation that lead her to some “absurd behavioural patterns and sustained depressive mood and consumption of alcohol.

Asked who or what could be helpful to her to take control of her life, she unhesitant replied “My Grandmother”. I then invited her to tell her story of her Grandmother and to emphasize those qualities she admired most in her and could be useful to her. She was delighted and confirmed that her Grandmother was actually much closer to her than her own mother was. Her narrative turned out to be an instrument of therapy, using the maieutic approach to lead her on to self-discovery.

The fundamental question however remains for the healing method of Primogenitor-Psychotherapy: *Can it deliver on what it promises about the above-mentioned five vital dimensions of Human Existence?* While such a doubt is very necessary for a better clarification, we must remind ourselves nonetheless, that no single method of Psychotherapy can lay claims to an independent and complete therapeutic efficacy. The above example is a manifestation to this. For, though a Logotherapist, I still found the application of Hypnotic Therapy very suitable to elicit the **unconscious reserves** in the life of my patient. This is however the very fascination that is connected with the Primogenitor-Psychotherapy! It goes straight to the “Heart of Human Existence which is the *deep desire to belong*, the deep-seated desire against all forms of exclusion with their inherent long term Affective Disorder and propensity towards a harmful behaviour (anti-social behaviour, psychopathy).

**OFOR: A Symbol of Being onto**

**Justice within the Context of Belonging**

Among the Igbo of Southeast Nigeria [one of the three biggest ethnic groups in Nigeria], there is a cultural anthropological wise saying considered very important in its psychosocial and ethnic dimension. At the same time, it has a special function in the general philosophical orientation with regard to a successful community life. It reads “Oji OFOR ga ana” – “He who has OFOR on his side (literary in his or her hands) will always survive or escape all adversities”. Taken from a different perspective, it means that the holder of OFOR will always achieve his or her set objectives, irrespective of distractions. This highly motivational! A third interpretation has equally its validity: Whosoever holds the OFOR in his or her hands is invincible or carries the day. Here the concept of *resilience* under all precarious life conditions comes into play. This is what is called defiance in the language of

Logotherapy (Lukas, 2000). It is about *endurance in the face adversity. It equally implies a refusal to acquiesce in circumstantial determinism.*

Nevertheless, what is really the OFOR-Symbol? Normally, each clan among the Igbo has its OFOR. Either it is under the care of the eldest man (not a woman, because of the patriarchal nature of Igbo culture!) or it is given in the custody of another man who has the acceptable integrity of holding it. The man holding the OFOR must be an impeccable character, a man who not only the members of the clan hold in high esteem, but likewise who is highly respected by others because of his credibility. Whoever has the privilege of holding the OFOR is committed to the truth! A betrayal leads automatically to the forfeiture of this honourable position. OFOR is a well-known symbol of moral rectitude. It is the symbol for the incorruptibility of truth. However, *what is this truth all about? Truth in relation to oneself, in relation to others in the community and generally with regard to life as a sacred principle.* These threefold commitments entail a negative side of the responsibility with serious consequences: *The distortion of the complete concept of belonging. Indeed, it involves a relational disorder towards the image of the self, the image of the Human Person and finally the image of the world.* It would amount to a wonder if somebody who is living in such a three dimensional relational disorder and availing himself or herself thereby truth-constructions would escape a Mental Health Problem! Whosoever falls outside of these threefold relations cannot really be healthy. *The OFOR-Symbol plays for example a great role when forms of mental sicknesses and personality disorder emanate from relational structures of human existence.* This is all the more the case, since the

OFOR is the outward sign of the inner sense of Belonging in the search of truth. *This makes truth, in spite of all tendencies of relativizing it, a kind of "home, to which the individual belongs through leading a responsible life.* At the same time, he or she is protected by the reality of the same truth. This inner tie to the truth manifests itself when the psychological sickness or personality disorder resulting from such distorted relations faces a treatment therapy. The thoughts of Alexander Batthyány (2017) appears to be of great help within the context this relational disorder: "The disappointed relation to the world is not so easy to overcome; and the pain will continue to be there, until we reconcile ourselves to it – this implies that something comes together which originally was intended to belong together." *This breaking-up of the original belonging is for the psychic health of the individual as well as his metaphysical consciousness concerning its "being part of a whole very fatal. It is like a psychosocial and ontological homelessness with all the negative consequences.* When this happens, all the affective dispositions are exposed to massive confusion or disorientation. *There emerge conditions of fear and feelings of being lost.* All of these have massive negative influence on the word-capacity of the individual, on his or her capacity of empathy and last but not least, on his or her capacity of leisure and enjoyment.

### **COLANUT – A unique Symbol of Belonging**



Like in all cultures of the world, there is within the cultural setting of the Igbos south of the River Niger, in Nigeria, *socially meaning centred symbols* that are of paramount importance and therefore indispensable for their living together. They touch not only the place of the individual in the total context of the social life, but likewise they are the *vehicle of the collective transmission of meaning* in the respective society. *Symbols are bearers of culture without which the life of the individual would be empty and without orientation.* Such symbols form a kind of parameter for ethics and morals, without which no society could exist, because it would have forfeited one of the basic principles of meaning-creating order. *To fall out of such culturally meaning-creating social framework and as a result live outside of the existential order would tantamount to a sickness potential.* The colanut is amongst the Igbos in Southeast Nigeria *a meaning and identity-creating social symbol.* It is not only an outward sign of hospitality of first order, but over and above this and quite independent of whether there is a guest or not, it forms a cultural identity of the people and is a *symbol of participation and*

**acceptance.** Though belonging to the patriarchal structure of the Igbo society and therefore should always be broken by the eldest man of the clan or from the oldest man amongst those present at that moment, *it is part of its essence that all – children, youths, women and men – be included in the prayerful words [libation] accompanying the breaking of the colanut. This is the element of its Corporate Identity, a sense of Belonging characteristic of the life of the clan.*

Justifiably therefore, one can speak of the “cosmic character of the breaking of colanut, since no aspect of life is left out in the prayerful and solemn moment. It belongs to the participatory character of the breaking of colanut that, depending on the number of people gathered in the community, all the titled men must be mentioned individually by their names. On the other hand, children, youths and women are mentioned collectively. *A special moment of the breaking of colanut arises when those present demonstrate intermittently their individual or collective concordance thereby interrupting the flow of the prayer or incantation.* It always depends on what immediately has touched an individual or even all present, eliciting thereby their spontaneous assent. From what has been said on the culture of the breaking of colanut, it becomes obvious that whoever is present must have the necessary time for the solemn ceremony.

The respect accorded to the breaking of colanut demands that in the process all other activities must be put on hold be it now that food would be served or that somebody in the group is wanted elsewhere. *There should be no interruptions since the breaking of colanut creates a special moment of communion between the living and the dead. The Life-Flow should therefore not be interrupted. It is holy and*

*healing service for the community, for the clan.* The ceremony of colanut-breaking forms a special bridge between the living and the dead, an act that is of vital importance with regard to the salutogenesis of the people, but more especially for the whole clan. *The power of language is felt strongly, underscoring the totality of Belonging of the individual to a group.*

The image above depicts a short sentence: “Oji ututu. This means “Morgen-Colanut and underlines the existential meaning attributed to the ceremony of breaking a colanut. *With it, a day is blessed and committed to industry. This forms the “entrance into the new day with all of its eventualities and hopes.* “Ka anyi taa oji ututu!” or “Ka anyi waa Oji ututu!” (“Let us eat the morning colanut!” or “Let us break the morning colanut!”), is an invitation to the male folks to greet [welcome] and start the new day. *It is part of this ceremony that the people wash their hands, be it now early in the day or much later in the day.* This ritual of purification is a vital aspect of the ceremony of the breaking of colanut. It is a *culturally holy* ritual and has a special bearing on the lives of the people. ***The very prayerful words and the rite of purification constitute the therapeutic dimension of the ceremony of the colanut. The colanut is a symbol of wholeness and grants each man or woman through personal participation in the ceremony the same wholeness.*** The special link between the ceremony of the breaking of colanut and Primogenitor-Psychotherapy lies in the fact *that exclusively only those names of the “Living-Dead would be mentioned whose lives influenced the lives of others in the community or clan.* They function as Role Models even after they have died. They are regarded as the “Living-Dead since it is strongly believed that their Spirits are very much present amongst their people. *There is*

*therefore a kind of spiritual regeneration and identification when their names are called out.*

Now, these two original symbols in Igbo culture southeast of the Niger in Nigeria underscore the holistic view of the human person (Igbo Anthropology!) which plays an important role in the Salutogenesis of (Antonovsky, 1979) as well as the healing of real sickness. This holistic view and understanding of the human person is a central concern for the Catholic Theologian from East Congo in his book *African Theology. In its social context*. His elucidations are highly connected to the healing potentials as articulated in this contribution on the concept of Belonging. Bujo (2003, 116) writes, "Traditional African thought did not divide the human person into body and soul. This philosophy of the person as a unity had repercussions on the practice of medicine. It was not considered enough to treat a particular organ or member, for it was the whole person that was sick. The traditional healer would pray for the patient before administering herbal remedies, over which also was invoked the blessing of God and the ancestors. Treatment would be carried out in the presence of the family, thus reflecting the sense that the human is essentially a social being, as well as a unity of body and soul. Rituals and dances were performed to restore the body-soul equilibrium, which the illness had disturbed. Traditional healers attributed importance to skin-contact, and they would supplement their physical treatment by laying hands on the sick person and offering the person words of comfort. They might also prepare a special dish and feed the person as though a child." All of such different rituals contain meaning contents of Belonging. What this Theologian is emphasizing in relation to theology has equally its validity for the

healing concept: "The idea of a community which includes both the living and the dead is clearly very close to the Christian tradition of the communion of saints, even if the idea of the ancestors goes beyond that concept." (Bujo, 2003) The Primogenitor-Psychotherapy as epitomized in the unique symbol of colanut derives its self-efficacy from the holistic excavation of Meaning Potentials.

#### **INFERENCES from the theoretical dimension of the Archaeology of Meaning based on the concept of Belonging:**

"Belonging" (*Ibe bu ike – Belonging is strength*) is a most fundamental existential experience of humankind. Without it, he or she cannot really be human. *The lack of Belonging has a very high price by way of psychic disorder of all kinds and can easily lead to the experience of Existential Maladjustment.* Belonging does not limit itself in any way to one's own family nor to one's clan nor to one's society. ***It is transnational and transcultural!*** It has at the same time a transhistorical and transgenerational dimension, in that it takes serious the biographies of those still living, exemplary people as well as all those who have died long ago but still have a relevance concerning possibilities of Meaning Creation in addition to those Meanings worthy of realization for therapeutic reasons. We therefore regard such concepts as "Meaning Archaeology and "Personality Booster. The Primogenitor-Psychotherapy understands itself as maieutically working out those healing potentials out of bigger relational frameworks, whilst at the same time, Belonging, without which persons can scarcely organize their lives, is more elaborate as the culture of relation that confronts the human person day in day out with the immediate challenges of life. Exactly because of Primogenitor-

Psychotherapy, many opportunities would be worked out for all those people seeking for help. Psychotherapists are acquainted with the fact that it often requires wider connections and scope in order to offer the required clinical help to individuals looking for such and do consult them. In connection with the necessity of a comprehensive and holistic healing, the world-renowned Viennese Gynaecologist, Reproduction Researcher and Theologian, Johannes Huber is of the conviction that the human body typifies the relatedness of the whole of life (2017). The bottom line is that there so many factors that affect our individual and collective existence. They could therefore have negative impact on our health. What is now the possible transposition of this interconnectedness in Primogenitor-Psychotherapy in its Archaeology of Meaning orientation? ***The individual with mental or psychological problem can only be well understood in close and bigger connections. To help him or her implies to put everything into perspective*** whilst offering him or her a psychotherapeutic help that would lead to his or her healing.

**Practical Application: *The Archaeology of Meaning Based on the Philosophy of Belonging***

Having considered at length the theoretical understanding of the *Archaeology of Meaning*, it is now imperative to demonstrate the clinical aspect of Primogenitor-Psychotherapy as I have proposed here. ***We remind ourselves that the Primogenitor-Psychotherapy is rooted in the philosophy of Belonging.*** The philosophy of Belonging, though a common feature of all cultures of the world, is a strong characteristic of social life in Africa, but specifically with particular reference to this work, among the Igbo of Southeast Nigeria. The Primogenitor-Psychotherapy is

an inter- and transcultural therapeutic method whose efficacy cannot be underrated because of the common denominator of a most fundamental desire of the Human Person, quite irrespective of origin, culture, religion or political ideology. Again it is very important to note that the reality of Belonging does not limit itself to only those alive, but likewise, though in a different capacity of understanding, includes all those dead persons *worthy of remembrance. People do therefore elicit to call to memory those people who mattered and still matter to them.* The choice and effort to remember therefore become a clinical investment in the process of therapeutic treatment, in the Mental Healthcare Services. How does it work?

Meaning-Archaeology as proposed here consists of **10 Phases** that should be systematically pursued in a therapeutic setting. *The Clinician or Psychotherapist should not be in a haste to arrive at results contrary to the immediate aspirations of the Patient or Client.*

**Phase one: Guided Exploration and Identification**

The Clinician or Psychotherapist initiates an insightful biographical Identification of those individuals that could matter in the life of the Patient or Client. The number is to be determined in such a manner that there is room for a kind of *“Surplus of the Feeling of Belonging.*

**Phase two: Enhanced Narrative**

The Patient or Client tells as many “Vital Stories as possible concerning his or her choice candidates of memory. This phase involves a Clinical Observation on the part of the Clinician or Psychotherapist. What does this imply? Naturally, *there is a kind of “passion attached to the art of narration* when people tell stories of some individuals

that played a key role in their lives or those people who they perceive as “models. *The attentive work of the Clinician or Therapist here is to be aware of the Emotive State of the patient or client.* This Clinical Observation is accompanied by the **taking of notes on “moments of vital interest**, without causing a distraction to the Patient or Client, thereby interrupting the follow of the narration.

#### **Phase three: Process of Conscious Elimination of Subjects under Study**

After the Patient or Client has gone through all of his or her choice Subjects in his or her narration, he or she is expected to make yet a **narrow selection** out of the original total pool of Choice-Subjects. Here again, **time is required!**

#### **Phase four: Qualitative Circumspection**

Here, the Patient or Client goes into delimiting his or her enumerated pool of characters that do matter to him or her to only those ones that might be of **vital interest** to his or her life. I call this phase the “Identity Enhancement Procedure.

#### **Phase five: Creation of Value Categories and Prioritization**

The Clinician or the Therapist now arrives at a “Narrowing Effect, by making the Patient or Client make a choice of just about **between three to four** of all the enlisted Personality Traits of the limited Choice-Subjects out of the original numbers. At its best, three out of the whole would make for a more effective Meaning Exploration and Personality Enhancement. That is however, not yet the end of the game! *The Patient or Client is made to prioritize the three remaining Personality Traits of the now limited Choice-Subjects.*

#### **Phase six: Highly Focussed Acquisition Process**

What this implies, is that the Patient or Client should elaborate on his or her prioritized Personality Traits of his or her Choice-Subjects. Each of the remaining traits should be so much expatiated that it becomes somehow evident what impact those traits have or could have on the life of the Patient or Client. This is called equally the **phase of enhanced dialogue or limited exploration.**

#### **Phase seven: Personalized Scaling**

This technical dimension must attract the full attention of the Clinician or Psychotherapist, since the percentage of scaling reveals the **congruence between the narrative phase and the level of identification** on the part of the Patient or Client. On the Scaling System, there are two possible options: from **zero – 10 or from 10 – 100**. The intensity of evaluation depends on the percentage level. The higher the percentage, the better the chances of therapeutic efficacy. This Scaling System calls for a detailed identification narrative on the side of the Patient or Client.

#### **Phase eight: Meaning Discovery**

This is the final stage of Meaning Discovery in the whole process of Meaning Excavation. The Patient or Client may have come to the consciousness of the meaningful behavioural qualities in his or her Choice-Subjects that would or might help him or her live up to the challenges of life that brought him or her to the starting point of his or her search for credible and practical solutions. *It should be in focus here that the functional values discovered could now only make sense because the Patient or Client has put himself or herself in the position to identify with them.* He or she is now responsible for

further efforts in dealing with his or her problems.

#### **Phase nine: Existential Assignment**

Based on the original problem that brought the Patient or Client to the Clinician or Psychotherapist, the philosophy of “best practices upholds here. This means that *the Patient or Client should be led to the importance of applying just those values discovered in the clinic in his or her concrete situations out-there-in-daily-life.* The **Existential Assignment** here underscores the importance of **putting Belonging into practice**. This, of course, is a demonstration of the individual responsibility of the Patient or Client.

#### **Phase ten: Sustainable Quality Optimization**

There might be the need for a conclusive certification of the efficacy of the treatment as would be agreed to with the Patient or Client. This end-approach creates the opportunity for the *evaluation or re-evaluation of the treatment efficacy*.

#### **Conclusion:**

Going through the validation of the clinical dimension of the theory of the Archaeology of Meaning as exemplified by the Primogenitor-Psychotherapy, we recognize that all of the aforementioned five operative levels of emotional dimension, cognitive dimension, family systemic dimension, katathym imaginative therapy dimension and meaning-centred dimension are present in the ten phases of the therapeutic application. *They all appear to affirm that Belonging is the quintessential pivot of Human Existence and that a persistent dysfunctional disruption could easily lead to a serious Affective Disorder in all of its manifestations.* Primogenitor-Psychotherapy does not stand in for only interventions, but rather in addition, for preventive measures

by way of **Personality Enhancement Approach** with a high motivational component. Deriving from the Primogenitor-Psychotherapy within the context of Belonging is therefore a *Theory of Personality that is Family Systemic* while resting upon the foundation of Individual Freedom and Responsibility as Logotherapy and Existential Analysis emphasizes.

**Belonging**, otherwise called **Ubuntu** in Ki Swahili of South Africa, constitutes the life-blood of Human Existence in Africa, especially amongst the Igbo of Southeast Nigeria as intended in this exposé, and is a *specific contribution of African culture towards a trans- and intercultural Treatment Approach in Psychotherapy*.

#### **Perspectives:**

There are certain possible – and as the case may be – justifiable criticisms inherent in the Primogenitor-Psychotherapy under the perspective of Belonging. I would single out just two of such:

1. **The problem of Coercion within the Igbo Culture:** Whoever is conversant with the family tradition and culture of the Igbo people Southeast of the Niger in Nigeria would testify to the *embedded coercion in the family system*. The serious question therefore arises with regard to Freedom, to the constitutive desire of every human being to be free, to organize himself or herself according to the dictates of his or her reason and proper understanding. If freedom understood as autonomy is a special interest area of psychotherapeutic treatment, there is then the *inherent danger in the culture of Structural Belonging* that is at the heart of Igbo culture. This does not imply that there is no room again for individual responsibility, for in the lack of it the individual concerned

tends to lose his or her personal integrity.

2. **The problem of Role Models:** There is of course the *embedded danger of the imitation through a Model*. On the other hand, it is difficult to doubt with all conclusiveness the importance of Role Models in human life. There is famous adage in Igbo culture that portrays it all. It says that the little goat observes its mother whilst she chews the grass. This could be called "*Learning through Observation and Cognition*". In spite of this, though, the danger of inauthentic personality may not be completely ruled out. Nevertheless, the intentionality of the whole concept of this modelled therapeutic approach does not really endanger the freedom of the individual – the patient! The Primogenitor-Psychotherapy being an expanded logotherapy under the perspective of a narrative archaeology of Meaning within the context of Intercultural Psychotherapy, has the task of *eliciting* possible Meaning-options *in* and *with* the patient and thereby leading him or her on to only those choices that he or she is ready to make. As the founder of Logotherapy and Existential Analysis [the Third Viennese School of Psychotherapy, after Sigmund Freud and Alfred Adler] puts it, "...each man is questioned by life; and he can only answer to life by *answering for* his own life; to life he can only respond by being responsible. Thus, logotherapy sees in responsibility the very essence of human existence" (Frankl, 1984). *The very project of Primogenitor-Psychotherapy is therefore not antagonistic to the freedom of the individual – the*

*patient. Just the opposite!* "The Logotherapist's role consists of widening and broadening the visual field of the patient so that the whole spectrum of potential meaning becomes conscious and visible to him" (Frankl, 1984). The Logotherapist, or to be precise within the context of my thought-development, the Primogenitor-Psychotherapist while engaging the patient in an excavation of meaning, is applying the maieutic method, a kind of Socratic method, playing the role of a midwife, who is assisting a pregnant woman to deliver her child. The systematic approach in Primogenitor-Psychotherapy is therefore akin to education in the original and fullest meaning of the word, which etymologically means to "bring out or develop (something latent or potential)" (Pearsall, 1999) in people [pupils and students]. With this understanding, logotherapy as is my intention in this article under the name of Primogenitor-Psychotherapy and understood as the *Archaeology of Meaning* understands fully well that "values cannot be taught; values must be lived. Nor can meaning be given; what a teacher can give to his students is not meaning but rather an example, the personal example of his own dedication and devotion to the cause of research, truth, and science" (Frankl, 1988).

My undertaking in developing an Intercultural Psychotherapy that is based on an aspect of Igbo world-view is done under the strong conviction that Africa is not just full of macro- and micro-economic and medical resources, but equally of human and cultural resources relevant for holistic

approach to Mental Health Care. The concept of *Belonging* [as demonstrated equally by Tellingner (2013) in his book “The UBUNTU Principle” carries in itself both the potentials of neurosis and of healing capacity depending on the individual existential experiences as well as therapeutic understanding and approach. *The idea of Primogenitor-Psychotherapy utilizing the method of narrative archaeology does not contradict the desire for individual freedom, but rather enhances it within the realm of individual responsibility. The Scaling Stages are intended to achieve just that.*

Finally, I would very much appreciate it, if many people in the fields of Clinical Psychology and/or Psychotherapy both within and outside of Africa would adopt the Primogenitor-Psychotherapy, as I have taken pains to explain in this article, in the treatment of their clients or patients. *It is open to continuous application and critical evaluation.* For all those who would love to share their experiences on the results of their application, I would be highly pleased to engage in a lively conversation with them.

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