

# Harmony Restoration Therapy: Theory And Practice

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## **Abstract**

*One cardinal aim of all Psychotherapies is the alleviation of people's physical and mental illness using psychological principles. In Nigeria and other African countries, there have been cravings for the indigenization of psychotherapy in order to make it relevant to Africans. Harmony Restoration Therapy developed by Ebigbo (1995) is one of the outcomes of such yearnings for Africa-culture oriented therapy. This therapy treats abnormal behaviour, by restoring the equilibrium in human life and living using holistic as well as eclectic approaches. The theory of Harmony Restoration Therapy perceives man as a component of three entities, namely: Endo, Meso and Exo cosmos. These three entities are inseparable and maintain a harmonious relationship. An abnormal person distinguished from a normal person when the three entities are not working, interwoven as a whole. Sanity, therefore, is restored when the discrepancy among the three domains is resolved and harmonious relationship maintained*

## **Background**

The Harmony Restoration Theory evolved as an attempt to indigenize psychotherapy in Nigeria and indeed Africa. It is focused at ensuring that psychotherapy becomes relevant for the Nigerian and by extension the African, through applying indigenous culturally based psychological principles to promote mental health. Harmony Restoration Theory therefore is a psychotherapeutic framework or rubric that takes into consideration the evolving world of the African. This particularly refers to the cultural changes as a result of globalization and the influence of multiple cultures and how they have influenced the African culture/behaviour and therefore the need to indigenize psychotherapy to suit the evolving culture of the African.

Some striking observations based on clinical experiences and research of the proponent Peter O. Ebigbo formed the basis of this theory. In developing Harmony Restoration Theory a review of literature; on concepts of mental illness by various authors from various ethnic groups south of the Sahara or what some describe as Black Africa (for example Hausa, Mossai, Fulani, Malaki, Ashanti, Fanti, Bassani, Kikuya, Igbo, Yoruba) was embarked upon. Some striking similarities were reported some in terms of their beliefs and world view. (Baasher, 1975; Binitie, 1981; Bruno, 1984; Carothers, 1953, 1954; Ebigbo, 1995; Ebigbo, Oluka, Ezenwa, & Obidigbo, 1995; Enang, 1979; Eneh & Ezennia, 1987; Lambo, 1960, 1964; Mbiti, 1970; Mogenthaler, 1965; Odejide, Olatawura,

Sanda, & Oyeneye, 1978; Stawen, 1991). These include the following

1. Mind and Body relationship: For the African there seems to be a strong mind body affinity. It is described that the mind is the body and the body the mind. An example is speaking or communicating with its body like somatization (Ebigbo, 1982; 1986).
2. Group mindedness: All is well when the individual lives in tune with his world: Everything is amiss if there is distortion in its world of relationship. (Ebigbo, et al, 1995). Mibiti puts it thus “I am, because we are, and since we are, therefore, I am” (Mbiti, 1970, p. 141), or as Jannie Malan put it while describing Ubuntu people, “Every single human being only becomes truly a human being by means of relationship with other beings” (Malan, 1997, p. 88).
3. The African believes in spirits that the world is filled with it: Every concretely existing object or force is perceived to have a spirit which can become active. Very important is the spirit of the ancestors and general belief system (religion), laws and customs of the land, abominable acts etc.
4. Western diagnostic illness labelling categories did not match the African appropriately. (Ebigbo & Ihezue, 1981). There was need to provide a diagnostic mechanism to understand and treat mental illness in Africa.

Based on these he proposed that an effective psychotherapeutic model for Africa must be holistic as well as must make room for eclecticism (diversity) and has to do with Harmony Restoration (Ebigbo, 1995). To make this possible there is need to go into the Nigerian/African culture to understand it and therefore provide an understanding of

this culture and how it can be used to provide psychotherapeutic treatment for its people.

### **Introduction to Harmony Restoration Theory (HRT)**

The Harmony Restoration Theory is based on the fact that an individual is healthy if his or she is not at peace with itself (*Endocosmos*). This can be referred to as mind body relationship. If the individual is not at peace with significant others this can be both animate and inanimate. For family members, relatives, colleagues, farms, house etc. (*Mesocosmos*). Also when there is faulty relationship with one's belief system. The belief system here comprises of one's religion, customs, tradition, culture, ancestors among others (*Exocosmos*).

The HRT aligns to the African culture which has been described as characterized by belief in supernatural forces, faith in magic of symbols, expectations of supernatural punishment, orally preserved tribal legends and mythological concepts with emphasis on animism, full play of affective activity in daily life, complete identification with the group, lowering of ego boundaries and thought processes, ancestor worship, belief in the existence of idealized good objects, a tendency to regard dream life as objective reality, a simple restricted ill-defined and rudimentary usage of symbols, and strong religious belief (Lambo, 1960).

Based therefore on the foregoing and relying on clinical experience in Nigeria in general and among the Igbos in particular, whose common concepts of mental illness have been articulated, the Harmony Restoration Theory is summarized as follows:

- The relationship between humans and between humans and spirits, gods, and Almighty God is very important for the sanity of the African south of the

Sahara. Of course the person within himself, in relationship to whether or not the individual can relate beyond oneself to others, is also important. The African therefore views the human in its holistic entirety within oneself in relation to the forces the individual believes in: the ancestors, the various spirits, powerful forces emanating from the supreme Being (God) and infused into trees, humans, forces of nature, fauna and flora, and of course in smaller gods. For the African, one is not at ease, or is indeed ill, if there is a distortion between oneself and the person's world of relationships. If one is quarrelling with one's mother or father or colleague or friend or any important person with whom one entertains relationship, the person is not well. The wellness, the ease or the health, will be restored as soon as this faulty relationship is mended (Ebigbo, Oluka, Ezenwa, Obidigbo, & Okwaraji, 1996).

- The world of the individual is called here the *cosmos*. The aspect of this world that relates to the person, one's mind, one's body is called *endocosmos*. The *endocosmos* has to do with someone's personality, the person's disposition and therefore the person's preparedness to relate with others outside of itself. It denotes the mind-body relationship, that is, how one accepts himself or herself in the sense of one's perception of how far one's desired self is identical with one's actual self, how positive or otherwise one perceives oneself, what one's childhood has been like and indeed how much harmony one realizes within oneself. How does the person perceive the world outside of oneself? The *endocosmos* is the

individual and its outfit to relate to others.

- *Mesocosmos* is the world of relationship of the individual, that is, individual and one's immediate and extended families, mother, father, brothers, sisters, grandparents, cousins, uncles, aunts, etc. The relationships that are important to the individual outside the family also belong to the *mesocosmos*, in other words, co-workers, classmates, roommates, co-religious members, friends, etc. To the extent that there is a relationship between the individual and places, situations, objects, animals such as pets, etc. they also form part of the *mesocosmos*.
- The *exocosmos* represents a very important world of relationship to the ancestors, to spirits, deities, gods, and indeed all forces outside of one but which are outside the concrete world of relationships. The African believes strongly in spirits and is very religious. This world is not only in existence in the world of the individual but is also a potent force influencing the *endocosmos* and the *mesocosmos*.

### Harmony Restoration Therapy

The Harmony Restoration Therapy focuses at finding out in what area of the cosmos of an individual is faulty or has dysfunctional relationships. The work of the psychotherapist is to identify these dysfunctional relationships and to use various psychotherapeutic approaches to restore harmony. In this regards the first thing to do is to understand where in the cosmos of the individual is faulty and has dysharmony? To understand this therapist needs to draw up a cosmogram.

**Cosmogram**

Cosmogram is the diagnosis for restoration. In cosmogram all the relationships which are important to the individual are mapped out, usually a detailed in-depth psychological exploration paying attention to the usual sources of belief systems and usual relationships in Africa e.g. immediate and extended family members, the person's belief systems and whether there is any discordant relationship. It is important to discover the relationships which are functional and see how the functional relationships relate to the non – functional. For example whether an uncle with whom the client has land dispute entertains functional relationship with the client's grandmother

upon whom client so much depends. With regard to the belief systems, it is necessary to find whether there is a breach of a promise or oath. Successes and failure in the place of work are to be recorded.

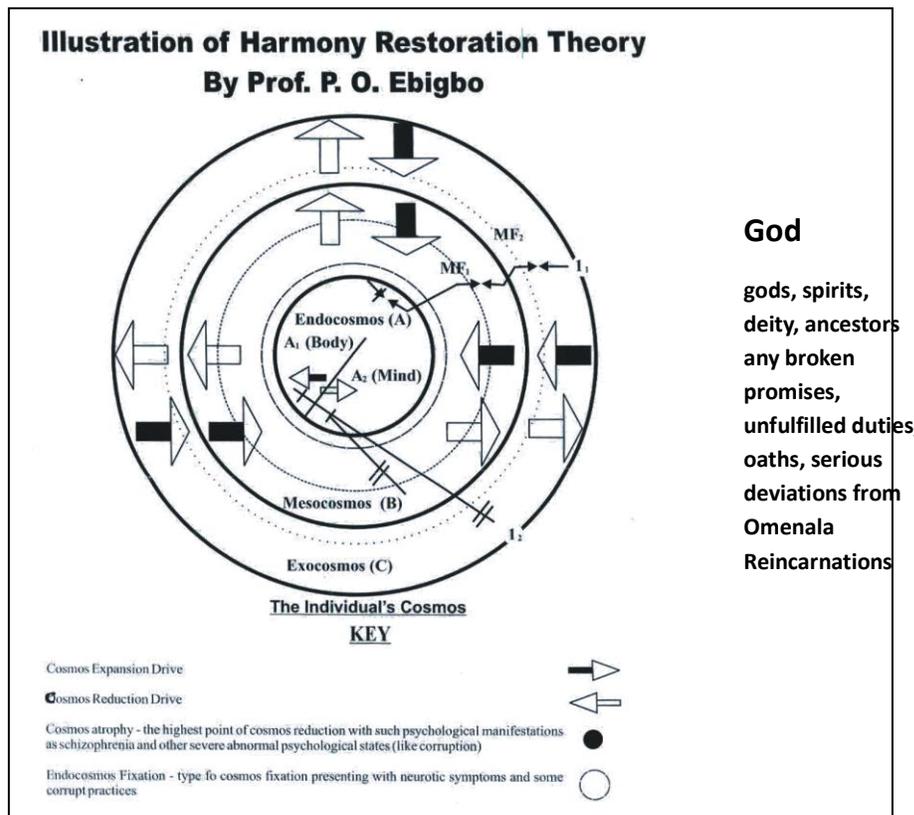
Animals, pets, sacred, animals, cash crops, trees, house, hut, shrines as they relate to the client have to be explored. It may also be necessary to

know whether any of these relationships is peculiar to the clients and whether any sections needs to be explored longer will be

determined by the interview contents themselves.

At the end of the interview, which may require inviting some key relations who can give information about the client, a fairly good picture of the individual's world of relationship, should emerge. It is important also to screen for the clients types and intensity of experience of somatic complaints of psychological origin as well as paranoiac complaints, who is responsible for the illness and has covetous gaze, or evil eye? Or who would want to curse the client or wish him dead? Or who has charmed or bewitched him or her?

Stage 1: Search for Areas of Relationship.



Collection of somatic complaints and the interpretation may help locate the dysharmonious relationships (Ebigbo,

1992). The responsibility of the therapist is to identify the harmonious and dys-harmonious relationships.

<i>Harmonious</i>	<i>Dys-harmonious Relationships</i>
<i>Which relationships are functional?</i>	<i>Which ones are necessary and reparable?</i>
<i>Which functional relationship can influence dysfunctional relationship?</i>	<i>Which new ones to be established or abrogated?</i>

**Important concepts in Harmony Restoration Theory**

Cosmos Expansion/Reduction Drive: the Cosmos Expansion Drive is the basic innate drive for the African which is like an inner compulsion to reach out to others from within one’s self. The cosmic expansion drive is characterized by a state of being at peace with one’s self, having positive self-concept, being assertive having the tendency from within to relate harmoniously with others and to be able to sustain functional relationship with significant others and exocosmos. This tendency spans from the endocosmic to the exocosmic area. This drive spans from endo-cosmos, meso – cosmic level and the exosmic level. On the opposing end is the cosmos reduction drive which is characterized by a tendency to be withdrawn to oneself, to be self-centered and in worst case scenario the individual is with high cosmic reduction drive may be narcissistic.

**Salutogenesis**

This is a principle is derived from Aaron Anthonovsky’s (Anthonovsky, 1976) which emphasizes what builds health rather than what makes one ill can be used to promote health. In the HRT this is done through using the cosmogram to identify functional relationships and see how the functional

relationships relate to the non – functional relationships. This can be applied in therapy through For example identifying if an uncle with whom the client has land dispute entertains functional relationship with the clients grandmother upon whom client so much depends. With regard to the belief systems, it is necessary to find whether there is a breach of a promise or oath. Successes and failure in the place of work are to be recorded. Animals, pets, sacred, animals, cash crops, trees, house, hut, shrines as they relate to the client have to be explored. This functional relationship can be used to repair the dysfunctional relationship knowing that functional relationships are made stronger it will likely repair/improve the dysfunctional relationship. This concept is akin to Newcombe’s (1956) theory of interpersonal attraction which states if two people have a positive attitude towards a third object, these two people will begin to be attracted to each other.

In situations where individual has a weak endo especially as it relates to inability to take action the wawa technique which is culturally based could also be applied. Wawa technique was developed by Ebigbo et al. (1997) and has been in use at the International Federation for Psychotherapy Centre Enugu Nigeria, a centre, which has been at the forefront of developing indigenous psychotherapy methods in Nigeria. There has been experience in the use of Wawa technique in individual, group and family therapies. In this case study it was used for individual treatment of the client. The technique is derived from the indigenous stance of the Igbos of Enugu State, Nigeria to say Wa (no) to an issue which is against the moral order. In Igboland there are behavioral patterns that are loathed, and every Igbo person will vehemently reject these actions through loathsome words that serve to distance the observer from the disapproved behavioral

pattern. Different sections of Igbo rely upon different words to express disapproval such as “Tufia kwa!, Azi gba kwa!” If you ask the Enugu Igbo person to break the moral order, for example, to go against his brother, he will say “Wa!” Meaning “no!” If you repeat the same thing again to him, he will say “Wa! Wa!” meaning not only decisive “no” in rejecting the temptation but warns that one would face his anger, if one continued with the temptation. Wa!Wa! means awareness of the evil consequences of breaking the moral order and therefore Wa!Wa! declares anyone who would not stop the evil temptation an enemy. Here it is used to build the will power of clients to refuse something that is against the moral order like drug abuse. This technique is practiced with proverbs which is very often used in Igbo language and shows wisdom and good cultural orientation. These proverbs help establish the moral order, which is rooted in the cultural, religious and traditional beliefs of the people. The Igbo culture is closely related to the Old Testament Hebrew culture (the Igbos are often referred to as Jews of Africa). For the Igbos, deviation from the moral order (God, Culture, and Tradition) is abominable and abhorrent. Taking drugs that make one to neglect the family, run one’s self down or harm one’s self is a deviation from the moral order. Drug abuse is abominable! and therefore; “Wa Wa,” or I reject it; “Tufikwa,” or I spit on it; “Uhiem!” or ancestors should bear witness that I have nothing to do with it. Furthermore one can shout moving both hands over the head using the thumb and the pointing finger to click a sound shouting “Uhiem ei,” which means calling on the ancestors and denying ever being part of the deviation from the moral order. The proverbs get to the heart, to the mind and to the head, capturing the interest of the people, because it matches the belief system of the people. Alongside

proverbs there is also the breaking of kola nut ceremony. It is used to welcome strangers, say prayers and pour libation. Only people who mean it well can share kola-nut. The kola-nut is an important fruit for the Igbos of Nigeria. It has separate lobes but are bound together. Before the kola-nut is broken and shared for eating, the one who breaks it rehearses the moral order and invites everybody to keep to it and pray to God to bless those who keep it and punish those who deliberately break it. Cultural examples of the sayings while breaking kola-nut are: “Let the kite perch! Let the eagle perch! Whichever denies the other the right to perch should lose its wings.” “Let everybody live in peace and prosper! Whoever denies me life is not worthy to live.” “Let the rich have their place, the poor also. Let the man have a place the woman also. Let the adult have a place, the child also.” “The way we prepare our bed, so shall we lie on it.” “As we work hard under the heat of the sun, so shall we reap and enjoy under the shade.” “I did not kill the first to be the first, I did not kill the second to be the second, I did not kill the last to be the last. Whatever fortune has come my way was brought about, not by a deliberate evil act but by fortuitous circumstances.” “A hasty climber awaits a hasty fall.” During therapy Wawa technique is used to reassess one’s behavior as a normal citizen, by rehearsing the moral order to the person and inviting him/her to reject the offensive behavior. Example: “taking drug to ruin my family! Tufiakwa!, Wa Wa!” “Neglecting my family! Uhiem!” “Taking drug to impoverish me! Wa! Wa!” The whole problem is discussed, analyzed and shown to have several evil consequences that impede the moral order. The person is invited to break the negative consequences into short sentences and to shout “Tufiakwa! Wa!wa!” and to deny being part of it by shouting: “uhiem ei!”

Whenever the urge comes. This method is attractive and reaches the people. The rehearsing is continued at home and anytime the temptation is at hand. Using a behavioral chart the client manages and monitors progress, by giving herself a positive score (4) each time she uses Wa! Wa! to resist drug use and a negative point (X) if not. Wa wa technique pairs the deviation urge to drug abuse with open rejection saying “Wa Wa,” “Tufiakwa” or “Uhiem”. In other words the therapist creates cognitive dissonance in the cognitive structure of the client, using “Wawa,” “Tufiakwa” or “Uhiem.” The person is expected to move towards consonance therefore leading to behaviour change (Ebigbo et al. 1997). The goal of Wawa technique is to make client become aware of and to abhor the consequences of addiction and then monitor adherence to the treatment through a behavior chart.

### **Harmony Restoration Measurement Scale**

The earlier conceptualization of the *Cosmogram* is to use it as a diagrammatic representation of one’s world and this determines the direction of the harmony restoration psychotherapeutic process. The cosmogram is drawn using information from interview. However there was need for more objective and quantitative method of presenting the *cosmogram* this was to make treatment more targeted and enable a quantitative evaluation of therapeutic effectiveness. This prompted the need for the development of the harmony restoration measurement scale among the Igbos of Nigeria.

### **How was the scale developed?**

#### *Item generation*

The development of the Harmony Restoration Measurement Scale (HRMS)

was based on the theory and other information from literature.

*Endocomic Scale (ES)*: The items for the Endocomic scale were influenced by the study published by Avshalom Caspi and colleagues (Caspi, Elder, & Herbener, 1995). Data for their study was taken from the Berkeley Guidance study of the University of California, Berkley. This study was initiated by 1928-1929 with every third birth in the city of Berkley over 18 months. The original sample contained 102 males of which a maximum of 87 have been followed up into adulthood. Childhood data on the Berkley participants were obtained from clinical interviews with their mothers, and subsequently organized into rating on 5-point behaviour scale (Macfarlane, 1938; Macfarlane, Allen, & Honzik, 1954).

Furthermore the Endocosmos represents an individual’s personality, the person’s disposition and preparedness therefore to relate with others outside of itself. It denotes the mind-body relationship, that is, how an individual accepts oneself in the sense of one’s perception of how far one’s desired self is identical with one’s actual self, how positive or otherwise one perceives oneself, what one’s childhood has been like and indeed how much harmony a person realizes within oneself. How does the person perceive the world outside of oneself? The following subscales were developed:

- a) Relationship Preparedness  
*Endocosmos (RPED)*: This measures the extent to which an individual is ready to reach from itself to others. It is designed to measure the cosmic reduction drive at the Endocomic level.
- b) Childhood (CH): This subscale measures positive and negative childhood experiences.
  - i. *Authentic Childhood*

ii. *Childhood Alienation*.

- c) Ill Temperedness (IT): This is an interactional style characterized by explosive temper tantrums in reaction to frustration and authority.
- d) Tension: This is the feeling of being at an edge easily feeling attacked.
- e) Dependency (DP): This is an interactional style characterized by the tendency to seek attention, company, approval and help.
- f) Shyness (SY): This is an interactional style characterized by emotional inhibition and discomfort in social settings.
- g) Alienation (AL): This measures the degree to which the individual behaves or feels (believes) alienated from oneself.

*Mesocosmic Scale (MS)*: This scale measures the world of relationship of the individual, that is, the individual and the person's immediate and extended families, mother, father, brothers, sisters, grandparents, cousins, uncles, aunts, etc. The relationships that are important to the individual outside the family such as co-workers, classmates, roommates, co-religious members, friends, etc. also belong to the *mesocosmos*. To the extent that there is a relationship between the individual and places, situations, objects, animals such as pets etc., they also form part of the *mesocosmos*. There is also a subscale for Relationship Preparedness *Mesocosmos* (RPMS). This measures the cosmic expansion reduction drives at the Mesocosmic level.

*Exocosmos Scale (EXS)*: This scale measures the world of relationship to the

ancestors, spirits, deities, God, gods, and indeed all forces outside of one but which are outside the concrete world of relationships. This world is not only in existence in the world of the individual but is also a potent force influencing the *endocosmos* and the *mesocosmos*. This scale has only one subscale, which is Relationship Preparedness *Exocosmos* (RPEX).

**Major findings with the scale**

After the items of the scale were identified they were administered to total of 346 participants, comprising 100 mentally ill out-patients selected randomly among those visiting the Federal Neuropsychiatric Hospital, Enugu, Nigeria, and 246 non-diagnosed (normal) individuals randomly selected from their workplaces in the population

The independent t-test results show that *Endocosmos* and *Exocosmos* domains were able to discriminate persons from the general population from diagnosed mentally ill in outpatients unit of Federal Neuro Psychiatric Hospital Enugu. *Mesocosmos* domain did not significantly discriminate normals from mentally ill outpatients unit of Federal Neuro Psychiatric Hospital Enugu. The interpretation is that faulty relationship at *Mesocosmos* domain alone may not lead to breakdown; rather it would need a combination of a weak *endo-* or *exo-* cosmos to lead to breakdown. This implies that even if one scores high on the *Mesocosmos*, indicating dysfunctional relationship at the *mesocosmic* level, if the *Endo* and *Exocosmos* are intact, then the individual is likely capable of resolving the relationship problem and return to normalcy; but if the score on the *Endo* or the *Exo* is high (faulty relationship) then mental illness is indicated.

Although the HRMS needs to be administered to a wider population provide

norms for the scale which can be more generalizable. The available norms can be used preliminarily as point of orientation in the meantime. The *Endo* consists of enduring traits that determine healthy mind-body relationship such as childhood experiences being positive or negative, to what extent one has turned out to be what he/she would wish among others; while the *Exo* consists of the belief system and religious harmony which is a very strong determinant of healthy personality, resilience and coping mechanism especially during stressful situations. A breakdown at these two domains (*Endo* and *Exo*) would likely lead to a significant maladjustment independent of the *Mesocosmos*. Also the *meso* is a reflection of the quality of relationship at the *Endo* and *Exo*, This is because when one is healthy and balanced, one has the tendency to reach out to others (cosmos expansion drive); while when one is not in harmony with oneself there is inability to reach out to others (cosmos reduction drive). This may lead to cosmos atrophy at the *endocosmic* level. The degree of cosmos atrophy affects the quality of the relationship at the *mesocosmic* level of an individual. This means that a breakdown of relationship at the *mesocosmic* level may be a reflection of faulty relationship at the *endocosmos*, which limits an individual's ability to have a balanced stable relationship with significant others. The *Mesocosmos* is like the centre of the cosmos (world) of the African (Igbo), the quality of the relationship at this level reflects quality of relationship at the *endo-* and *exo-* cosmos levels. However the three domains cannot be easily separated therefore when items in these domains are taken together as a whole they discriminate normals from the mentally ill, showing a complex relationship within the three domains.

### **Case Presentation**

A 70 year old widow with 5 children was referred to our clinic by her child. The children had noticed that their mother was becoming increasingly obstinate, nagged more than before and was paranoid i.e. mostly suspicious of the consequences of the action of her children. This experience became worrisome following a series of events.

Client usually visits each of her children and spends significant time with them. For example according to her in one of her last visit to one of her children she discovered that due to the fact that her daughter (her child) was mostly busy with work she did not notice a few things that were happening in her absence in her home. Client tried to communicate some of her observations but the daughter did not give her the time to say what she observed. While she was preparing to leave her daughter's home, she wrote a letter to her daughter and stated all her observations and what she recommended that her daughter should implement as soon as possible.

From there she returned home and discovered that her land which was acquired while her husband was alive has been tampered with. The beacon was removed, upon enquiry she discovered it was her brother in-law who removed the beacon. Immediately client went and reported the matter to the kinsmen (Umunna) her in-laws. One of the in-laws who heard the story called the client's daughter who live in the same town with client. The daughter told the relative to call her elder sister. That it is that one who client listens to. This was done and immediately the son in-law called and said that he wants the client immediately in his house which was in another state. Upon arrival client's son in-law started asking her why she would go to start dragging for land in the village. Client was distraught and confused, she was also worried that the son in-law was unhappy with her because of the

news. But according to her the story was wrongly told and this was very disturbing to her and made her worried. Also she was worried because her son in – law was not from the same town with them and such a news was like bringing family issues to the public. Also according to client, she had never seen this particular son in – law annoyed. Seeing him annoyed was quite painful for client.

Unfortunately client’s other daughter came for vacation. At night the daughters came and started scolding the client. They accused her of trying to go and drag land in the village, and they pointed out that it was the same type of behaviour that made her to go to her other daughter’s house and wrote a letter commanding her on what to do. Client became terribly distraught that night that she said if that if it were possible for her to die that night she would have loved it. She threw herself on her bed and wept. This made her to experience a bulged stomach and one of her veins in the neck to start pumping blood too rapidly. More disturbing for client was that this was happening in her son in-law’s place and the noise and quarrel was exposing the family dispute.

#### Family history

Client comes from a monogamous, Christian, Igbo family of 6 siblings. She is the last child of her parents (3 males and 3 females). There were series of family events especially deaths that appeared mysterious. For example:

1. First child (male) of her father died of supposed poisoning:  
The story: he came back to start the process of building his own house in the village and on a particular day he arrived the site to see some mixtures of fetish materials mixed together in a mud pot. He used his hand to fling the pot away and after a short while he became sick from

various unexplained illnesses and died.

2. Second child was conscripted into the army and did not return after the civil war
3. First daughter of the mother went to do child minding for someone and in the process the man married her. The man was described to be rich and affluent. When she returned to the village to see their mother, she was said to be plumpy and looked very healthy. A certain man in the village saw her passing and asked; whose child is this? “She who looks fresh,” nwam (my daughter) come and greet me (in the local parlance)” she went and greeted him and he touched her on her head and body. When she returned home she started shouting “my head, my head my head” and thereafter she dead. Upon enquiry this story was told. This was how they got to know what happened.
4. Second daughter of her father dead during child birth.

#### **Marital life**

Client got married to her husband at a young age. Husband worked with one of the security agencies and was usually transferred from one location to the other. Before she started having her own children, client took in a younger sibling of the husband and started training him like her own child.

Unfortunately for client based on the Igbo culture she did not get a male child early in the marriage, all her children were females. This also brought some disaffection in the family. Also the in-laws did not really like this situation and did not give her any support rather they persecuted her

and almost succeed to make sure that none of her daughters got education. But client was very determined and went the extra mile to make sure that all her children were all educated up to university level.

Presently her husband is late and a younger sibling of her husband who was given a flat in their house now tried to limit her access to other parts of the house when the husband died. This caused a lot of tension and eventually she succeeded in ensuring that she had the access to the house as much as she needed.

**Case analysis**

Client’s personal experiences growing up especially made her to be paranoid about others. She grew accustomed to protecting her children based on her experience especially the deaths of her siblings from her paternal home and the experiences she had with her in-laws because she did not have a male child early enough. She learnt to be very

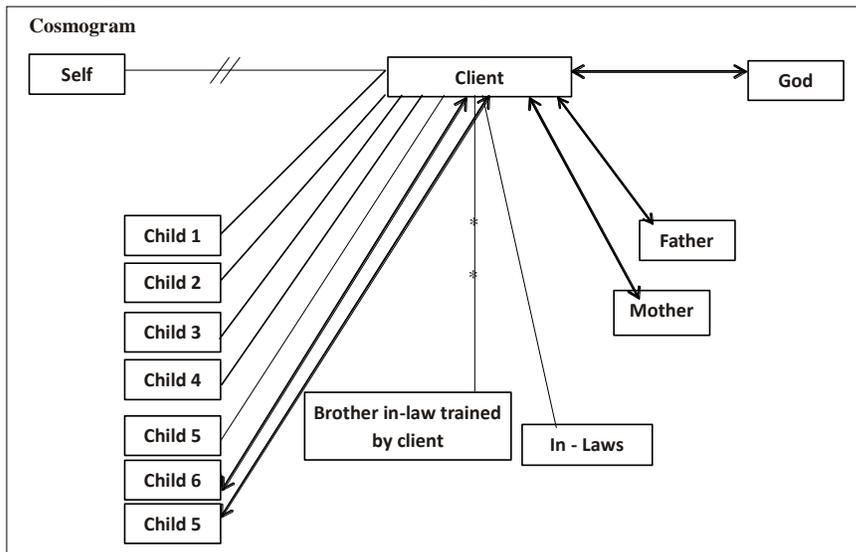
protective of her children guiding them step by step to ensure that they do not fall prey to others. Being the one in-charge instructing her children on what to do each stage of their life she has become used this life style. Client had also become accustomed to the unity and the children did not challenge her opinion.

The children on the other hand perceive themselves old enough to manage their lives and also ensure that they also now start protecting their mother. However client

still wants to guide them. This usually brings conflict between client and the children. This is because the children see their mother as over bearing on them.

Client is puzzled why the children would behave the way they did in addition to wrongly accusing her and that her daughter who lives in the same town with her did not even deem it necessary to call or visit her and ask about the situation but rather had to call the sister in another town. All these caused her great distress. She wanted to get to the bottom of this strange behaviour pondering nowadays that her enemies might have succeeded in scattering her home.

The cosmogram showed distortion in the



endocosmic (wrong thinking)m mesocosmic (poor relationship) to her children and the larger family. On this basis a line of action for Harmony Restoration was mapped out.

**Treatment**

The treatment plan for client is as follows:

1. Give her an opportunity to express her fears and anxiety. In each session she was told to write her fears and worries upon arrival she was asked to put it in down a kind of worry jar similar to a

- prayer request and bring along to therapy each session.
2. To change her cognition about some fears. Through providing her an alternative understanding as to why some of those fears may not be really well conceptualized or may not happen as she thinks it would.
  3. To restore her relationship with her daughters. This will be achieved through first ensuring that the daughter who has cordial relationship with client calls more regularly, also ensure that she tries to broker peace between them using the Newcome (1956) theory.
  4. Organize family therapy session to ensure that the whole family members come together to discuss:
    - a. What is the problem?
    - b. How did it get to this level?
    - c. What can be done to improve?

### **Discussion**

Harmony restoration therapy is strengthened because, until recently it was customary to find psychotherapies discussed as competing claimants to fundamental truths about human nature, and as rival systems for healing the ills and solving the personal problems of modern individuals. Fortunately for those who prefer to debate them to radiate light rather than heat, this has led to multiplicity of psychotherapies (Orlinsky & Howard, 1995). Also psychotherapists are presently committed to helping their patients than sticking to doctrinal purity. Hence psychotherapists follow a pragmatic policy of using what seems to be helpful to their clients; and in this light describe themselves as “eclectic” or “integrative” (Garfield, 1980; Norcross, 1986; Orlinsky & Howard, 1995).

It is important to note that the western influence and practically globalization have all helped to modulate the behaviour of

Nigerians. This influence made Ebigbo and Ihezue (1982) to described three types of Nigerians namely (a) Traditional type, (b) Westernized type, and (c) Mixed type. These three types of people approach help-seeking differently. The traditional type lived most of his or her life in the village (rural community) and is conversant with all the culture, norms, tradition and healing remedies of his/her community. When seeking for help they may prefer traditional healers and have strong faith in the efficacy and potency of their remedies. The westernized type is the African who has lived most of his/her life in urban communities, mostly educated and is attuned to western lifestyle. When seeking for help they may likely visit the orthodox western medical facilities for help. The mixed type, which is by far the majority, has knowledge of traditional lifestyle and western lifestyle. While seeking for help, they may likely be visiting traditional and orthodox centers concurrently. Harmony restoration therapy therefore is fashioned to suit the expectation and psychotherapeutic needs of the various types of Africans. Harmony Restoration Theory and Therapy takes this into serious consideration to be able to provide psychotherapy that is meaningful for the various types of Nigerians.

### **The way forward**

The Harmony Restoration Theory has been prescribed. It is laid bare for researchers and practitioner to examine, make contributions and critic its applicability and researchability. This can be done through conducting randomized clinical trials of this model comparing it with other forms of psychotherapy to understand its effectiveness and uniqueness in improving the mental health services of the clients/patient as the case maybe.

**References**

- Baasher, T. A. (1975). Traditional treatment of psychiatric disorder in Africa. *Journal of African Psychiatry*, 77-78.
- Binitie, A. (1975). A factor analytical study of depression across cultures (African and European). *British Journal of Psychiatry*, 127, 559-563.
- Bruno, G. C. (1984). Relations familiales et demandes therapeutiques en Cote d'Ivoire. *Curare*, 109 - 114.
- Carothers, J. C. (n.d.). *Psychologie normale et pathologique de l' Africain: etude ethnopsychiatrie*. Retrieved from <http://www.who.int/iris/handle/10665/38003>.
- Carothers, J. C. (1953). *The African mind in health and disease: a study in ethnopsychiatry*. Retrieved from <http://www.who.int/iris/handle/10665/41138>.
- Caspi, A., Elder, G. H., & Herbener, E. S. (1978). Childhood personality and prediction of life - course patterns. In R. L. & M. Rutter, *The straight and devious pathways from childhood to adulthood* (pp. 13 - 35). Cambridge: Cambridge University Press.
- Ebigbo, P. O. (1995). Harmony Restoration Therapy: An African contribution to psychotherapy. *An invited paper at the annual Scientific meetin of Royal college of Psychiatrists*.
- Ebigbo, P. O. (1997). Wawa technique in harmony restoration therapy: An African - Psychiatric Perspective. *International journal of the university of Nigeria Medical Students*, 5-11.
- Ebigbo, P. O., & Ihezue, U. H. (1981d). Uncertainty in the use of western diagnostic illness categories for labelling mental illness in Nigeria. *Psychopathologie Africaine*, 18, 59-74.
- Ebigbo, P. O., Oluka, J., Ezenwa, M., Obidigbo, G., & Okwaraji, F. (3rd - 6th 1995). Harmony Restoration Therapy: An African contribution to psychotherapy. *Annual Meeting of the Royal College of Psychiatrists*. Torquay.
- Enang, K. (1979). *Salvation in a Nigerian background: its concepts and articulation in the Annag independent churches* (Vol. 19). Berlin: Verlag von Dietrich.
- Eneh, E. S., & Ezennia, S. (1987). *Reincarnaion: Fact or fancy?*. Enugu: Ceta Press.
- Lambo, T. A. (1960). Characteristic features of the Psychology of the Nigeria. *West African Medical Journal*, 9, 95-104.
- Lambo, T. A. (1964). *African traditional beliefs: Concepts of health and medical practice*. Ibadan: Ibadan University Press.
- Macfarlane, J. W. (1938). Studies in child guadiance I: Methodology of data collection and organization. *Monograph of the Society for Research in Child Development* 3(serial No.6).
- Macfarlane, J. W., Allen, L., & Honzik, M. P. (1954). *A development of study of the behavioural problem of children between twenty - one months and fourteen years*. Berkeley: University of California Press.
- Malan, J. (1997). *Conflict resolution wisdom in Africa*. Durban: Accord.
- Mbiti, J. (1970). *African religion and phillosophy*. New York: Anchor Books/Doubleday.
- Mogenthaler, F. (1965). Former der Westafricanern. *Schweizerische Zeitchrift fur Psychologie und ihre Anwendungen*, 2, 336-341.
- Newcomb, T. M. (1956). The prediction of interpersonal attraction. *American Psychologist*, 11(11), 576 - 586.

Norcross, J. C. (1986). *Handbook of eclectic psychotherapy*. New York: Brunner/Maze.

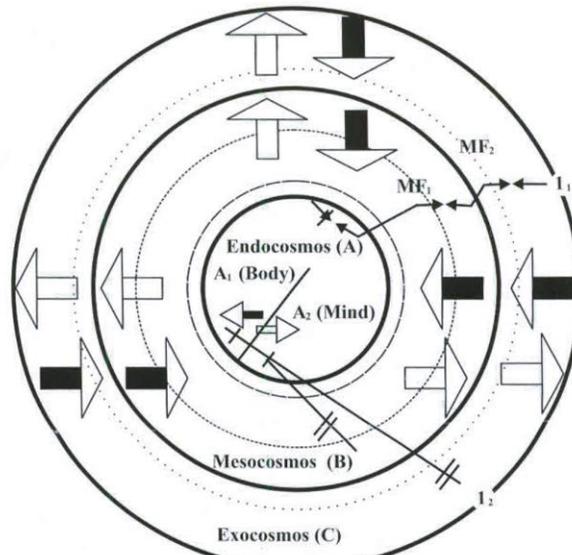
Odejide, A. O., Olatawura, M. O., Sanda, A. O., & Oyeneye, A. O. (1978). Some socio-psychiatric attributes of patients utilizing the facilities of traditional

healers in the city of Ibadan. *African Journal of Psychiatry*, 30, 112 -115.

Staewen, C. (1991). *Kulturelle und psychologische Bedingungen der Zusammenarbeit mit Africanern* Ansatzpunkt fuereine kompli. London, Muenche olen: Weltforum.

## APPENDIX

### Illustration of Harmony Restoration Theory By Prof. P. O. Ebigbo



The Individual's Cosmos

#### KEY

- |  |            |
|--|------------|
| Cosmos Expansion Drive   |            |
| Cosmos Reduction Drive   |            |
| Cosmos atrophy - the highest point of cosmos reduction with such psychological manifestations as schizophrenia and other severe abnormal psychological states (like corruption)    |            |
| Endocosmos Fixation - type fo cosmos fixation presenting with neurotic symptoms and some corrupt practices   |            |
| Mesocosmos fixation - type of cosmos fixation presenting with neurotic symptoms and some corrupt practices, probably less than te former, and depending on te type (Mf1, Mf2 etc.) |            |
| Break stroke depicting disharmonious relationship  |            |
| Arrowstroke depicting functional relationship  |            |
| Two individuals, the former corruption free, the later laden with corruption   | $I_1, I_2$ |

Name:.....Occupation.....Education.....Religion.....

## INSTRUCTION

The statements below describe how you perceive yourself; interact with others (people and objects around) and your value system. Please read each statement carefully and indicate the extent to which each statement applies to you. The options 1,2,3,4, in items 1 – 11 correspond to Very true, True, A bit true and False. The options 1,2,3,4, in items 12 – 23 correspond to Not at all, Sometimes, Often and Always. The options 1,2,3,4, in items 24 – 39 corresponds to correspond to Excellent, Good, Bad, Terrible. The options 1,2,3,4, in items 40 – 43 corresponds to Never, Sometimes, Often and Always. In terms 44 -55 tick YES OR NO as it applies to you.

1.	I am at peace with myself	1	2	3	4
2.	I feel loved	1	2	3	4
3.	I love doing things with people	1	2	3	4
4.	I appreciate people/things easily	1	2	3	4
5.	I was very scared of going to school as a child	1	2	3	4
6.	I got on easily with my siblings when I was a child	1	2	3	4
7.	When I was young, I didn't have many friends	1	2	3	4
8.	I suffered some serious sickness in the past	1	2	3	4
9.	My parents would have wanted a more active child	1	2	3	4
10.	I have been trained to live a false life not my true self	1	2	3	4
11.	My parents would have wished I were a boy/girl	1	2	3	4
12.	I am calm and relaxed	1	2	3	4
13.	I like accomplishing things	1	2	3	4
14.	People see me as a sincere and responsible individual	1	2	3	4
15.	I try to be consistent in everything I do	1	2	3	4
16.	I am under tension	1	2	3	4
17.	I am at an edge, easily feeling attacked	1	2	3	4
18.	I like being alone whenever I feel frustrated	1	2	3	4
19.	I live the life that people want me to live	1	2	3	4
20.	I pleased people to my own detriment	1	2	3	4
21.	I feel that what I have become is not what I would have wished	1	2	3	4
22.	Often I dream to be like someone else	1	2	3	4

Who is the most important person in your life? -----

23.	How is your relationship with him/her at the moment?	1	2	3	4
24.	How is your relationship to your father?	1	2	3	4
25.	How is your relationship to your mother?	1	2	3	4
26.	How is your relationship to your siblings (sibling 1)	1	2	3	4
27.	Sibling 2	1	2	3	4
28.	Sibling 3	1	2	3	4
29.	Sibling 4	1	2	3	4
30.	Are you married?	Yes		No	
31.	If married, describe your relationship with your spouse	1	2	3	4
Do you have children? If yes, describe your relationship with your child(ren) .....					
32.	1 <sup>st</sup> child	1	2	3	4
33.	2 <sup>nd</sup> child	1	2	3	4

34.	3 <sup>rd</sup> child	1	2	3	4
35.	4 <sup>th</sup> child	1	2	3	4
36.	5 <sup>th</sup> child	1	2	3	4
37.	If married, describe your relationship to your mother-in-law	1	2	3	4
38.	How is your relationship to your father-in-law?	1	2	3	4
39.	How is your relationship to your boss at your workplace?	1	2	3	4
40.	One must beware of enemies, they can do and undo	1	2	3	4
41.	Have you been afflicted by the “Evil Eye?”	1	2	3	4
42.	Are others responsible for your woes?	1	2	3	4
43.	People are just jealous of my achievements	1	2	3	4

Are there any unfulfilled responsibilities that you owe to the ancestor, e.g. unresolved conflict before his/her death such as debt, land/asset dispute, disagreement. Yes No  
 dispute, disagreement.

Any burial/funeral rites denied/desired burial rites not given? Yes No

a. Is there any sin you committed, which you think is unforgivable and is plaguing you? Yes No

44. Is there any oath you swore to a deity/shrine without fulfilling it? Yes No

45. Have you ever had any oath/covenant with any person before a shrine which you broke? Yes No

46. Is there any custom laid down by the ancestors which you breached “omenala,” Yes No

“Nso-ala” such as murder, incest, rape, stealing cash crop, taking another man’s wife, killing/eating sacred animals, others specify.-----

47. Do you believe that you are an Ogbanje, or have Agwu or half man half spirit (“Okara mmuo, okara mmadu”)? Yes No

48. If yes, is this disturbing your relationship to others either in this world or nether world? Yes No

49. Do you believe that you are the reincarnation of a person who has come on a mission to fulfill a controversial assignment? Yes No

50. Do you feel you have a call to serve God as a minister but have been unable to answer the call. Yes No

51. Do you believe and have faith in God? Yes No

52. Do those you relate with believe in God? Yes No