# CHRISTIANITY AND MENTAL HEALTH IN NIGERIA: AN ANOMIE OF SPIRITUALITY

**Nmah, P.E., PhD**
Department of Religion and Human Relations
Nnamdi Azikiwe University, Awka,
Anambra state- Nigeria
patricknmah@yahoo.com

## Abstract

*This research work aimed at x-raying the effects of Christianity and mental health in Nigeria. Why is it that some Christians in craving for spirituality/spiritual growth will experience mental health problems, pains, suffering, or psychological, spiritual, physical and social problems? What are our responsibilities to those experiencing pain and suffering around us? It was discovered that spirituality that is not properly handled engendered mental health problems, suffering and the likes, which create unpleasant situations. It is only those who had suffered that could counsel those who were suffering. Christians were to lean on Isaiah's word, "And those the Lord has rescued will return. They will enter Zion with singing; everlasting joy will crown their heads. Gladness and joy will overtake them, and sorrow and sighing will flee away" (Isaiah 35: 10). Methods of approach were historical and phenomenological methods coupled with the review of related extant material.*

**Keywords:** Spirituality, mental health, nourishment, clothing, housing, recreation, sports, suffering.

## Introduction

Spirituality cum mental health problems are unpleasant situations. They are associated with suffering, anguish, and unpleasant experiences of life. It is an undeniable fact that a lot of Christians are going through all kinds of pain and suffering in their health that have subjected them to psychological, spiritual, physical and social torture.

This research work is not intended to be a full presentation on the topic of Christianity and mental health. Rather it is an introduction and academic contribution to the subject.

Therefore, the aim of this research work is to unravel the factors associated with Christianity and mental health problems.

## Conceptual Framework

Mental health means literally wholeness of mind (Macquarrie, 1981). It is a relatively new term having originated in the nineteenth century as a result of the change in the basic conception of mental and emotional disturbances from possession and perversity to that of illness. In current usage it has two distinct though related meanings. (1) Mental health is used by many psychiatrists to mean the absence of clinically detectable mental or emotional illness which would require treatment. Though this meaning is applied only to the absence of disturbances which have known organic bases by a few psychiatrists it is used more generally to the absence of all mental disturbances, whether organically based, or purely functional disturbances which have no known organic lesions associated with them. These latter include most disturbances called neurotic and schizophrenic. (2) The second widespread use of the term mental health is in the sense of positive characteristics of wholeness. Though many criteria have been proposed for mental health in this sense, none has gained universal acceptance. Marie Jahoda in her Current Concepts of Positive Mental Health (1958), has brought together the following six widely used concepts: self-acceptance, long range motivation (or self-actualization), integration, autonomy, distortion, free perception of reality, and environmental mastery. These concepts have obvious value connotations, and have tended to acquire the status of ethical norms for some persons. For this reason, and because the concept of health seems almost meaningless to some clinicians when stretched this far, there has been a recent trend towards either the restriction of the use of the term to absence of illness, or towards limiting its use in the positive sense by employing more descriptive and less value laden criteria than some of those mentioned by Jahoda.

## Research Objectives

The research objectives include:
- To carefully examine the impact of Christian spirituality on the mental health of the faithful.
- To investigate why many believers engage in a large volume of religious activities at the detriment of their mental health.
- To galvanize the consciousness of positive mental health in the course of religious observations.
- To engender correct spiritual activities that will not affect mental health negatively.

- To x-ray the implications of some church policies that can engender insanity among some members.

**Significance of the Study**

The importance of this research work basically stems from the fact that many believers have ran mad in the course of searching for the Divine Being. It offers also a valid and insightful resource related extant material for further studies on the foundation for curbing insanity among the extreme believers. The paper recommend for religious moderation that can enhance believers enlightenment, tolerance and peaceful co-existence. It will also add academic values for future religious, sociological, and anthropological scholars especially church historiographers who can consult such documents in order to gain useful information on the topic. Many believers have made adventures to discover the Divine Being, but ended up in destroying their lives, properties or even ended up becoming mad.

**Literature Review and Hypotheses**

Causes of insanity, death and bickery among some religious believers or different religious beliefs will be x-rayed in this subheading.

### *Classification and taxonomy*

The book of the Acts and the first letter of Paul to the Corinthians 12 and 14 indicate that speaking in tongues, prophecies and miraculous healings are among other spiritual gifts or charismata mentioned several times in the above books. Nevertheless, throughout the two thousand year history of Christianity there have been reports of charismata associated with emergence of Pentecostalism in the early twentieth century (Anderson, 2005). It seems that the decline in the practice of spiritual gifts began quite early, as the Montanist movement in the second century believed that the gifts of the spirit had been restored to their movement. Monasticism itself was originally a charismatic movement that reacted to what seemed to be cold orthodoxy, claiming the sympathies and probably the allegiance of the famous African theologian Tertullian (c.155-220). Speaking in tongues and prophecies were common among Montanus and his disciples, and they believed in progressive revelation,' so distasteful and destabilizing for the church seeking to establish itself and even more so as it became increasingly identified with the heresy of Gnosticism and millennialist excesses.

Most of the surviving sources for information on Montanism came, however, from opponents like Eusebius, who said that Montanus was 'Wrought up into a certain kind of frenzy and irregular ecstasy, raving and speaking and uttering strange things (Taylor, 1972).

If these biased reports are to be believed, the Montanists saw the spiritual gifts as the exclusive possession of the prophets. No less a person than Tertullian in his challenge to Marcion affirmed that gifts of the spirit such as prophecy (which he defined as prediction and revelation), visions, ecstasy and interpretation of tongues were 'forthcoming from my side without any difficulty,' and elsewhere he writes that healing, revelation and exorcism were among the joys available to Christians (Kelsey, 1981).

A variety of overlapping terms exist for these forms of Christianity: African Initiated Churches (AICs), African indigenous churches and African Instituted Churches. The abbreviation AICs exhibit African cultural forms, describe them as indigenous, and so on. These terms have largely been imposed upon such groups, and may not be the way they would describe themselves. Some scholars argue that independent churches or religious movements demonstrate syncretism or partial integration between aspects of Christian belief and African traditional religion, but the degree to which this happens varies, and has often been exaggerated.

Christians in the mainline Pentecostal churches commonly use Pentecostalism to refer to a second experience of the Spirit, subsequent to conversion and accompanied by speaking in tongues (Milne, 1993). It is also called baptism in the Spirit or Charismatic Renewal (Livingstone, 1980). Its adherents share a common belief in the possibility of receiving the same experience and gifts as did the first Christians 'on the day of Pentecost' (Acts 2: 1-4). The definitions of Pentecostalism given by Milne (1993) and Livingstone (1980) will form our operational definition.

While the term "African" or "Nigeria" is appropriate, given that these Christian groupings formed in Africa, AICs differs, from one another. Not all African cultural systems are the same: regional variations occur among West, East and Southern Africans, and the AICs will reflect these Africans tend to have in common a belief that ancestral spirits interact with the living (a belief also shared by many Asian peoples). As the discussion of classification below shows, the various AICs also differ widely in their organizational forms. Some resemble Western Christian denominations (Ethiopian type). Some have large numbers of affiliate located all over a country (the Zion Christian Church of South Africa), while others may consist only of an extended family and their acquaintances meeting in a house or out of doors.

Recently, the idea that AICs are indigenous to Africa has to be surrounded, as AICs can now be found in Europe (e.g. Germany, Britain) and the United States. In such cases, the term "African" suggests the content of origin, rather than of location.

### *Doctrinal Controversy*

Millions are denied education, employment, recreation, fellowship and the opportunity to better their lot and the lot of their children on the basis of denominational doctrinal issues. It is this "dichotomization" of reality, the truth, and that distorted interpretation of scriptures and of the Christian precept of forgiveness, which has impoverished Christian spirituality or the Christian theology of salvation. It is the enormous artificial gap created by "man" between "here and now" and the "beyond" that this research work seeks to bridge. This does not run any risk of "reducing Christianity to a mere instrument for social, economic, and political advancement," because Christianity, guided by respective denominational ethics, beliefs and practices, will surely degenerate into mere frivolous antics and spiritual caricature.

Within African context, cultural syncretism in worship such as dancing, drumming and clapping, use of symbols, rituals avoidances, festivals and rites, condemned by mainline churches are reinterpreted or given new mandate through the scriptures. The ethos,, the type of morality, advocated by the West is often legalistic and rigoristic such as  Sabbath-keeping, observance of hours of prayer, avoidance of alcohol and tobacco, practice of polygamy usually tolerated  rather than encouraged, ancestral cult and earth-goddess and so on. Some of these are derived from biblical liberalism or traditional codes of morality. These beliefs and practices could be harnessed for proper Nigerian Christian Fellowship. This should be done in order to unite God's people in a land of lost unity, to bring about a real change in the present situation in spite of surrounding doctrinal controversies.

We, Africans or Nigerians perse, feel insecure in many ways- corruptions, health, economic, terrorism, covert or overt religious extremism, political, social, cultural, and the like. We have to confront the fears of charms, witchcraft, and evil powers and their influences that cause madness or disbelief. But the established churches are institutions devoid of spiritual power to repel these evil powers. The African Initiated Churches (AICs) did not come out of African culture, but were formed to give relevance spiritual power to individuals, and for the particular benefits it offers especially healing and revelation devoid of mission churches doctrinal controversy.

In order for Nigerian Christians to counter the insurgents and protect their faith, they have to be united, strong and courageous in the face of teething economic religious and insecurity situation. The unity should not be limited to a particular denomination alone but inter-denomination in nature lest the Christians regret as it happened to North African Christians. There should be exchange of pulpits and programmes among the Christians. At times these programmes may be conducted by way of workshops, seminars, conferences and also in seminaries. There should also be genuine love and filial piety among the denominations.

The trinity, the Apostles' Creed or Nicene Creed, the Eucharist, the baptism, the Christmas, the Good Friday, the Easter, the Epiphany of our Lord, lent, the Pentecost and prayer, all Christocentric, can serve as a meeting point among the Nigerian Christians irrespective of their coat of many doctrinal colours.

The Bible makes it clear that it is not enough to master biblical information intellectually, but that the divine word must penetrate the hearts of the learners. When it does, they will learn to trust in the Lord, become wise, and shape their lives according to the divine instruction. Those who educate are to walk alongside others to model, encourage, train and guide learners into lives that glorify God and exhibit wisdom.

**Responsibility for health**

Bodily life and health are goods entrusted to man by God. Accordingly is an obligation to take care of one's health. Normally man's instinct for self preservation already makes him attentive to this duty. The letter to the Ephesians finds it self-evident, "For no man ever hates his own flesh, but nourishes and cherishes it" (Eph. 5: 29).

Everyone is bound to maintain the life, health and integrity of his members and to provide what is necessary for this end: food, clothing, housing, recreation and security. Everyone has to drive off from himself or from others what might injure life and health. Civil legislation in matters of hygiene and health birds in conscience to the degree in which it is concerned with important service for public health. Examples are: vaccination against various diseases especially covid-19, pure food and drug regulations, hygienic measures for the prevention of contagious disease, etc (Peschke, 1999).

Public health care and medical therapy concern themselves above all with man's biological health, which consists in the integrity and harmonious functioning of the biological organism. Yet also the care for man's psychic health pertains to the medical art, first of all in the branch of psychiatry, but also in that of psychotherapy. The medical concept of health therefore comprises man's bodily as well as mental well-being. Thus the World Health Organization defines health as a state of complete physical, mental, spiritual and social well-being.

The concept of health is accordingly not only to be taken in the sense of bodily health. Health of the mind, spirit and soul is of even greater importance. A crippled or relatively feeble body, compliant to the spirit and subservient to needs of love of God and neighbour, comes closer to the ideal of human health than an exuberant vitality which opposes the freedom of the spirit. The overall criterion for human mental health is not mere physical vitality. It rather is a person's best possible aptness for his total vocation.

Modern psychology and psychiatry have shown to what extent disturbances of mind and soul influence the health of the body. A great number of sicknesses are psychologically induced mental health problems. And even when an organic defect is at the root of a sickness, the healing process is much conditioned by person's inner attitude towards life. A person is therefore also responsible for his psychological health and for the health of those entrusted to him.

Man has always seen a relation between sickness and sin. The biblical narratives of the miraculous cures by Christ repeatedly mention the forgiveness of sins as an integral aspect of the healing. The relation between psychoneurotic sickness and human failure is particularly evident. The burden of serious sins bears heavily upon one's soul and affects the body-soul relation, if the healing is neglected. It must, however, be noted that the proper psychoneuroses (in contrast to neurotic reactions) are caused not so much by the failures of the sick person himself, as by the failures and shortcomings of his surroundings, especially by lack of true love. This man often also bears in these as well as in many other sicknesses the guilt of his ancestors. Medicine must take the interrelatedness of bodily mentally, psychological and social functions into account, if it wants to help the sick effectively.

Spiritual health, finally, "presupposes that men in some way can believe in the meaning of human existence. And precisely this fundamental of spiritual health at present seems" more uncertain than ever. In no small measure the deficit is conditioned by a social environment which has little more to offer to its members than a materialistic and utilitarian philosophy of life. Society itself must be reformed and gain a more just outlook on life, if it wants to secure the health of its members and to restore it. It is precisely here that the Christian faith and religions in general, offer their help and that a new appreciation of their essential role is needed.

**Nourishment**

Eating and drinking have to be morally ordered. Self-preservation requires sufficient nourishment. In order to secure the taking of sufficient food and the fulfillment of this moral duty, God has associated it with pleasure-as he has with other instincts. To take this pleasure is not wrong as long as it remains subordinated to the purpose of nourishment. But there is a danger of man's overstepping the limits of right order in taking food, doing this only for the sake of pleasure and in contradiction to the demands of health.

The right order is clear from the aim. That amount and form of food is right which serves the preservation and development of bodily life; that which is opposed to this end is wrong. Food and drink which neither harm the body nor serve it particularly are not objectionable; they have a positive function if they serve recreation, sociability or similar purposes.

Fasting is a help to controlling the disorderly desire for eating and drinking and for pleasure in general. Our Lord himself practiced fasting (Mt. 4: 2) and recommended it (Mt. 6:16-18, Mk. 9:28f), though he also stated that not all seasons are compatible with it (Mt. 9:15). The church has always appreciated fasting and leads her believers to it by her commendation and her fasting laws. The motivation for this is expressed in the practice of lent: Through the observance of lent (which includes fasting as one of the important practices) "you correct our faults and raise our minds to you, you help us grow in holiness, and us the reward of everlasting life."

**Clothing and housing**

Clothing as well as housing offer has an influence on the bodily and mental health of man. Both have the purpose of providing physical protection against the weather and must be adapted to this task. Yet they also serve other ends, such as purposes of profession or cultural ends. With regard to health, clothing may endanger it and thus become a moral problem, be it because of fashion and vanity, or be it because of negligence and uncleanliness. In fact fashion exercises a tyranny over women which is often harmful to health, as physicians assert. Though a healthy fashion should also be a concern of the society, individual persons themselves ought to retain so much independence in this matter as to refuse a fashion harmful to health.

Dirt and uncleanliness in clothing as well as in housing are a danger to mental health, as under such conditions vermin and germs of illnesses develop easily. At least under the aspect of a reasonable hygiene in clothing and housing is also a moral demand. Yet cleanliness is often also a question of consideration for one's fellowmen. Insufficient housing moreover harbours perils for spiritual, physical, social and mental health. All endeavours to remedy housing shortages merit therefore the support of state and church, of employers and communities.

**Recreation and sports**

Recreation and sufficient sleep are necessary to restore exhausted working energy. They are a demand and command of nature. An important element of recreation is joy, which may be found in sociability, in occupation with arts, or in contemplation of nature. Sport activities are an antidote against sloth, a trophy of the muscles, obesity and the imbalances which go with it, such as cholesterol, infarcts, diabetes, etc. Many virtues are exercised through sport and especially by team sport: solidarity, co-operation, initiative, fair competition, obedience to rules, respect for others, loyalty, trust, subordination of desires to dominate, acceptance of limitations and defeat. The sport fans profit and from the games

by appreciation of the performances of the athletes and disapproval of meanness and individualism.

The use of strong stimulants, mainly amphetamines, to achieve higher performances is against the true spirit of sports and judged by the sport conventions as means of cheating. Moreover they constitute a danger to health, since they do not create new energy, but only suppress the feelings of fatigue, while at the same time consuming the last resources of the body. Training and strengthening of the body ought to remain the proper function of sport (Peschke, 1999).

**Drug abuse**

It is another great danger to spiritual, mental health, physical and psychological health in our times, and takes on over more frightening proportions. The more commonly known drugs are marijuana, cocaine, the barbiturates, and the opium derivates. In contradistinction to tobacco and alcohol, they generally ruin a person's health more rapidly and are much more expensive, especially cocaine and heroin. The hallucinatory drugs mescaline and LSD belong also here. They are not physically addictive, but the possibility of negative psychological experiences (bad trips) constitutes a danger. Especially in the case of LSD instances of homicide, suicide and psychotic break have been known, even if very rarely.

One of the most widely used drugs today is marijuana and hashish, the one a mixture of dried leaves, the other a resin, both smoked and both produced from cannabis or the Indian hemp plant. In the present the judgments as to the health implications of the drug vary. While to some it is soft drug with limited effects on health, to others it is seriously injurious, far more than seemed in the beginning. All the while it had been noted that the habitual use of marijuana has a sluggish pattern of life in its train: typically passive, lethargic, lazy, unproductive, slothful, sedentary and completely lacking in drive and ambition. In accordance with this, some recent studies assert that the drug damages cells and promotes cancer. The many findings of cell damage caused by cannabis explain all the other damaging effects of the drug-on the lungs, sex organs, brain and immune system. Chronic use impairs especially the brain. According to this evidence, there is no other known drug that causes such a wide spectrum of brain changes.

Cocaine is an extract from the coca bush, popularly also called crack. Usually it is sniffed up the nose in the form of powder. Generally it is asserted that it does not create physical addiction but others maintain that after all it does. Its effects are above all a phase of active euphoria, known as "happiness in motion" in which the intellectual and physical possibilities of the user seem to be increased. This is followed by a phase of hallucination

and phobias of persecution. Seeing enemies everywhere, the cocaine addict can become violent and dangerous to his fellowmen.

Finally a phase of depression follows, which in the course of five to ten years leads to a physical wasting and complete intellectual incapacity. Cocaine moreover entails serious dangers for the unborn child (which for rest is also true for many other drugs). Many of the babies affected start their lives with serious handicaps. They are likely to be born prematurely and may weigh as two pounds. They are more likely to have hydrocephaly (water in the brain), poor brain growth, kidney problems and apnea (when babies suddenly stop breathing). They are hard to care for almost from the moment of birth.

Often psychic problems play a role: feelings of insecurity, real or believed incapacity to live up to the expectations of others, despair over depressing life conditions, such as family conflicts, unemployment or social isolation. Single men and women especially are often among the addicts.

**Medical disorder that mental health**

Some medical disorders can mislead employers, because symptoms sometimes match those of substance abuse or other problems. The US Surgeon General estimates that as many as one of five employees may suffer from at least a mild form of one of these disorders. Medical disorders (chemical or anatomical disorders in the brain that are usually genetically linked, also called neuro-biological disorders) can lead to:

- Absenteeism
- Fatigue at work
- Low work performance
- Inability to pay attention
- Depression
- Hyperactivity
- Numerous of other symptoms (Lamberton and Minor-Evans, nd).

These may appear alone or in any combination. In some cases, the employee may know about the disorder but feel too embarrassed to talk about it; in other cases, even the employee may not know what is wrong. If these problems are not detected, they will hurt a company's productivity and reduce workplace health just like substance abuse or any other related problems. They will also add to a company's health care costs and training costs due to high employee turnover rates.

Many specific disorders can cause these symptoms. Major depression or clinical depression, causes employee absenteeism and poor work performance. Depression, according to Lamberton and Minor-Evans (nd), is referred to by psychologists as "The common cold of mental illness," since everyone has experienced some form of it at some time. Its symptoms include sadness, lack of interest in activities, loss of energy, and disturbed eating or sleeping. A subtype of mood disorders, ***bipolar disorder***, involves alternating periods of depression and frantic activity. Because depression and bipolar disorders also hard physical causes, they are often successfully treated with medication. Employees may also need some form of psychotherapy (Sue, Sue and Sue, 1997). Anxiety disorders are the most common type of mental health problem, affecting more than 23 million Americans each year-or about 30 percent of women and 19 percent of men at some time in their lives (Carson, Butcher and Mineka, 2000). Symptoms can include intense fear, worry or apprehension, reliving traumatic events, phobia (irrational fears of generally harmless things like water or open spaces), panic attacks, obsessive-compulsive behaviour and sleep disturbances.

What can employers do to help employees with these and other mental health disorders? In order to be treated, employees must get medical diagnoses from a doctor, usually a specialist. Medical diagnoses for the people with these disorders may be difficult and complicated, but once they are made, medication and therapy can begin. Employees themselves may not want to be diagnosed due to fear of the stigma that accompanies mental health issues. This fear, along with facing an unwelcome diagnosis, can reduce self-esteem and create even more problems for employees.

After diagnosis, an employer may need to accommodate the employee by allowing more flexible scheduling; reducing distractions in the workplace, and allowing modifications in the work environment that allow him or her to be more productive (Stuart, 1992). As with other health issues, employers should not try to diagnose the cause of symptoms, but should direct employees to appropriate resources for help. This is especially important with mental health issues, because very different conditions can produce similar symptoms. No matter what is causing the symptoms, if work is affected, then employees should be referred for help or seek help themselves.

**Family mental health**

Mental health and mental health problems are increasingly vital public issues. Their impacts on individuals, families and communities are a major challenge for governments and churches around the world. Today, families are under serious crisis that could compromise their mental health. Any change in the mental health of one person is a change in the mental

health of the entire family. Family mental health contributes to, and is keenly influenced by, community health.

An individual who has good spiritual and mental health is able to realize his own abilities, cope with the stress of everyday life, work productively, and contribute to the community. Children with good mental health nature turn into adults with positive mental health. For this to happen, the family must supply the "raw materials." In early childhood, there are some protective factors that contribute to good mental health, such as:

- The ability and confidence to try new things and cope with change.
- The ability to express and control emotions, and to control behaviour according to each situation.
- A sense of uniqueness.
- The motivation and freedom to explore the world around us, making choices and solving problems.

In the last six years of life, children must be able to depend on all adult caregivers for protective factors, and for good mental health. Secure, consistent parenting in which the child's distress is contained enables the child to develop positive feelings about himself and to internalize these relationships into "good" internal objects or representations and to contain the "bad" objects within a manageable frame.

> Suffering and mental health…hear me and answer me. My thoughts trouble me and I am distraught at the voice of the enemy, at the stares of the wicked; for they bring down suffering upon me and revile me in their anger. My heart is in anguish with me; the terrors of death assail me. Fear and trembling have beset me; horror has overwhelmed me (Psalm 55: 2-5).

Only those who themselves are suffering, will work for the abolition of conditions under which people are exposed to senseless, religious bigotry, patently unnecessary suffering, such as hunger, been kidnapped, oppression, salary withheld or delayed in payment vis-à-vis torture. Such too affect mental health negatively. The consciousness that one is powerless, helpless or incapacitated is a fundamental element in suffering. The more a person perceives his suffering as natural part of life, the lower his self-esteem.

Suffering has four dimensions namely physical, psychological, spiritual and social. In respect of the social, there is not really affliction unless there is social degradation or insecurity or fear of it in some form or another (Soelle, 1981). The story of Jesus' passion is in the sense a narrative about suffering. The disintegration of his company of followers is part of this experience of suffering, for Jesus is denied, betrayed and abandoned by his friends.

There is pain that renders people insane, blind and deaf. Feeling for others dies, suffering isolates the person and he no longer cares about anyone but himself. Death becomes increasingly attractive in such situations- and one is then no longer capable of wishing for anything except one thing, that everything, might come to an end. Just as with bodily pain, kidney disease, a toothache, for instance, all other parts of the body can become unimportant and lose all sensation- the person is all tooth or kidney, so this is the case all the more with persistent suffering that presents a threat to life itself, as for instance, insecurity in Nigeria. Extreme suffering destroys his ability to communicate. There is really nothing one can say about this night of pain, whether we find it in insanity or in a terminal disease. "Everyone has his Gethsemane," as the saying goes. "It requires more courage to suffer than to die" says Napoleon Bonaparte. "We are healed of a suffering only by experiencing it in full" says Marcel Proust.

All extreme suffering evokes the experience of being forsaken by God. In the depth of suffering people (the internally displaced persons, the refugees, the asylum seekers and the like) see themselves as abandoned and forsaken by everyone. That which gave life its meaning has become empty and void: it turned out to be an error, an illusion that is shattered, a guilt that cannot be rectified, a void.

Job is stronger than the old God. Not the one who causes suffering, but only the one who suffers can answer Job. Not the hunter, but the quarry. But it is at least equally important to set before us people who have suffered consciously, people we know who in suffering have become better and not more bitter, those who have willingly taken suffering upon themselves for the sake of others.

**Recommendations**

By way of recommendations, it is hope that special synods of churches on Nigeria would hasten the full establishment of Nigerian Christianity. They should fund the establishment of research institutes on spirituality and mental health, the training of experts, and sponsoring seminars, worships, and publications in various aspects of spirituality. Sponsoring should be extended to seminars and workshops designed to extend the fruits of this research to the "non-experts" who are responsible for the religious and spiritual formation for priests, catechists, teachers, religious, parents, men and women lay apostolate workers and ordinary faithful.

The curricula of seminaries or theological colleges, formation houses or theological colleges for the religious should comprehensively be revised to inculcate the principles of moderation in religious issues, security issues inclusive, tolerance, and peaceful co-existence. Beyond the tragic spectacle of schism after schism, therefore, one can sense the

gradual emergence of an unorthodox but genuinely indigenous renewal of Christianity in terms that can be understood by Nigerian and African societies perse.

**Methodology**

The research work employed the use of primary and secondary sources to obtain data. The primary sources involve oral tradition and oral history (oral interviews) while secondary sources involve the use of extant materials such as books, journals, artefacts, diaries, private and public brochures, homilies, archives, archaeological data and so on. The work is also based on historical and phenomenological approaches.

**Conclusion**

In summary, this study presents, "Christianity and mental health in Nigeria: an anomie of spirituality" on the level of Christian spirituality and mental health problems, their effects on church growth, spiritual life of believers, intellectual, and moral life of the people. The Christian spirituality and mental health is characterized by psychological, spiritual, physical and social effects. As highlighted in this paper abinitio, the churches should approach issues relating to spiritual enterprise and its effects on mental health of believers by applying modern techniques such as human oriented value policies, exhibiting quality leadership, applying also adequate publicity on its beliefs and practices vis-à-vis sound doctrine, seminars, workshops, use of mass media, evangelism, revival programmes and the likes.

**References**

Anderson, A. (2005). *An introduction to Pentecostalism: global charismatic Christianity*. Cambridge: Cambridge University Press.

Carson, D.A. (2008). *Christ and culture revisited*. Nottingham: Inter Varsity.

Carson, R., Butcher, J & Mineka, S. (2000). *Abnormal Psychology and modern life*. MA: Allyn and Bacon.

Edwards, D.L. (1998). *Christianity the first two thousand years*. London: Cassell.

Fashole-Luke, E. etal (Eds). (1978). *Christianity in independent Africa*. London: Rex Collings.

Idowu, E.B. (1973). *Towards an indigenous church.* Ibadan: Oxford University Press.

Lamberton, L. & Minor-Evans, L. (nd). *Human relations: Strategies for success.* Glencoe: McGraw-Hill.

Livingstone, E.A. (Ed.). (1980). *The concise Oxford dictionary of the Christian church*. Oxford: Oxford University Press.

Macquarie, J. (Ed.). (1981). *A dictionary of Christian ethics*. London: SCM Press.

Maslow, A.H. & Mittelmann (1951). *Principles of abnormal psychology*. London: Cambridge University Press.

Milne, B. (1993). *Know the truth: a handbook of Christian belief*. Leicester: Inter-Varsity Press.

Olupana, J. (Ed.). (1992). *Religion and peace in Multi-Faith Nigeria*. Ile Ife: Obafemi Awolowo University.

Peschke, K.H. (1999). *Christian ethics: moral theology in the light of Vatican II*. Nagasandra: St Paul Press.

Rathus, S. (1993). *Psychology.* Tx: Harcourt.

Richard, V.M. (1963). *The churches and mental health.* Cambridge: Cambridge University Press.

Soelle, D. (1981). *Suffering*. Philadelphia: Fotress Press.

Stuart, P. (1992). *"Tracing workplace problems to hidden disorders."* Personnel Journal (June), 83-95.

Sue, D., Sue, S. & Sue, D. (1997). Understanding abnormal behaviour. MA: Houghton Miffin Company.

Uwakwe, R. & Modebe, I.A. (2013). "*A good family setting promotes mental health.*" In M.O. Izunwa & R.D. Izunwa, *Family, church & society: multi-disciplinary reading & applications of Bishop Hilary Odili Okeke's maiden pastoral letter, we are the family of God,* 2002. Vol. 3, 537-552. Nimo: Rex Charles & Patrick.

Winnicott, D.W. (1990). *Home is where we start from*. New York: W.W. Norton & Company.