



REFLECTIVE PERSPECTIVE ON THE DEVELOPMENT OF THE COSMOSES IN THE INDIGENOUS PSYCHOTHERAPY MODEL, HARMONY RESTORATION THERAPY

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Abstract

African indigenous psychotherapy methods have largely been undocumented because almost everything an African does, including greeting, attending social rites and settling disputes, is psychotherapeutic. Hence, attempting to percolate habitual practices into coherent wholes to form an organized system of treatment procedures is arduous. This article examines an indigenous psychotherapy model, Harmony Restoration Theory and its therapy, the Harmony Restoration Therapy, and some of its applications. The Harmony Restoration Therapy is a treatment method of African origin based on the existential tradition of Africans. The Harmony Restoration Therapy hinges on the fact that health or ill-health for an African depends on the individual's level of harmony or disharmony with the components of their cosmos (world). In Harmony Restoration Therapy, the individual's cosmos is compartmentalised, the endocosmos, mesocosmos, and exocosmos representing the relationship between the individual and him/herself, their significant others and the higher beings/things that they revere. The article begins with a synopsis of the concepts and why restoring harmony in African clients is necessary. Major Concepts in Harmony Restoration Therapy were highlighted. The author's reflective perspective on the development of the Endocosmos, Mesocosmos and Exocosmos were examined. The Concept of Cosmos Incorporation and the Concept of Cosmos Information Incorporation were discussed. The article concludes with an introduction to the process of measuring an individual's level of harmony or disharmony with the Harmony – Disharmony (H-D) Scale.

Keywords: Harmony Restoration Therapy, African indigenous psychotherapy

Harmony Restoration Theory of Health: An Overview

In the first week of July 1995, Professor Peter Onyekwere Ebigbo presented a paper titled: "Harmony Restoration Therapy: An African

contribution to Psychotherapy" during the annual meeting of the Royal College of Psychiatrists held in Torquay, England (Ebigbo, 1995a). Professor Ebigbo is the second Professor of Psychological Medicine

in Nigeria and is currently an Emeritus Professor of Psychology with the Department of Psychological Medicine, University of Nigeria Teaching Hospital, Enugu, where he has served as a professor for more than three decades and has taught for more than 43 years. Later in July 1995, Professor Ebigbo made a keynote presentation at the International Association for Cross-Cultural Psychology Conference held at the Obafemi Awolowo University on Harmony Restoration Therapy (Ebigbo, 1995b). Then, in November 1995, Professor Ebigbo gave a Presidential address on the emergence of psychotherapy in Africa at the first International Federation for Psychotherapy (IFP) conference in Nigeria, which was held at the Nigerian Institute of International Affairs (NIIA), Victoria Island, Lagos (Ebigbo, 1995c).

During the same 1995 IFP conference, professor Ebigbo made another presentation on harmony restoration therapy (Ebigbo, 1995d). These presentations introduced the harmony restoration theory and harmony restoration therapy to the world. The harmony restoration theory and therapy has enjoyed enormous attention since it was introduced in Nigeria and the international community in 1995 (about 27 years ago). Many studies have been published regarding the concept, including Wawa Technique in Harmony Restoration Therapy: An African psychiatric perspective (Ebigbo et al., 1997); Harmony Restoration Therapy: the burgeoning of a therapy (Ebigbo et al., 2000); Clinical psychology in sub-Saharan Africa. (Ebigbo et al., 1996); Phenomenology in Prof. Ebigbo's Harmony Restoration therapy (Oluka, 1995); Harmony restoration Therapy – An African contribution to psychotherapy (Ebigbo et al., 1995).

The Harmony Restoration Theory (HRTheory hereafter) and its therapy Harmony Restoration Therapy (HRTherapy hereafter) were borne out of the African concept of illness. In Africa, the mind, body and society interact to produce health and ill health (Ebigbo, 1989). In Africa, it is believed that the mind is the body, and the body is the mind (Ebigbo 2001a). This means that psychological illnesses are experienced bodily or somatically, and physiological illnesses manifest psychologically (Ebigbo, 1982, 1986). The African's behaviour is thus determined by his relationship with the components of his cosmos or world, himself, his environment, and higher-order beings. The presence or absence of harmony between these intertwined components of his cosmos determines the African's state of health or ill-health.

The HRTheory posits that health or ill-health is largely determined by the disharmony or harmony between an individual and the components of his cosmos. This means that a state of stress, which may stem from the disruption of a relationship with one's environment, depresses the immune response system, while a state of harmony, which implies health, increases immunity (Ebigbo, 2001a; Igbokwe, 2014). The HRTheory could be seen as a theory of adaptive and maladaptive behaviour and the HRTherapy as a treatment modality for maladaptive behaviour. This makes the theory two-pronged, one strand being the treatment and the other the theory (Ebigbo, 2017; Igbokwe & Ndom, 2008; Igbokwe, 2014; Igbokwe et al., 2016). The idea of harmony in determining health or ill-health is empirically supported by studies in psychoneuroimmunology (PNI), which examines the interaction between the mind, the nervous system and the immune system

and how it determines an individual's state of health or ill-health (Azar, 2001; Danese & Lewis, 2017; Irwin & Slavich, 2017; Tausk et al., 2008; Zacharie, 2009). Studies in PNI and mind-body medicine have shown that there is an interface between an individual's state of mind and that individual's bodily experience in the form of ill health (Azar, 2001; Danese & Lewis, 2017; Irwin & Slavich, 2017; Tausk et al., 2008; Zacharie, 2009). Interestingly, harmony restoration therapy has gone a step further by establishing the relationship between an individual's well-being and that individual's environmental harmony and what the individual reverences, such as God/gods. These areas have been seen as the areas of cosmos consciousness and cosmos unconsciousness of the individual (Igbokwe & Ndom, 2008).

The HRTheory sees prevention as its focus. The harmony restoration therapist, in initiating treatment, focuses on the three distinct areas of the health paradigm: the preventive or prophylactic, the curative or treatment and the rehabilitative. The preventive strand of HRT is reflected in the Igbo proverb, which says, "he that is at peace with his world does not fall sick" (Ebigbo, 2001a). This tenet is emphasized in HRTheory and HRTherapy, and some other authors have stressed this truth (Ezenwa, 2010; Igbokwe & Ndom, 2008, Igbokwe, 2014; Igbokwe, 2021). Another interpretative angle to this proverb is, "when an individual is in harmony with his world, there is no need for treatment or intervention, but once there is disharmony, treatment must be initiated." Hence, harmony restoration is initiated not only to treat or cure maladaptive behaviour but to maintain one's state of normalcy. The HRTherapy is used when rehabilitation is needed. In rehabilitation, it could be applied

to almost any form of ill-health. For instance, in almost three decades of its existence, the HRTherapy has been applied to child abuse and neglect, learning disabilities, mental issues and so forth (Okoye et al., 1995; Ebigbo, 2001b; Ebigbo & Elekwachi, 2014; Ebigbo et al., 2012; Ebigbo et al., 2015; Ebigbo et al., 2016).

During the HRTherapy, the therapist first obtains the cosmogram, which is a constellation of all the important relationships to the individual. Through the cosmogram, a diagnosis pertaining to the source of disharmony (illness) is made, and the functional relationships are strengthened or encouraged while the dysfunctional relationships are restored. After this is done, other psychotherapy methods can be effectively employed in an integrative eclectic manner to treat the client (Ebigbo et al., 1997). There is currently a lot of materials on the concept of HRTheory and HRTherapy and how they are used in therapy (Ebigbo, 1994, 1995 a, b, c & d, 2001a; 2017; Oluka, 1995; Ebigbo et al, 1996, Ebigbo et al., 1997; Ezenwa, 2010; Ebigbo & Elekwachi, 2014; Ebigbo et al., 2012; Ebigbo et al., 2015; Ebigbo et al., 2016; Ebigbo, 2017; Igbokwe & Ndom, 2008; Igbokwe, 2014; Igbokwe et al., 2016; Igbokwe, 2021).

Why is it absolutely necessary to restore harmony among African clients?

Ebigbo (1989) observed that in Africa, the mind, the body and the society interact to produce health and ill health. As a result, there is no formal distinction between the African mind and the body because anything that affects one affects the other. This means that psychological illnesses are experienced bodily or somatically, and physiological

illnesses manifest psychologically. The African's behaviour is thus determined by his relationship with the components of his cosmos or world. The African is largely cosmocentric, and any discord or disruption in the relationship between the individual and his world or cosmos causes illness or destabilization.

In addition to the aforementioned relationship between the mind, the body and society, authors are of the opinion that mental illness from an African perspective is either internally or externally caused (Baasher, 1975; Ebigbo, 1986; Ebigbo et al., 1996; Idemudia, 2004; Igbokwe & Ndom, 2008). Some of the external causes of mental illness, as outlined by Ebigbo (1989) and Idemudia (2004), include breach of taboos or customs, disturbances in social relations, hostile ancestral spirit possessions, demonic possessions (e.g., Ogbanje), evil machination and intrusion of objects, evil eye, sorcery, natural causes and affliction by God or gods. These sources outlined by these authors highlight the need to assist the individual in disharmony to be restored to a state of harmony.

Harmony must be restored in African clients because the etiology, nosology, epidemiology, symptomatology, and diagnostic concepts of mental disorders in Africa differ markedly from those in other parts of the world. As a result, there is a lacuna between indigenous psychopathologies, indigenous treatment methods and modern scientific treatment modalities. HRTheory has bridged this gap. For instance, in the traditional healing method, Ebigbo et al. (1996) noted that the powerful personality of the traditional healer with his deep knowledge of culture, religion, and the potent herb is the foremost

therapeutic agent. Divination and diagnosis of illnesses occur in front of the patient with the active participation of family members. During this time, the causes of the illness and the prescribed remedies are pronounced. This rite often includes a sacrifice and other pertinent rituals. In the modern conceptualization of treatment methods, HRTherapy integrates, among other therapeutic modalities, family and milieu therapy components.

A further reason for harmony to be necessarily restored in African clients is the challenge of classifying and explaining general disorders and mental disorders in Africa. To a large extent, what is seen as mental illnesses in Africa largely come up in emic labels, which is why the western diagnostic methods do not have a good grasp of the disorders manifested in Africa because of the etic of such constructions. It is not the focus of the present author to dwell on these concepts because the number of present studies in the African context to evaluate this type of assertion is very small. Nevertheless, Laosebikan (1973) noted that mental illness was around long before the western idea of development occurred in Africa because traditional healers in ancient Africa were versed in dispelling or appeasing evil spirits. This treatment protocol highlighted by Laosebikan (1973) draws attention to restoring distorted harmony between the individual and the gods. This, in HRTherapy terms, is referred to as exocosmos restoration. Laosebikan (1973) further noted that people's belief in the efficacy of the witch doctor's extraordinary curative ability and the native doctor's ability to explain away lack of success in curing a patient as emanating from anger from the gods helped to enhance the influence of native doctors as potent healers. Laosebikan's (1973) assertion

brings to light that over the years in Africa, the supernatural explanation has held sway about the cause, course and treatment of mental disorders. Africans from time immemorial have always believed with Euripides that “those whom the gods destroy, they first make mad.”

An important point to emphasize regarding the necessity to restore harmony in African clients is the difference in the explanatory models of patients and healers regarding ill-health and wellness in Africa. Patients and healers most times have different ‘explanatory models’ in terms of the explanation of psychopathology. According to Kleinman (1980), patients and healers have their own ‘explanatory models, which is their particular understanding of what a human being is and how disorders that may appear are accounted for. From Kleinman’s (1980) conceptualization, the belief in the external and internal causes of psychological disorders and illness in general, as have been previously mentioned, is traceable to the fact that our explanatory model of mental illness has been the same over time. This concept of ‘explanatory models’ is in consonance with Kelly’s (1955) Psychology of personal construct, where he highlighted the concept of ‘constructive alternativism’, which is the idea that, while there is only one true reality, the reality is always experienced from one or another perspective, or alternative construction.

In this regard, Carr and MacLachlan (1996) reported that medically trained professionals in Malawi simultaneously held ‘traditional’ beliefs with no apparent sign of psychological contradiction. This they call ‘Tropical Tolerance.’ According to them, with regard to areas of physical and mental health as diverse and serious as malaria,

schistosomiasis, epilepsy, and mental health, a belief in the medical cause, risk reduction, and treatment does not predict non-belief in the more traditional cause, risk reduction, and treatment, vice versa. This means that Africans, Malawians here, can live with cognitive dissonance, that is, medical and non-medical beliefs can sit comfortably or co-habit in the minds of both the health service consumer and provider without them experiencing any tension. Festinger (1957), no one can live with dissonance for a long time because attitudes tend to shift to be consistent with behaviour. As an explanatory model, this attitudinal shift causes the African client presenting with various psychopathologies to seek alternative orthodox treatment methods when the western method is ineffective. This has also been reported among students in Ghana (Jahoda, 1970). If both the help-seeker and help-giver have the same explanatory model, treatment will follow the same model, but when the reverse is the case, an alternative treatment is a *sough*. To establish unanimity in the treatment process, harmony restoration enables the client and therapist to view illness and wellness from a singular model.

Because of the individual-group bond phenomenon and the cosmocentrism of the African client, harmony also needs to be restored in African clients. The concept of cosmocentrism is self-evident since the whole concept of HRTheory and HRTherapy centres on the cosmos. One part of this cosmos is the mesocosmos which encompasses the relationship between the African and significant others in their environment. Ebigbo et al. (1996) pointed out that the individual’s strong bond to the group is a major characteristic of the African. In Africa, although a person has an individual existence, it is believed that only through

identification with the community/group can the individual have a meaningful existence. This highlights that the individual has a corporate existence; their existence is intricately intertwined with that of the group, and whatever affects the individual affects the group and vice versa. The individual who has fully identified with the group is now in a position to confidently say, "I am because we are, and since we are, therefore I am" (Mbiti, 1988). This corporate existence does not cease at death but extends to the afterlife. Hence, the Africans refer to death as joining the ancestors and believe that any good or bad can come from their ancestors, including mental illness (Ebigbo, 1989). Seeing that the society believes in the existence and the duality of the spirit-human world, deities, ancestors, taboos and so forth, and that mental illness can only come from them, it then follows that for healing to be initiated, restoration of harmony is sought.

No strict distinction is drawn between physical and mental illness in Africa. Both are believed to arise due to the disruption in the harmony between the individual and the cosmos, which may comprise the individual's family, deities, culture, taboos, and so forth. The African's behaviour is thus determined by his relationship with the components of his cosmos, his world. As previously stated, the African is largely cosmocentric, and any discord or disruption in the relationship between the individual and his cosmos causes illness or destabilisation in the African (Ebigbo, 2001a; Igbokwe & Ndom, 2008). The aforementioned concept is seen as the African's world view or the African's *Weltanschauung* regarding health or ill-health. The German term *weltanschauung* literally means, "view of the world," or a person's "world view"

(Ashmore, 1966; Zaharia, 2014). An individual's worldview is relative.

The idea of worldview is akin to Kelly's (1955) concept of a personal construct. According to Kelly (1955, as cited by Boeree, 2006, p.6), "we store our experiences in the form of constructs, useful concepts, convenient fictions, or transparent templates and place these templates on our world to guide our perception and behaviour." These stores are our personal constructs, i.e., personal or individual construction of the world. From the foregoing, one begins to wonder how an African view his world and how he makes sense of what is around him. Freud (1933a) best articulated a response to this when he defined *Weltanschauung* as "an intellectual construction which solves all the problems of our existence uniformly based on one overriding hypothesis, which, accordingly, leaves no question unanswered and in which everything that interests us finds its fixed place" (p. 158). This implies that the African tries to intellectually construct his world in an explainable way. Almost every circumstance in Africa has an explanation; those that cannot be explained are alluded to as supernatural causes, including mental illness issues.

Interestingly, even physical, organ-related illnesses that are unexplainable to the traditionalists allude to supernatural causes. When it comes to mental disorders, their cause is exclusively supernatural or external. Hence, the construction of illness and wellness centers on the idea of distortion of the relationship between the individual and his world as causation. Therefore, restoration of the distorted harmony is the principal wellness route. Since the *weltanschauung* of the African has not changed much over time, the aforementioned points are reasons why

HRTherapy is initiated in African clients to treat clients from an African perspective effectively.

The Harmony Restoration Theory and Therapy's Key Concepts

There are three principal concepts in HRTheory and HRTherapy. All other concepts either emanate from or revolves around these three concepts. These concepts will guide further discussion on the HRTheory and HRTherapy. These concepts are:

The Endocosmos: This is also seen as the biopsychological part of the individual. For instance, this aspect of the cosmos represents the relationship between the individual and himself, intrapersonal dialogues, the traditional concept of self, the core of the individual's personality, the self-concept and self-esteem, and so forth (Ebigbo, 1994, 1995 a, b, c & d; 2001a; 2017; Oluka, 1995; Ebigbo et al., 1996; Ebigbo et al., 1997; Igbokwe & Ndom, 2008; Igbokwe, 2014; Igbokwe et al., 2016; Igbokwe, 2021).

The Mesocosmos: This is also seen as the biopsychosocial aspect of the individual's personality. This aspect of the cosmos represents the dimension of the animate and inanimate beings that the individual does and could entertain a relationship with. It also takes into consideration the individual's interpersonal relationship with significant others and non-significant others in his environment and so forth (Ebigbo, 1994, 1995 a, b, c & d; 2001a; 2017; Oluka, 1995; Ebigbo et al., 1996; Ebigbo et al., 1997; Igbokwe & Ndom, 2008, Igbokwe, 2014; Igbokwe et al., 2016; Igbokwe, 2021).

The Exocosmos: This is also seen as the biopsychospiritual aspect of the individual's personality. This aspect of the individual's cosmos represents the individual's higher values such as ancestorship, ancestral spirits, God and/or gods, creation, religion, culture, morals, philosophy, myths, occupation and so forth (Ebigbo, 1994, 1995 a, b, c & d; 2001a; 2017; Oluka, 1995; Ebigbo et al., 1996; Ebigbo et al., 1997; Igbokwe & Ndom, 2008; Igbokwe, 2014; Igbokwe et al., 2016; Igbokwe, 2021).

Reflective perspective on the development of the Endocosmos, Mesocosmos and Exocosmos

The following ideas are borne out of the present author's intense personal reflections, over two decades of exposure to the HRTheory and HRTherapy, clinical experience, consultations, in-depth studies and research in the area of the development of the structure of African personality. A starting point is to reiterate that the HRTheory stands on a tripod: the African personality's structure, the African personality's dynamics, and the African personality development (Ebigbo et al., 2000; Ebigbo, 2001a). These are areas through which the African incorporates and manifests his personality. The structure of the African personality focuses on the tripartite nature of the personality of Africans and has been previously discussed by various authors (Ebigbo, 2001a; Ezenwa, 2010, Igbokwe & Ndom, 2008).

It is important to note that the African personality is dynamic, i.e., it is cosmodynamic in nature. The following part of this discourse will focus on reflections relating to the third tripod or segment of the

personality development of the African, juxtaposing it with the structure of the African personality and bringing to the fore the process through which the African personality develops until it has a definite structure. The African personality is also called the individual's cosmos, and its structure has been noted to be different from that of all other races of mankind (Ebigbo, 2001a). Unlike the collective unconscious of other races of mankind, the African personality has three components, the endocosmos, the mesocosmos and the exocosmos (see Ebigbo et al., 1997; Ebigbo, 2001a). The phases or stages of the development of the African personality have been seen as the African's constituent unconscious, making the African predominantly cosmodynamic in nature (Igbokwe & Ndom, 2008).

In developing the individual's cosmos or the African personality, the endocosmos, the biopsychological organism, develops first. Then, from birth to the stage of consciously or maturely interacting with others and the environment, the endocosmos incorporates the second dimension of the cosmos, the mesocosmos. Once the individual begins comprehending higher values like creation, religion, culture, and so forth, the final part of the cosmos, the exocosmos, develops.

The Concept of Cosmos Incorporation

Cosmos incorporation is the process whereby the individual outgrows a more basic component of his personality by incorporating the next cosmos in line or other basic components of his personality at a certain age or life stage. Two types of cosmos incorporation go on in the individual. The first incorporation is the cosmos constituent

or component incorporation. This occurs at certain ages or stages of a person's life and could be successful or unsuccessful. The second cosmos incorporation is called cosmos information incorporation. This goes on all through life, from birth to death.

For context, the first cosmos to develop is the endocosmos which is the biopsychological aspect of the African's personality. To visualize the endocosmos development process diagrammatically, one can imagine a small circle representing the endocosmos which is the core of an individual's personality. As the individual develops and matures, he out-grows his endocosmos, the traditional concepts of self. Afterwards, the individual identifies with his mesocosmos as part of himself. Once this identification occurs, the individual starts incorporating another dimension to his cosmos, the mesocosmos. At this point, for a diagrammatic representation, one can visualise a diagram with two circles representing the endocosmos and the mesocosmos with the endocosmos inside the mesocosmos (Diagram A). With time, the individual incorporates the exocosmos and identifies with it as part of oneself. With this identification, the third circle or dimension of the cosmos is added to the previous two making three circles.

To further explore this concept of cosmos component incorporation, it is important to juxtapose the aforementioned view with that of child development experts in western countries in their adolescent development theories. It is important to raise the following questions to serve as a guide: When and how does cosmos incorporation occur? When and how does the individual's cosmos develop so that the endocosmos becomes the core, followed by the mesocosmos and, finally, the

exocosmos? Through clinical observations and speculations, it is evident that this incorporation occurs in adolescence. Before adolescence, the individual's cosmos is dominated by an intersection of the endocosmos, mesocosmos and exocosmos. The three aspects of the cosmos have not yet come together into a complete circle, with the endocosmos at the core (See diagram A). In early adolescence, a period of intense introspection for the adolescent, adolescent egocentrism develops, which is distinct from childhood egocentrism (Elkind, 1967, 1974). When this period is sufficiently diminished, it is replaced by a progressively more mature view of the world in which the needs of others are recognized and considered (Elkind, 1974). This recognition of others' needs enables the mesocosmos, the component of the cosmos that deals with the

relationship between the individual and others within their space and beyond, to be incorporated into the cosmos. In some African cultures, this is the period when the individual is fully integrated into the society after he has undergone the initiation rites.

The stage of the mesocosmos incorporation is the stage of intense social and personality development in the adolescent, with its attendant crises. At this period of incorporation that the adolescent possibly experiences an identity crisis (Erikson, 1963). Mesocosmos successfully integrates once the adolescent can transverse self. If not, the reverse is the case. The cosmos with the mesocosmos already incorporated and the exocosmos not yet incorporated is cosmographically represented in diagram A:

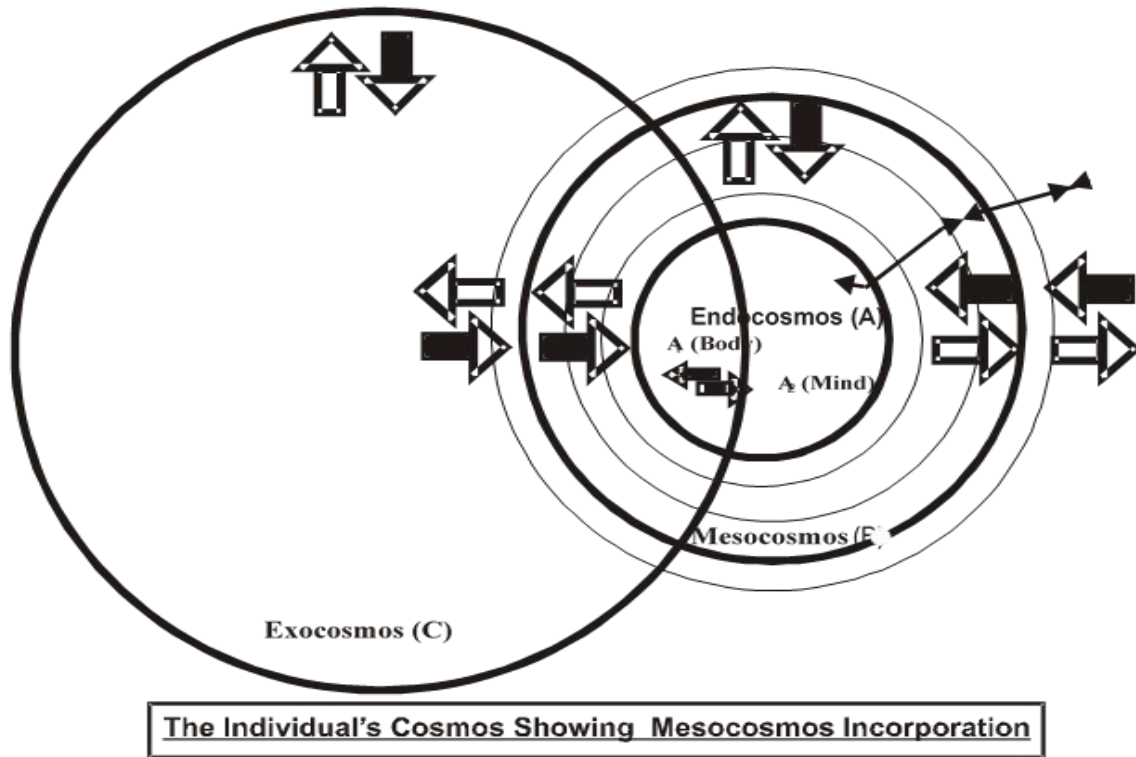


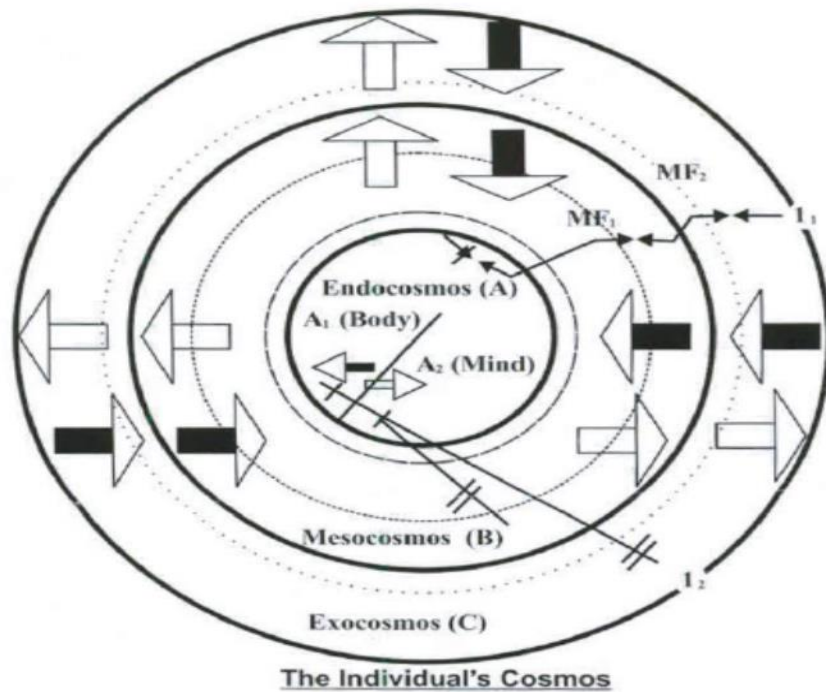
Diagram A: Author's conceptualisation of the Mesocosmos Incorporation process

At this point in the HRTheory language, two things happen. First, there is a striving to be in harmony with the endocosmos, mesocosmos and exocosmos, which is called Cosmos Expansion Drive. This striving is “motivated by a positive unconscious phenomenological aspiration” (Ebigbo, 2001a, p.23). The main goal of cosmos expansion drive is to make the individual a complete personality in harmony with his cosmos and a state of cosmos symphony (Ebigbo, 2001a). Successful cosmos incorporation is an important step towards achieving cosmos symphony.

Second, there is also a negative unconscious aspiration not to be in harmony with the cosmos; this is called Cosmos Reduction Drive (Ebigbo, 2001a, p.23). The goal of the cosmos reduction drive is to please the self (endocosmos) at the expense of other dimensions of the cosmos (Ebigbo, 2001a, p.23). The drive at work during adolescence, when the individual cannot resolve an identity crisis or find their role within life's events, is the cosmos reduction drive. This drive strives with the endocosmos not to accept or agree with the incorporation process, attempting to prevent the mesocosmos from superimposing itself on the endocosmos. This is best seen as an “incorporation crisis.” Without resolving this incorporation crisis, the individual cannot incorporate the mesocosmos. This endococentrism could cause slow social and personality development. While the cosmos expansion drive leads to healthy or adaptive behaviours, the cosmos reduction drive leads to ill-health or maladaptive behaviours. A timely question at this point is when the exocosmos become incorporated into the cosmos.

Once the incorporation crisis is over and the mesocosmos is finally incorporated, the exocosmos, while maintaining an intersection with the endocosmos and mesocosmos, seeks incorporation to enable the individual to be whole or complete. The exocosmos develops with the adolescent's development of cognitive skills and moral reasoning skills. A western parallel of this period is Piaget's formal operation period of cognitive development (Piaget 1932, 1970, 1972; Piaget & Inhelder 1958) and Kolberg's fourth stage and second level (level 2 stage 4) of moral development (Kolberg, 1963, 1971, 1969). At this stage in the development of the individual, the exocosmos is incorporated into the endocosmos and mesocosmos, and it superimposes both. Cognitive and moral developments are used here to highlight that higher values are developed within the individual, assisting the incorporation process. This means that the individual at this stage is assumed to be able to comprehend higher values such as ancestorship, creation, religion, ethics, culture, spirits, gods and (or) God etc. These values are found within the purview of the exocosmos. The grasping of higher values ensures smooth incorporation of the exocosmos. It is important to note that the cosmos incorporation process is a relative process. Social, cultural, environmental, religious, and other variables strongly influence the incorporation process. There is also the role of individual differences. The cosmogram of complete successful incorporation of the endocosmos, mesocosmos and exocosmos, that is, the unique cosmogram of the individual, is depicted in diagram B, which is the original conceptualization of the HRTheory by Professor Peter Ebigbo, who propounded the theory (Ebigbo, 2001a, p.32; Ebigbo, 2017, p. 33).

Illustration of Harmony Restoration Theory By Prof. P. O. Ebigo



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 I₁, I₂

Diagram B: The Individual's Cosmos Conceptualised by Prof. Peter O. Ebigo

The Concept of Cosmos Information Incorporation

After the cosmos constituent or cosmos component incorporation comes the second cosmos incorporation, which is called: Cosmos Information Incorporation. This also goes on all through life. At the same time,

the cosmos constituent incorporation was taking place. The cosmos information incorporation was also unconsciously taking place in the individual by concurrently gathering information about any cosmos to be incorporated, weighing the facts of the information gathered against immutable laws, truths and experiences. The cosmos information incorporation plays a vital role

during the mesocosmos and exocosmos incorporation process. The individual is always bombarded with information from facts and opinions, and this constant bombardment causes a crisis between the individual's opinion and facts. The outcome of this is an incorporation crisis which could continue occurring until there is an acceptance of either opinions or facts or a balance between them.

The cosmos information incorporation process is a dynamic, daily information synthesis which results from the constant interchange between the individual and his environment. Once the initial cosmos information incorporation process has occurred, subsequent incorporation leads to either cosmos expansion drive or cosmos reduction drive. Individuals continue to incorporate ideas, values, beliefs, behaviours, customs, morals, traditions, attitudes, and so on that influence them as they grow. While positive information incorporation into the cosmos leads to cosmos expansion drive, negative information incorporation into the cosmos leads to cosmos reduction drive.

Unsuccessful Cosmos Incorporation

Once there is an unsuccessful cosmos information incorporation, which would naturally lead to cosmos reduction drive, the personality is stunted in growth and creates a condition of cosmos cacophony. This is principally caused by the endocosmos' inability to incorporate the mesocosmos and exocosmos. When this occurs, two things happen; the first is cosmos fixation, while the second thing that happens is cosmos atrophy.

Cosmos Fixation: Cosmos fixation occurs when the cosmos reduction drive reduces the

cosmos expansion drive to the extent that the endocosmos cannot incorporate either the mesocosmos, the exocosmos, or both. This means cosmos fixation can occur at the endocosmos, mesocosmos or exocosmos level.

Endocosmos Fixation: Endocosmos is the core of the individual's personality; fixation at this level may occur when the individual is unable to outgrow his endocosmos. At this stage, the personality remains largely at the endocosmos level. This fixation could be avoided through successful mesocosmos incorporation.

Mesocosmos Fixation: Mesocosmos is the biopsychosocial part of the individual. According to Ebigbo (2001a), this is made up of the animate and inanimate beings one does and could entertain a relationship with, including one's immediate family, people from the same locality, extended family, colleagues and so forth. Mesocosmos fixation is caused by the individual's inability to incorporate the mesocosmos into the individual's cosmos successfully.

Exocosmos Fixation: This occurs at the exocosmos level. The exocosmos represent the God/gods, deities, or whatever the individual believes in. For some, it could be whatever they revere, including their work. Fixation at the exocosmos level is caused by the unsuccessful incorporation of the exocosmos.

Unsuccessful Cosmos Information Incorporation

Cosmos information incorporation has to do with successfully incorporating further information relating to either the endocosmos, mesocosmos or exocosmos into

that particular cosmos. Unsuccessful cosmos incorporation or cosmos fixation tends to occur in adolescence, but it is not limited to adolescence. It is common knowledge that adolescents, as part of their development, are exposed to myriads of information which focuses on their possible relationship with the endocosmos, the mesocosmos or the exocosmos. When such information is incorporated into its corresponding cosmos by the individual accepting them, rejecting them, or balancing them, successful cosmos information incorporation is said to have occurred. On the other hand, unsuccessful cosmos information incorporation causes a higher cosmos reduction drive, also called cosmos atrophy, which is the opposite of successful cosmos information incorporation. Cosmos atrophy can occur in the endocosmos, leading to endocosmos atrophy. It can happen in the mesocosmos, leading to mesocosmos atrophy or the exocosmos, leading to exocosmos atrophy. This means that there could be a higher cosmos expansion drive or lower cosmos expansion drive, and there could also be a higher cosmos reduction drive or lower cosmos reduction drive. The intensity of this is discovered during therapy.

Cosmos fixation is not limited to the process of cosmos incorporation. It can occur after the cosmos incorporation stage or during the cosmos information incorporation stage leading to endocosmos information incorporation fixation, mesocosmos information incorporation fixation or exocosmos information incorporation fixation. Taking cognizance of the plethora of relationships, events in one's life, beliefs and so forth, one is tempted to ask, how can the therapist or cosmoanalyst find out the areas of disharmony within the individual? To resolve this, two scales have been developed

to measure harmony. One of them is the Harmony Restoration Measurement Scale (HRMS) (Ebigbo et al., 2013), and the other is the Harmony-Disharmony Scale (Igbokwe et al., 2016).

The Harmony – Disharmony (H-D) Scale

The H - D scale is a long-form, 98– item Likert type scale with three subscales designed to measure the three dimensions of an individual's cosmos. The H-D scale is a ready interview guide or road map to the functional and dysfunctional relationships in an individual's life. It is a herculean, almost impossible task to include all items tapping harmony-disharmony in one scale. The H-D scale assists as a starting point in probing to discover discordant relationships in an individual's cosmos. The cosmoanalyst or therapist uses the scale to evaluate the client's cosmos and the responses to plot the cosmogram, which refers to mapping out all the relationships important to the individual (Ebigbo et al., 1995). After the administration of the scale, further cosmoanalysis could be done through in-depth interviews. A factorial validity has been conducted on the HD Scale with a good outcome (Igbokwe et al., 2016). A brief version of the H-D scale is currently under construction.

Some of the Endocosmos subscale items that measure the biopsychological aspect are: I sometimes feel as if I am not settled or calm within myself; I relate with myself as much as I relate with other people; When I reflect on past events, I often feel pleased with myself; I have not been able to forgive myself for a (some) past mistake(s); I am not at peace with myself. Some items on the Mesocosmos subscale which measure the biopsychosocial aspect are: I do not measure up to others,

especially my mates; the society at large is not fair to me; my extended family members are my problem; I cannot get along with them no matter how much I try; I find it difficult to get along with people at work; I feel some people are against my progress in life and some items on the Exocosmos subscale are: there is a negative force against my life; Dead relatives are not happy with me; I do not believe in any supernatural force guiding the affairs of men; I think I am being bewitched by people around me; I feel guilty about an unkept promise to God or the gods. One of the main assumptions underlying the construction of the scale is that it serves as a cosmogram mapping and/or cosmogram exploration guide. It is believed that by the time the client has finished responding to the scale, a reasonably clear picture of the individual's cosmogram must have emerged and the area of disharmony discovered to aid the cosmoanalyst in his analysis and HRTherapy.

In the present author's first publication on HRT, an error was made during review and publication, which made the final published article title to come out as: "Harmony – disharmony therapy: A treatment method of African origin" (Igbokwe & Ndom, 2008) instead of the originally submitted title: "Harmony Restoration Therapy: A treatment method of African origin." This erratum had already occurred, and it wasn't easy to retract or redact. That was 14 years ago, and much could not be done about it to the consternation of the present author. However, in 2016 when it was time to publish an article on the assessment instrument for the HRT, comprising items which the present author started gathering many years before (Igbokwe, 2004) at the International Federation of Psychotherapy (IFP), Psychotherapy Center Enugu, the author

reflected on his first published work on HRT and compared notes with his co-authors. It was agreed that the scale theoretically judges the presence of harmony or disharmony. Hence, they agreed that the article's title would be: "Harmony-Disharmony Scale: development and initial factorial validation" (Igbokwe et al., 2016). This was how an earlier erratum became integrated into the title of the 2016 work. Although theoretically, there is either the presence of harmony or disharmony in a client. This should not be seen as what the theory or the therapy totally entails. The core focus of the theory and therapy is to help identify disharmony and restore harmony in a person's world.

Conclusion

Man, when in disharmony, does not think of anything else until his quest for harmony is satisfied, and harmony is restored. Man's behaviour is determined by his perceived and actual state of harmony or disharmony. Harmony restoration is a continuous process, a conscious effort by an individual to be at peace with his world. Once that conscious process is positive, the individual's harmony is maintained, and harmony is said to be restored. The recent advances in harmony restoration theory and therapy have been discussed, and it is strongly believed that much work is needed to be done to move forward in this area which is a laudable invention in the treatment of psychopathology in Africa. According to Ebigbo et al. (2000), the African conception of health is one of the finest or even the finest models of health from the races of humankind. The African model of health does not end with the individual but also

caters to society. The solution to our national ill lies in the discovery of the bequeathment of our ancestors, which lies in our unconscious archetypal yearning. The question is, how do we recover this? It is only through harmony restoration which has to its credit more than two decades of proven efficiency. It is very pertinent that more work is done in this and other areas, and as Onyeizugbo (2002) rightly observed, “other Psychologists/ Psychotherapists need to adopt these therapies, apply them in clinical practice, conduct controlled studies on them and perhaps compare them with other existing, western therapies to ascertain their effectiveness” (p.28).

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