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Is “Organized Religion” Equal to or Greater than Madness? - A New Look at terrorism in Nigeria.

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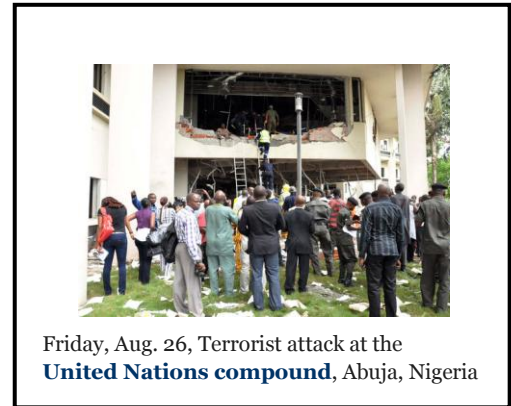
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Introduction

As Nigeria faces a barrage of terrorist attacks, the nation must realistically come to terms with the actual causes of these violent activities. While considering the fundamental causes of this destabilizing problem, we will look into the relationships between terrorism and religious neurosis and radical religious fanaticism. After reading this paper, you will be amazed at the similarities that exist between mental illness and radical religious fanatics, and how total neglect of the nation’s mental health system might have contributed to terrorism in Nigeria. In order to better understand the contextual framework on which this paper bases its approach, the reader must be open-minded, shake off all previous superstitious and unsubstantiated belief about terrorism and mental illness. First and foremost, the widespread notion that terrorism is synonymous with Islamic religion is false. As a matter of fact, religion is not the cause of terrorism or the cause of mental illness, however, it has been established that religion can provide the mentally ill the easiest and fastest means to commit acts of terror. Furthermore, the belief that mental illness is totally defined by nakedness or homelessness or coagulated and disorganized thought process is completely mythical and false (Buckley et al, 2009). The fact remains that some of the well dressed persons in your neighborhood or the inspirational and eloquent speakers in your village or the religious and political leaders in your churches/mosques/synagogues/temples and political parties may have more serious and devastating mental or emotional conditions than those naked and homeless persons that roam

about your market squares and streets. Yes, this is the fact! It goes without saying that the mental health problem we underestimate is the one that will destroy us. In other words, Nigeria's inability to understand the importance of well funded and managed mental health system in the development of a nation and the dangers of unregulated religious institutions are perennial problems that militate against Nigeria's effort to combat and irradiate radical religious fanatics and terrorists. The aim of this paper is to encapsulate number of reasons why continued neglect of mental health care of the people will cost Nigeria more lives, more properties, and in fact, more economic and social stabilization. Recommendations, as to how to improve the situation, are provided.



Terrorism and the Terrorist

Terrorism is the use of force, violence, intimidation, or coercion to induce fear (terror) on people as means of achieving religious, political or ideological goals. The act of terrorism can range from threats to actual assassinations, kidnappings, airline hijackings, bomb scares, car bombs, building explosions, mailings of dangerous materials, computer-based attacks, the use of chemical, biological, nuclear weapons and direct assaults on individuals or groups. A terrorist, on the other hand, is the “human face” of terrorism. The individuals involved in acts of terror use violence and threat to create fear in a person, groups or the public as ways of sending a strong message concerning their demands or wishes (Martyn, 2002). The dangerousness of terrorists is that they deliberately target their opponents with impetuous disregard for the safety of innocent people. The overriding question here is, why do people become terrorists? Before proceeding in our quest, we must remember that terrorism or act of terror can be related to religious, political or ideological groups. In recent time, however, religious terrorism has been prominent with the radical Islamic fanatics and for this reason people have come to equate terrorism with the Muslim religion. This is far from the truth. In Nigeria both Muslim and Christian religions are, in some way or the other, involved in acts of terror, but the ruthless disregard of the lives of

innocent people as well as the unreasonable intent to disrupt public peace and security is common in terrorist attacks perpetrated by radical Islamist terrorists.

Is “Organized Religion” Equal to or Greater than Neurosis?

While the term “neurosis” was coined by the Scottish doctor, William Cullen, in 1769, the phrase "religious neurosis" was first conceived and employed by Sigmund Freud. He employed the term to designate the “repressed instinctual desires,” in which humans get control over their sensory world through profound dependence on a Supreme Being or supernatural beings as a result of biological, psychological and physiological necessities (Freud, 1939). Freud, a self-proclaimed atheist, medical doctor, and the Father of psychoanalytic concept, struggled to understand issues of man’s inhumanity to man, destruction of life and property, and brutality in nations populated by people that claim deep religious conviction. His experiences with fascism and Nazi Germany made Freud to believe that there is striking similarity between religion and neurosis and hence the term “religious neurosis.” The term neurosis is no longer used in psychiatric diagnosis, but it is part of what is known today as “mood (affective) disorders”. Freud believed that religion is a refuge for social misfits or idiots, who use religion as a hide out for their deep inner psychological and cognitive deficiencies. For him, religious beliefs are merely attempts to control the "Oedipal complex," (a developmental mental inadequacy or obsessional-phobic and delusional tendency), often attributed to God (“it’s the will of God”) or blamed on the society as ways to alleviate cognitive dissonance. Cognitive impairment caused by ignorance of human nature is ubiquitously paraded as "special supernatural gift,” while mental laziness that leads to unproductive life is believed to be obstacles or "bewitchment” perpetrated by the society, family members, neighbors or enemies" (Vergote, 1997). In his book, "Moses and Monotheism" (1939), Freud maintained that the only role of religion in human development is to explain unexplained feelings and experience by minimizing regrets of irrevocable decisions and choices. To justify their behavior that is opposed to generally acclaimed conduct as well as their inner tendencies to escape from personal responsibilities, religion is used to foster external locus of control¹.

¹ Contrary to an **internal locus of control** in which people primarily assume responsible for the outcomes in their lives and tend to be self-reliant and are more successful people because they are introspective and can easily identify their mistakes and work toward that goal, an **external locus**

Carl G. Jung (1966) rejected Freud's suggestion the religious is the cause of neurosis, but found strong linkage between mental illness and religious fanaticism. In his psychological discourse on "positive inflation," he maintained that the puffed-up attitude (inflation) associated with religious fanatics can be related to grandiosity (an irrational and over-exaggerated view that one has a universal panacea²), delusion, and enthusiasm in good and evil tendencies. These symptoms, he maintained, are commonly found in most people with mental illnesses and they are basic forces behind the repulsive behavior associated with religious fanaticism. Alice Miller described the dynamics in religious fanaticism as steaming from grandiosity used as a defense against depression and anxiety. According to Miller, all instances of crime and falling prey to religious fanaticism or cults were ultimately caused by childhood trauma and inner emotional and mental pain that were never treated (Miller, 1991). On his own part, Gary Rosenthal (1987) utilized the phrase "inflated by the spirit" to depict the peculiar and unique irrational syndrome associated with religious fanaticism. These syndromes are mostly associated with personality disorders like antisocial personality disorder, Avoidant Personality Disorder, Borderline Personality Disorder, Dependent Personality Disorder, and Dissociative (multiple-personality) Disorder.

Greg Bogart (1995), on the other hand, warned against what he called the "shadow of vocation," in which he maintained that when the mentally ill is allowed to become a religious leader (vocation), she or he creates a congregation of neurotics, narcissists and paranoid and there is no telling how many lives they will destroy. This is because the beliefs of religious fanatics are driven by illusion, wild and bizarre assumption of privy to ultimate truth and strong belief that they have "moral obligation" to defend their irrational and dangerous positions, notwithstanding the harm they cause to innocent victims. Coupled with their inflated sense of personal rectitude, moral certainty, vindictiveness and troubled mind, religious fanatics can be physically and emotionally abusive, ready to dehumanize and demonize individuals or groups that oppose their

of control represents people who tend to believe that forces outside of themselves affect their ability to succeed. These people tend to stake everything about their future on things such as fate, luck, God or gods/charms/evil spirit/devil or the society. Because they believe they have very little personal stake (responsibility) in their future, they tend to put less effort forward on most projects. Studies show that such people are generally less successful in college and career than those with an internal locus of control

² It is unrealistic and phantomic claim that one has knowledge, wealth, education or even power to solve all imaginable problems.

behavior or ideology (Firman & Gila, 2006). These fanatical tendencies associated with religion do not originate from religion itself, but from disordered mind that gained access to religion.

Robert Jay Lifton (2000) believed that there is a distinctive link between terroristic tendencies and fanaticism, just as there is a remarkable relationship between mental instability and radical religious ideologies. According to Lifton, religiously motivated terrorism is like a form of “functional megalomania³” characterized by a grandiose sense of self-importance, an insatiable need for attention and a chronic lack of empathy (BusinessDay, 2007; Lifton, 2000). Due to its apocalyptic and catastrophic ideologies that arose from irrational and aggressive aspects of their mental instability, religiously motivated terrorism can be very dangerous because they stop at nothing to destroy the world to save it (Alles, 2008; Dawkins, 2006).

We gathered from above statements that there is similarity between religious fanaticism and religious neurosis because both are propelled by distorted and misguided religious "ideology" that pushes for personal transformation to a level of obsessive enthusiasm. Unlike Freud who believed that religious is the reason for neurosis, his colleagues and predecessors rather believed that the mentally ill are easily attracted to radical and fanatical religious groups as a way to hide their mental instability.

Fanaticism in Religion

Fanaticism is a behavior or action involving uncritical zeal for a belief, viewpoint or ideology. Fanaticism is based on political, religious, cultural causes or in sports, or with an obsessive enthusiasm for a hobby. Fanatics are those who are obsessive with their own views and would not consider or even listen to other people's views. Any contrary view is perceived as a threat that must be stopped or destroyed. Objectively speaking, the subject of the fanatics' obsession may be factual and right, but the problem lies on the scale of the person's intellectual involvement, devotion, or obsession with related activities, as well as the person's level of sublimation defense mechanism⁴. Since fanaticism is an emotion-driven commitment, it easily

³ a psycho-pathological condition characterized by delusional fantasies of power, irrelevant and rigid pattern of behavior that drives a lifelong quest for self-gratification.

⁴ Sublimation defense mechanism is the ability to convert or express or channel a potentially harmful primitive instinctual desire or impulse into something good and useful

leads to unbridled and uncritical commitment to ideology when it is combined with irrational religious belief system.

The reason why religious fanatics are considered more dangerous than other fanatical commitments like sports, politics, etc is that the fundamental subject of religious is a belief in supernatural ideology and laws (Richards & Bergin, 2000). The supernatural laws, unlike the natural laws, are relatively difficult, if not impossible, to be subjected to imperial or objective verification (physical or scientific evaluation). For this reason, superstition or “supernormal belief (subliminal stimuli) takes precedence over critical and rational thought process.

According to Dag (1999), Tobacyk & Shrader (1991), Wolfradt (1997 and Tobacyk and colleagues (1988), people with psychological imbalances (mal-adjustment, low self-efficacy, high trait anxiety, an external locus of control) are too superstitious. Without adequate education and information-processing ability, as well as balances in mental and emotional conditions, interpretation and belief in supernatural laws can easily lead to radical and irrational exuberance.

In fact, the basic problem of people with mental problems or cognitive impairments is lack of balances or difficulties finding equilibrium in their behavior or thought process. As a result of their emotional and mental instability, they swing from one extreme to the next and their uncontrollable impulses make them substantially uncritical and non-methodological thinkers. Their judgment and interpretation of situations and circumstances are based on subliminal stimuli and external locus of control, therefore their interpretation and defense of the overvalued transcendent or Devine Laws are pursued with unprecedented irrational exuberant, with an agenda that is totally self-centered. Hence, their belief on and defense of the transcendent (God, Allah, gods, etc) are no longer based on their love of the transcendent God, rather in defense of a structure that provides them with perceived protection and identity (Dawkins, 2006; Baird, 1991). At this level, they believe they have the right to destroy anything that comes between them and their “totem.”

Religion as Defined by Rational Mind

Religion by itself invokes ideas, beliefs, values, and emotional reactions simultaneously. To balance religious beliefs and practices, emotion must be guided by reason and religious zeal mediated by critical introspection. By its critical and systematic approach to beliefs in Supreme Being or supernatural powers, the reliance on rational interpretation of and the argument about the Divine Laws or supernatural occurrences must follow **discursive reasoning** as against **intuitive reasoning**. When a religious belief is founded on critical self-evaluation maintenance⁵ one's own relationships with God and others are positively and rationally influenced (Cline, 2008; Tesser, 1988), and emotional outburst is kept in check. Behavioral and social scientists, like Fiske (2004) and Tesser (1988), believed that religion is inevitable part of human life and existence, and when properly practiced its benefits lead to immense spiritual, psychological, social, and physical stability (Bergin, 1991; Larson et al, 1990). The benefits of such religious belief include:

- respect of life, reflected in tolerance of other people's views and feelings as well as respect of individual and public properties in pursuit of peace, serenity, truth and sound moral judgment (Graham, 2000).
- beneficial effect on believers' mental health as it relates to less depression and stress (a modern epidemic), balanced self-esteem, and greater family and marital happiness.
- repairing damage caused by alcoholism, drug addiction, and marital breakdown, religious belief and practice can be a major source of strength and recovery (Larson et al, 1990).
- good for personal physical health because it increases longevity, improves one's chances of recovery from illness, and lessens the incidence of many killer diseases (Fagan, 1996).
- kindles in persons a disposition for deeper faith and spirituality that radiates good nature and the goodness of humans (Pelletier, 2002).

It means that when religion is well conceived, it diminishes humans' natural tendency to destructive path and illuminates their favorable disposition to self-efficacy and self-realization. The danger of religion or religious belief, however, rests on human mental ability and faculty to interpret the "divine mind." Since religious beliefs are centered on laws believed to be conceived and formulated by the divine mind, leaving their interpretations to mediocrity is dangerous. For

⁵ It is associated with introspective thinking, cognition and intellectual assessment of situation and circumstance).

instance, a civilized society demands, at least, an average intelligence to qualify as a clinical psychologist, an engineer, a lawyer, a medical doctor etc. It even demands some test and license to drive a car in public roads. These requirements are to protect the general public from incompetency, quackery or impetuous behavior caused by mental instability, irresponsibility and irrationality. If such measures are used for secular professions that involve natural laws, why are those who interpret and teach the “Divine Laws” not committed to the same requirement? In such civilized society, levels of qualifications and responsibilities should be required of every profession that deals with the physical, psychological and spiritual needs of the public. The requirements will keep the mentally ill away from gaining access to the leadership of religious groups and in such a way protect the society from harms that emanate from radical religious fanaticism.

As radical religious fanaticism becomes a security-hazard and a trauma-incendiary, it is incumbent on Nigerian government to take advantage of available modern psychological framework to understand the dynamics of terrorism in order to provide valid and reliable answers as to the reasons why religion in Nigeria has become inimical to the very life it is supposed to protect and peace it claims to reserve. Since 2000, it has been recorded that about 20.5 million people worldwide have been killed and trillions of dollars worth of property lost to terrorist attacks perpetuated by religious fanatics (Morgan, 2004). Furthermore, tens of thousands of people have been traumatized or permanently disabled due to religiously motivated terrorist attacks or conflicts. Nigeria, as we know, has had its own giant share of this brutality and savagery. I am not trying to put the whole burden of terrorism in Nigeria on religion, since terrorism perpetuated by political and ideological fanatics is also rampant and has claimed many lives and properties. But research shows that religious terrorism, often fueled by psychopaths who claim “divine mandate” to brutality, cruelty, hatred and vindictiveness has more killings and mental and emotional devastation (Harris, 2004; Monaghan & Just, 2000). When “irrational” religious beliefs are intermingled with mental and emotional instabilities, like psychopaths, borderline personality, paranoid personality, narcissistic personality, bipolar disorder, histrionic personality, cyclothymic disorders, etc) the result is always catastrophic (Ajaelu, 2008; Dawkins, 2006).

Terrorism in Nigeria

In Nigeria, the general opinion is that terrorism or terrorist attacks are due to frustrations resulting from extreme poverty or lack of opportunities. In a way, this claim may be right, but too simplistic to help underscore the dynamism of terrorism. This is because such simplistic notion does not tell us whether or not extreme poverty or lack of opportunity is a direct or an indirect precursor of terrorism. In other words, do people become terrorists because lack of education or vocational training that may leads to lack of opportunity and subsequently extreme poverty or that they poor of untreated mental health problems? In either of the scenarios, experts and researchers believe that myriads of concomitant factors combine to make one a terrorists. Let us approach these factors from two perspectives: Deductive and Inductive reasoning.

Deductive reasoning: This type of reasoning follows the proverbial the “chicken or the egg” scenario. The question is, does lack of opportunity drive people to terrorist acts or people are driven to terrorist behavior because of untreated mental and emotional illness? The underlying factor, supported by research, is that mental illness is that the root of every terroristic tendencies. For instance, if one has undiagnosed and untreated mental or cognitive problems (like Attention Deficit Hyperactivity Disorder (ADHD), Developmental Disorders, etc.), he or she will not do well in school or vocational trade and therefore has a greater possibility of becoming extremely poor. Even if great opportunities exist, persons with such conditions will not have the mental ability, emotional discipline and physical coordination and functionality to perform reasonably and rationally. Furthermore, bizarre behavior and irrational thought process of the mentally ill made interpersonal relationship very difficult and therefore unemployable. Since such individuals are emotionally fragile, behaviorally weird, and cognitively irrational, little frustration or stress pushes them over the edge. With an innate predisposition to impulsivity, emotional outburst and violence, the mentally ill respond well to radical religious indoctrination.

Indeed, poor health care system, food shortage and hunger, joblessness, personal and collective insecurity, poor standard of education, endemic corruption in justice, security and political leaderships as well as other events considered by people as threats to existence can lead to frustration, which may result in stress (Latkin & Curry, 2003). Excessive stress syndromes (like

feelings of helplessness, palpitation, back pain, confusion, anxiety, hopelessness, extreme fear or anger, cynicism or distrust of others, and antisocial personality behavior) can ground functional and make one unproductive (Hawkey & Cacioppo, 2003). If not properly handled and mitigated, it may provoke severe mental, emotional, physical and cognitive problems. Furthermore, it is reported (Ajaelu, 2004) that approximately 45% of mental illnesses in Nigeria are somatized, leading to psychosomatization disorder (a situation where mental and emotional illnesses are actively and functionally expressed in medical symptoms). Unsuccessful treatment of these problems by medical doctor leaves help-seekers on choice than to fall in the hands of radical religious groups. Once in their control, their situation is made worse by induction into terrorist acts. Situations that present favorable conditions for terrorist recruitments exercises include:

- Prevailing social and cultural circumstances, especially ignorance, that present constrain and options for a viable model of care within the area. (Danieli, 1998).
- Insufficient human and financial resources to educate, prevent and treat prevailing mental, emotional and physical health that expose one to radical religious groups.
- Absence of adequate national mental health policies, laws and regulation.
- Shortage of specialized personnel like psychiatrist, psychologists, mental health councilors/Social Work, and psychiatric nurses.
- Lack of quality information and prevention of abusive treatments (Ajaelu, 2008)
- Constant brain drain.
- Widespread civil strife and violence.
- Wars and internecine strife disrupt social and community life and spread hunger, disease and homelessness.
- Psychological morbidity usually accompanies and outlasts the physical morbidity of traumatic experiences caused by war, kidnapping, terrorism, and abuses.

Inductive reasoning: This reasoning steams from erroneous and ill-informed belief pattern regarding mental health. The notion is that all mental illnesses are inherited from parents and caused by evil spirit (bewitchment, charms and/or amulets), or spiritual force (demonic, occult or satanic attacks), or wrath of God or gods is deep rooted in Nigeria (Ajaelu, 2004; Morakinyo, & Akiwowo, 1981). It is also believed that mental illnesses cannot be cured with “orthodox” medical treatment, except through “spiritual deliverance” or traditional healing (Ajaelu, 2004).

According to Ajaelu (2004), this false and erroneous belief is upheld by 85% of Nigerians (regardless of their educational background). However, research indicates that even though mental illnesses can be inherited (capable of being passed from one generation to the next), absolute heritability of mental and emotional disorders is a myth and therefore false (Ajaelu, 2010). Heritability in mental and emotional health is based on conditionality, that is, for one to be susceptible to mental illness, one must be predisposed (Ajaelu, 2009; Collishaw et al, 2008). According to **predisposition model**, no one factor is responsible for the cause of mental illnesses but both environmental and genetic factors play equal role (the 50-50 rule).

The 50-50 rule means that there is 50% chance in either direction (environmental or genetic) that one born of parents with mental illnesses will have or not have mental disorders (Ajaelu, 2009; Rutter, 2002). That is to say, this individual is born with 50 per cent genetically predisposition to mental illness, but for the person to actually have mental or emotional illness he or she needs have another 50% environmental problems (Andreasen, 1997; Barondes, 1993). But, it takes one in ten persons to meet this requirement. It means that if you have a history of mental or emotional illness in your family, you still have 50% chance of not having mental illness, provided you refrain from excessive stress factors like extreme poverty, illiteracy or ignorance, association with bad and radical group, trauma and abuse, dysfunctional family, and lack of support system (Ajaelu, 2009). For example, people who inherited a stress-sensitive version of the serotonin transporter gene are almost three times predisposed to the disorder and are most likely to experience depression following a little stressful event than people who inherited the long version of the gene (Beers & Berkow, 2004; Kinzie et al, 1990). Hence, the ability to adequately and appropriately cope with stress is a huge factor in public health care because as individuals encounter frustrations, displeasures, and delays appropriate coping mechanism and treatment to stabilize one's emotional stress must be proportional to individual's predisposition (Ajaelu, 2009; Gallo & Matthews, 2003). With effective mental health programs, well trained professionals, availability of modern psychotropic medications and therapies, as well as suitable environment, all types of mental illnesses can be adequately and appropriately treated and prevented (Barondes, 1993). It goes without saying that modern mental health treatment, if administered by qualified and well trained professionals is the best way to treat and prevent

mental illness, which reduces religious neurosis and radical religious fanaticism and therefore reduce recruitment to terrorist groups.

Conclusion and Recommendations: Nigeria's responsibilities

The insurgence of religious terroristic tendencies will continue to present great problems for Nigeria except the following precautions are adequately implemented and followed:

1. The level of neglect in mental health sector is totally unacceptable: Not only that the mental health care sector is poorly funded, it is further impoverished by lack of well-trained and qualified professionals to cope with the rising number of mental health problems. Nigerian government, Universities and the Ministers of Health and Education should work toward finding solutions to improve the quantity and quality of mental health profession in the country. The vacuum created by the lack or shortage of these professionals, as well as poorly equipped Universities, hospitals and institutions complicate the nation's situation and therefore leave health-seekers in the hands of misguided self-proclaimed native and spiritual "healers." For example, Dr Rahman Lawal, The Medical Director of Federal Neuro-Psychiatry Hospital, Yaba and Lagos, Joseph Dada Adeyemi, professor of psychiatry and The Head, Department of Psychiatry, Lagos University Teaching Hospital (LUTH), alluded to what they called deplorable situation and called Nigerian government to increase the number of mental health professionals in Nigeria. They maintained that Nigeria stands at a ratio of 200 psychiatrists to 160 million people, which is very dangerous and ridicules the integrity of a nation that parades itself as the "giant of Africa." Comparatively, in the United States the state of Florida alone, with a population of 19 million has a total number of 4,900 mental health professionals, including psychiatrists (1,200), psychologists (1,800), mental health therapists/clinical social workers (1,100), psychiatry nurses (800). Yet in 2010, the US government, through the National Institute of Mental Health, launched an expanded program to encourage careers in mental health. Nigeria, who is about 20, 000 mental health professionals behind the internationally recommended ratio, should form a national mental health body that will articulate better mental health program for the country.

2. Collaborative model not Isolation model: Accepted that the number of mental health professionals is commensurately low when compared with the nation's population and the immense need of mental health care, but isolation or compartmentalized model adopted by Nigerian mental health professional is unproductive and antiquated. Contrary to isolation and compartmentalized model, Nigerian mental health professionals should adopt collaborative modal where all (mental) professionals, psychiatrists, (clinical) psychologists, physicians and other health care professionals work together for the common good of the people (Lester & Gask, 2006; Ajaelu, 2004; Meadows, 1998). Since Nigeria is currently running on 6:100,000 ratio (i.e. six mental health providers to 100,000 people), it makes sense that Nigeria should adopt such model that has internationally shown significant success in clinical and research methodologies.

3. Religious regulatory act: As I pointed above, mental illnesses are rooted in deep self-denial and unbridled sense of well-being. Irrational religion beliefs, in the same way, emit an overwhelming but unrealistic and irrational sense of commitment to God. Their euphoric exuberance mimics symptoms of mental illnesses, like extreme optimism, inflated self-esteem, rapid speech, racing thoughts, aggressive or hostile behavior, being inconsiderate of others, agitation, massively increased physical activity, risky behavior, spending sprees, increased drive to perform or achieve goals, increased sexual drive, decreased need for sleep, tendency to be easily distracted, and inability to concentrate (Harris, 2004; Morgan, 2004). For this reason, even though separation of religion and state is obvious, government must make sure the "freedom of worship" clause is not used to terrorize others. As I previous noted, if the government demands certain level of qualification and regulation from professionals that deal directly with people (medical doctors, lawyers, etc.), it makes sense that such requirements must also be extended to religious leaders, preachers or traditional healers. This regulation will help to flush out mentally imbalanced radical and extremist religious leaders and preachers. Even though radical Islamic fanatics, who target innocent victims with explosives and bombs, have been used as the typical definition of modern terrorism, many Christian religious groups have reputation for acting dangerously and negligent of public safety and security. Many studies (Foxcroft, 2007) show that some Christian religious denominations, the Neo-Pentecostalism practice Vodou-Pentecostalism. This is a belief that all human misfortunes and problems are as a

result of “spiritual attacks” from enemies. By “spiritual attack” they mean that people’s future, life or health is extra-terrestrially controlled through sorcery, charms, invocation, and amulets possibly transported by air or buried in the ground or hidden within objects. Innocent people are framed, triangulated or viciously traumatized because delusional “preachers” have named them the “senders,” or “carriers,” or “initiators” of the so called “spiritual attacks.”

Foxcroft (2007) stated that “over the past decade, [in many parts of Nigeria] around 15,000 children have been accused, and around 1,000 murdered” as messengers of the devil. Families and individuals have been traumatized, torn apart by delusional and irrational interpretation that misfortunes or illnesses in the family, especially death or loss of a job or lack of “progress” are caused by one of the family members. As a way to establish a reputation for a “special gift of supernatural powers,” these radical “preachers” erroneously “accuse and indict children and adults of witchcraft or membership with cults, secret society, or a link with diabolical forces. In the course of “deliverance”, the accused children may be starved, beaten, mutilated, set on fire, forced to consume acid or cement, or even killed (Foxcroft, 2007). Other terror activities include false accusations, intimidation, blackmail, or extortion in order to humiliate and silence a perceived detractor. While some courageous church leaders and human right activists have spoken out strongly against this licentious terrorist attacks, many Nigerians (including politicians) are scared of these radical and extremist churches for the fear of their lives, name and political ambition. Unfortunately, with high illiteracy level, broken-down justice and law-enforcement system, coupled with shattered mental health system favorable environment exist for these neurotic religious leaders to perpetuate their terroristic activities on innocent citizens.

4. Expanded mental health awareness program: As a developing country, Nigeria is overwhelmingly face with high rate of illiterate and undereducated (poorly educated) population, which means that self-reflective benefits of education, like analytic and critical thought process, creative imagination, decision-making ability, scientific reasoning etc (Schauble,1996), are transparently lacking. For this reason, superstition and irrational beliefs still govern the cultural lives of the people. For example, Ajaelu (2004) observed in his field research in Nigeria that notwithstanding the academic levels of participants, there is an overwhelming belief that mental illness is caused by the “evil spirit,” poison, “spiritual attack,” hereditary, or “ritual incantation”

from an enemy. The widespread superstitious belief of this nature makes it easy for the people to fall into wrong hands, especially radical religious fanatics. Proactive and preventive programs meant to educate and create awareness must target young (college and school) people, parents, teachers, educators, law enforcement officers, court judges on the signs and symptoms of mental illness. People must be motivated to seek and remain in mental health treatment by making sure that all government and private hospitals have functional and well equipped mental health departments and information on the efficiency and cost of various forms of intervention is needed to permit enlightened planning and allocation of resources.

5. Emergency mental health initiative program: Prevention of mental illness is the key to sustainability and emergency response system is a powerful way to prevent future mental health problems (Kitchener & Jorm, 2002). Emergency response system means that government or private agencies (like the Red Cross) will be properly trained and equipped to respond to emotional and mental health of people involved in tragedies and disasters. For example, recent research in Nigeria shows that only 2% of all the victims of terrorist attacks received both emergency and prolonged psychological treatment. None of the victims of Jos sectarian violence has received any psychological screening, evaluation or treatment, yet symptoms of Post Traumatic Stress Disorder (PTSD) have skyrocketed in the State. These situations give credence to Adeyemi's position when he maintained that 4 out of 5 mentally-ill persons do not receive treatment at all. Evidence-based records show that many political leaders, including health care advisers to the president as well as Ministers of Health (who are usually picked from medical profession) do not know much about mental health and the importance of emergency psychological intervention for the victims of terrorism and other tragedies and disasters (Monaghan & Just, 2000). If appointing a Minister of Health from medical profession is held in Nigeria as a tradition, the government must also appoint a mental health professional as assistant and the head of mental health.

The more the nation allows untreated mentally troubled people to roam our streets, towns and countryside (villages), the more terrorists and radical religious fanatics are emboldened and the more sophisticated and deadly their activities become.

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