THE RISKS OF DIVIDED IDENTITIES IN AFRICA: THE SOCIO-CULTURAL CONTEXT OF STIGMATIZATION OF MENTAL ILLNESS VICTIMS AMONG YORUBA-SPEAKING COMMUNITIES IN SOUTHWESTERN NIGERIA.

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Abstract
The risks associated with divided identities among Yoruba-speaking communities in Southwestern Nigeria highlight the complex interplay between culture and perceptions of mental illness. In the context of Yoruba communities in Southwestern Nigeria, the concept of divided identities plays a significant role in shaping perceptions and attitudes towards mental illness. The socio-cultural fabric of these communities is deeply intertwined with traditional beliefs, religious practices, and social norms that can contribute to the stigmatization of individuals suffering from mental health issues. Understanding this phenomenon requires an exploration of how cultural identity influences mental health perceptions and the implications for those affected. Using a qualitative research design, this study explores this phenomenon of Stigmatization of Mental Illness Victims due to Cultural Beliefs and Mental Health Perceptions, Impact on Help-Seeking Behavior, Social Consequences and Identity Division and Efforts towards Reducing the Stigma. This study reveals that individuals experiencing symptoms of mental illness is viewed as being fixated or cursed, leading to social ostracism. This stigmatization result in families hiding their mentally ill members due to fear of societal judgment, which further exacerbates the isolation and suffering experienced by these individuals. In conclusion the paper emphasized that stigmatization not only affects individual well-being but also disrupts family relationships and community cohesion. The study recommends that addressing these challenges requires multi-faceted approaches that incorporate education, advocacy, and community engagement concerted efforts aimed at fostering understanding and acceptance while respecting cultural context.

Keywords: Identities, Mental Illness, prejudice, stereotype, Socio-Cultural, Stigmatization.

Introduction.

Mental illness seems to be widely endorsed by the general public leading to having apparent stigmatizing manifestations. Lee et al (2022). In African, it is a common knowledge that mental illness is stigmatized among people in the society. Stigma is a significant obstacle to mental health care, and there is a need to foster a culture in which mental illness is treated like any other medical issue. It is not unusual to discover persons with mental challenges. The stigma surrounding mental illness is sturdy, that it places a wall of silence around the issue as a disease that is serious and the effects are detrimental to the identity of individual and the community, family, and friends. According to history, People's attitudes to mental health are still strongly influenced by traditional beliefs in supernatural causes and punishment for wrong doing and some believed to be hereditary and self-inflicted. Lee et al (2022). In African communities especially in south-west Nigeria, stigmatizing victims of mental illness is very common. They are ostracized by their families, friends, and relations. These behaviours are clearly emphasized as social and cultural factors for both the actors and mentally ill persons. Their families often attempt to control and cure them, using traditional healing measures, and the mentally ill are sometimes locked up in their homes, pushed out of the society, or treated with contemporary orthodox therapies. Whether the mental disease is treated or healed, stigmatization persists, producing an unhealthy environment for mentally ill people and their families of origin. The prevalence of mental challenges and the harmful repercussions on victims has continued to be a reoccurring decimal in Africa and indeed Nigeria. Corrigan and Watson (2002) asserted that, despite high prevalence of mental disorder, many people with the illness struggle with the symptoms and disabilities that result from the mentally challenged and are confronted by stereotypes and prejudice resulting from stigmatization and misconception about the illness. Some existing studies indicate the burden of specific mental illness on the family and attitudes towards the mentally ill but their main focus was entirely an "overview on psychiatry in Africa", focusing on south-west Nigeria. Persons with mental illness often have to struggle with a double problem. First, they have to cope with the symptoms of the disease itself; depending on the particular mental disorder they may have problems such as recurrent hallucinations, delusions, anxiety, or mood

swings. These symptoms can make it difficult for someone with a mental illness to work, live independently or achieve a satisfactory quality of life. Second, the misunderstandings of society about the various mental disorders result in stigma. Some persons who manage their mental illness well enough to work still have tremendous difficulties finding a job because employers discriminate against them. Thus, mental illness results not only in the difficulties arising from the symptoms of the disease but also in disadvantages through society's reactions. As a further complication, some people with mental illness may accept the common prejudices about mental illness, turn them against themselves, and lose self-confidence.

However, whether the illness is controlled or cured the fact remained that once a family is identified as having a mentally ill person people in the family or history of mental illness, the community members keep away from having any empathy or relationship with such families. Stigmatization go far beyond the individual but to other family members. This is more evident in the rural communities than urban in Yoruba speaking communities. The risk of fragmented identities in the sociocultural framework of stigmatizing mental illness seeks to directly address the gap between perception, cultural beliefs, and mental health disorders. The science of mental health recognizes that a range of variables can influence an individual's psychological well-being, including genetic disposition, environmental influences, life experiences, styles, and biological aspects. Mental illnesses are common mental health issues that have a substantial impact on an individual's everyday activities. Being diagnosed as mentally ill changes an individual's identity and nomenclature, and it gives new meaning to behaviour regardless of the label used to previous behaviour. Exploring divided identity in individuals with mental illness can be a complex and sensitive topic. Research suggests that individuals with mental illness experience public stigma and self-stigma, leading to feeling of exclusion, rejection, and devaluation. This stigma can contribute to worsening symptoms, reduced likelihood of seeking treatment, and difficulties with social relationships.

According to Corrigan and Watson (2002), mental illness can result from spiritual attack and can be cured spiritually. Spiritual therapy centres on diviners and their therapeutic methods, and there is always disagreement between the herbalist therapeutic method of treatments who apply sorts of physical punishment inflicted on the mentally ill person, such as incantation, rituals and sacrifices, and sometimes beating in an attempt to feed them. The relationship between therapeutic modalities and the stigma associated with them is uncertain. Millions of mentally ill people in Africa are abandoned, without medication or assistance, and are left to wander about towns and villages. The World health organization (WHO) in its 2019 report emphasized that, one out of every five persons in Africa experienced madness. Statistics shows that 75% of people with mental illness experiences stigma and 50% of individual with mental health conditions do not seek help due to stigma while the stigma caused the global economy $2.5 trillion annually. There is a poor degree of understanding of individuals suffering from the disease, families, communities, and governments are not helping the problem since they enable mentally challenged patients to travel and forage for food on their own and are stigmatised as "were" meaning madness in Yoruba dialect. In traditional Yoruba societies, it is not unusual to discover persons with mental illnesses who continue to indulge in wicked, greedy, and harsh behaviour that jeopardizes communal cohesion and individual freedom.

Stigmatizing individual is a manifestation and proof of abnormality and the identities attached to people who are mentally challenged and are most times criminalized. The Yoruba speaking people and community laid great importance on the ancestral history of mental illness and this affect marriage and interfamily relationships. The eligibility of any candidature for kingship and other political positions centres on history of any mental disorder in the family. Precedence is laid to the appointment and credibility of any person in the community as to whether anybody in the family in the time past had suffered from such malady. The interplay between culture, health and stigmatization is complex and bidirectional, cultural beliefs and values influence health behaviour and practices, traditional healing practices and remedies, dietary habits and nutrition, social supports networks and community ties. Health outcomes affect cultural identity and community cohesion and illness experiences shape cultural narratives and storytelling, health care systems reflect cultural values and priorities (Gureje and Alem 2000, Makanjuola 1987: Odejide 1989)

Specifically, the paper sought to address the following research questions:

- Why is mental illness (MI) stigmatized among the Yoruba speaking communities of south-west?
- What empirical evidence could be established in socio- cultural context of stigmatizing mental illness?
- What empirical explanation can be given to the process of stigmatizing the mentally ill individual?

- Does stigmatizing behavior rest largely on the social and cultural conditions of the community in which the mental illness exists?

Literature Review

The condition of mental illness (MI) extends beyond the established burden evaluated in terms of prevalence. According to Morakinyo et al. (2002), hospital studies in Nigeria suggest that the incidence of MI is comparable with projections for most developing nations throughout the world. They also argued that the only valid epidemiology of MI data available in Nigeria was from 1963. Lenghton and Lambo (1963) conducted a Yoruba community study in Abeokuta, as well as an ongoing multiphase community research in Ogun state. For generations, MI was misunderstood, feared, concealed, and frequently neglected by scientists. Stigma is more than just using the wrong phrase or behaviour; it is about disrespect. For many individuals, the term "mentally ill" is associated with "mad", "lunatic," "crazy," "schicopsychopath," and "maniac," and it has terrible implications of being chronically out of control, unpredictable, and sometimes violent. Prejudice Stigma and prejudice are strongly related and intricately linked to social constructs. These constructs influence many people based on their age, religion, ethnicity, or socioeconomic background. It affects people of all grades and socioeconomic backgrounds, and because many mental illnesses are chronic and incapacitating, those who are affected find it difficult to break free from unfavorable social attitudes. Mental illness and divided identity can lead to compounded stigma, exacerbating feelings of shame and isolation. Stefano (Occhipinti et al. 2023).

Associating MI with violence perpetuates stigmatizing and discriminatory actions towards mentally unwell people. It is a negative stereotype, with typically biased views towards them. Hundreds of millions of women, men, and children suffer from mental illnesses, and despite their relevance, these issues receive little attention (Desjarlais et al., 1995; Ross et al., 2022). In Nigeria, government and health professionals recognize the presence of these issues, but the provision in the national budget for avoiding and dealing with them is disproportionately little in comparison to the risks to human health they pose. According to Wakil et al. (2002) in Morakinyo et al. (2002), despite the fact that Nigeria has a mental health policy program and action plan, the nation has done nothing to implement the policy or revise the legislation controlling the treatment of the mentally ill. These issues are worsened by the prevalence of socio-cultural attitudes and practices surrounding mental illness in our societies. Statistically, 75% of Nigerians think that mental illnesses are caused by demonic spirits (NPC, 2018). The idea of normality and abnormality is loaded with several meanings and implications; most societies have a diverse set of social standards that are deemed suitable for various age groups, genders, jobs, social conventions, ranks, and cultural minorities within society. Displays of behaviour that are unusual by the standards of regular life must be considered in the context of the culture in which they exist. Observable behaviour that differ from the norm may be labeled as deviant or illness and social pressure may be used to persuade the individual to seek care. In this example, "help" refers to changing one's behaviour in order to conform to social standards. What one group considers being mental illness or aberrant behaviour may be normal in another. MI has been classified within Yoruba societies, and many names and appellations have been assigned to the accounts. Nomenclature such as "were," "Alawooku," "Alaaganna," "ayiiri," and others, all signifying mental illness. However, socio-cultural and social attitudes, beliefs, and treatment methods all have a significant impact on health-seeking behaviour. Abubakar and Aliyu (2004) said that, society's responsibility in the prevention and treatment of those suffering from MI cannot be overstated. People's health and social connections are affected by their cultural background. Culture shapes people's attitudes and perceptions. The risks of personal identities and the patriarchal nature of the Yoruba communities has make a man's MI to be traced to the handwork of the wicked ones in the community or the family members who are after his success. Woman on the other hand is not perceived in such manner due to her subjugated position but attributed theirs to bad manner and peer influence or self-caused or generational.

Divided Identity and Mental illness.

Divided identity can manifest in individuals with mental illness as they struggle to reconcile their perceived "normal" self with their mental health condition. This internal conflict can lead to feelings of confusion, anxiety and low self-esteem. Someone with depression may feel like they are fighting an internal battle between their "happy" self and their "sad" self. Kim, et al (2020). Several factors can contribute to divided identity in individual with mental illness. Factors like:

- Societal stigma: Negative attitudes and stereotypes perpetuated by society can lead to feelings of shame and self-doubt.
- Self-stigma: internalized negative attitudes and stereotypes can exacerbate feelings of inadequacy and low self-worth.
- Trauma: past traumatic experiences can fragment an individual's sense of identity, leading to divided loyalties and conflicting values.

The consequences of divided identities can be severe and reduced hope. Feelings stuck between conflicting identities can lead to feelings of hopelessness and despair, internalized stigma and self-doubt can erode an individual's sense of worth and can increase psychiatric symptoms. Bohart, A.C (2019). It is essential to recognize that divided identity is a common experience for individuals with mental illness. By acknowledging and addressing this internal conflicts, individuals can begin to integrate their fragmented identities and work towards recovery. This may involve seeking professional help, engaging in self-compassion practices and connecting with supportive networks (Lee et al., 2022).

Etiology of mental illness.

Social class and stressful experiences have been recognized as factors that are likely to play a substantial impact in the development of mental disorders. However, the etiology of mental illness involves several causes. According to Rees (1976), the causes of mental illness can be divided into predisposing and precipitating factors, which he refers to as intrinsic causes that reside in the individual, such as gynogenic, constitutional, personality, and critical stages of development, and extrinsic causes, which include psychosocial stresses, infections, and trauma. Traditional beliefs, culture, and the wrath of the ancestors and generational curses all have a significant impact on Yorubas views regarding mental illness. The phenomenon of mental illness is said to be created by violating taboos or failing to heed the ancestor's creed. The attitudes towards the mentally ill have a significant impact on their acceptability and social integration. In most countries, mental illness is considered a significant disgrace or mark of shame. The mentally sick are sometimes accused for bringing humiliation, ostracism, and contempt to their families as a result of their diseases, while others consider them as victims of poor luck, religious offences, witchcraft, or misbehavior on the part of the sufferer or traces of generational curses. Such stigma may prevent families from admitting a family member's illness. Some Yoruba households may hide or overprotect a member with mental illness. These lead to keeping the person from receiving potentially effective care and support or they may reject or ostracize the person from the family and allowing the mentally ill to walk all round the town and villages on their own.

Cultural identities and stigmatization of Mental illness (MI).

Stigma is a cultural invention, and its interpretations differs from society to society (Herrick et al., 1995). This suggests that, a situation seen as branding in one culture may not be treated similarly in another. The stigma associated with the mentally ill can be traced back to antiquity and is founded on fear, a lack of understanding, and a deeply held moralistic belief (Garfinkel & Goldbloon, 2002). Discrimination is defined as making an unpleasant distinction with relation to those stigmatised, as well as making prejudiced distinctions between individuals from oneself in terms of race, color, and sanity. Efforts to erase the mark will make it more visible and attract more negative forces. According to Jacoby (1993), there is both felt stigma, which is a sense of shame, and an oppressive fear of enacted stigma, which are individually or collectively applied to those with mental illness. This can have serious social consequences for individuals in terms of their rights, freedom, self-identity, and social interactions with other community members, as well as psychopathological consequences. Dishonor is enacted in the workplace, which inhibits the behaviour of the mentally ill or prevents them from pursuing job in responsible roles or interacting with coworkers. Some deviant stigmatised people believe they are normal, although the so-called "normal" is neither normal nor human. Corrigan and Watson (2002) stressed that the impact of stigma is twofold: (a) Public stigma which is the reaction that the general population has to people with mental illness. (b) Self-stigma is the prejudice which people with mental illness turn against them. They claimed that both public and self-stigma may be understood in terms of three components; stereotypes, prejudice, and Discrimination. People who are biased support negative stereotypes, which tend to elicit negative emotional responses and violence. The community and family members utilise a range of methods, procedures, and traditional cures to keep their stigma secrets hidden. This includes the concealment of stigma symbols such as a change of family name, relocation from the community, family denial of the mentally ill person, denial of some adoption of certain behaviors, and avoidance of situations that can expose a hidden stigma, confiding of secrets in a carefully selected few, and avoidance of intimacy with others in order to avoid the subsequent obligation to divulge closely guarded information relating to the mentally ill person or family. The fight against stigma emanating from mental illness in Yoruba communities becomes an essential part of the fight against the scourge of abnormal and deviant behaviors and its consequences. It is not just the need to overcome barriers for care and prevention but the urge to view the socio-cultural context of its existence in the community (Livingston, & Boyd, 2010).

Stigmatization of MI across cultures is a significant barrier to psychiatric care. It causes delayed diagnosis, worsen quality of life, and a higher risk of social isolation and prejudice. Culture may impact the cause of mental illness, create symptoms, and make particular subgroups

more vulnerable. Cultural attitudes and values have an important impact in mental illness. Communities' attribution of observed behaviour that violates social standards can cause discomfort and generalization of the relationship between deviant behaviour and mental illness, culminating in stigmatisation, labelling, and avoidance. It plays an important role in understanding differences in stigma experiences among mentally ill people, as well as influencing societal attitudes to mental health concerns and treatment expectations. Rusch et al. (2005).

Cultural belief and mental health perception.

Mental health is a complex and multifaceted concept that encompasses an individual's whole emotional, psychological, and social functioning. According to WHO (2014), mental health is defined as a state of optimal well-being in which an individual recognizes their own strengths, handles common life stresses, performs successfully and efficiently, and contributes to their community. Negative views and ideas about mentally ill people are frequent, and it is a negative stereotype that distinguishes personal characteristics that are considered harmful. Stigmatization is an extremely effective technique that embeds a distinguishing imprint on a person or issue. The "marker," or stigmatizing individual, loses control of the circumstances forced on him. People suffering with major mental illness face difficulties and try to overcome the disease's symptoms and impairments. Stigma around mental illness appears to be largely accepted by the general public in Western countries. Defamatory views about mental illness are not limited to uninformed members of the general public; even well-trained professionals and traditional healers from most mental health (MH) disciplines subscribe to stereotypes about mental illness, which are more prevalent among westerners.

It is critical to conduct a multicultural investigation of the idea of stigmatization, people's experiences and responses to mental illness (MI), and the repercussions that follow. Geopolitical influences are being more recognized as essential aspects in the development and delivery of mental and physical well-being for people and families. These variables are critical to our knowledge of how mental illness is stigmatised and spreads physically, as demonstrated in the current SARS-CoV-2 epidemic, as well as the migration of people who can carry illnesses and mental illness (MI) for the rest of their lives. Interpersonal curses and inequities that cause stress and conflict may be a major contributing factor to mental illness. Perceptions of mental disease in Africa and the western half of the state have begun to shift, and there is a definite change in indications of mental illness as societies evolve. The influence of socio-cultural indices on mental health difficulties is thus critical for identifying potential causes and treatment solutions, as well as the impact if eliminated but minimized.

Theoretical Framework.

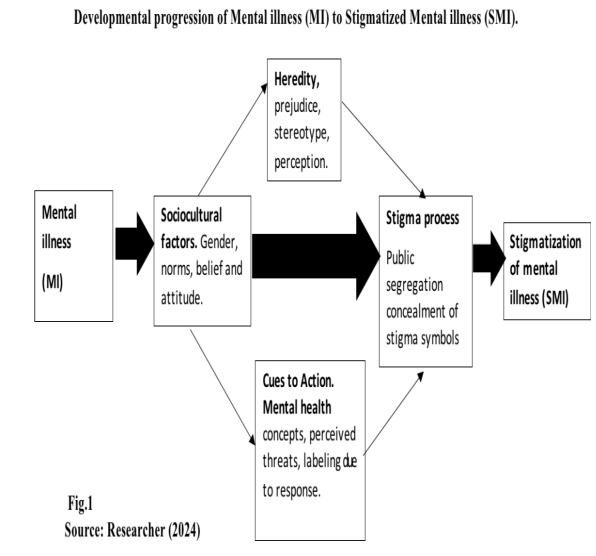
The theory adopted for this study is social stigma theory which is credited by most authorities and scholars to Goffman. The theory is an explanatory supposition that account for the concept, etiology, nature, typology, burden and perception of a social stigma as well as the strategies commonly employed by the stigmatized for managing the information about their stigma status. The main thrust of Goffman theory is that a stigma is a socio-cultural or physical trait perceived as devaluating the process by an individual or group and so attract adverse social action. Stigmatization is the behavioral and attitudinal responses directed by people who claim to be normal at bearers of dreaded diseases, physical deformities and highly detest antisocial practices. It also involves the discriminatory and aversive treatment suffered by members of certain cultural groups.

Goffman was interested in the lacuna between what a person ought to be “virtual social identity” and what a person actually is “actual social identity.” (Ritzer 1996). Therefore, anyone who has a gap between these two identities is stigmatized. Goffman focuses on the dramatological interaction between stigmatized people and normal. The nature of that interaction depends on which of the two types of stigmas an individual has. The basic dramatological problem is managing information so that the problem remains unknown to the audience. In actual sense, Goffman is really saying that we are all stigmatized at some time or the other, or in one setting or other. The theory reveals that the bearers of stigma always suffer from discrimination. Consequently, stigma bearers are victims of a host of physical and psychosocial burdens. In order to cope, the stigmatized reportedly evolve and use effective strategies for managing information about their stigma status and social identity.

Inherent in this theory is an idea that the prevalence of stigma cuts across sexes, various age groups and different social strata. The “normal” as a group always perceive the stigmatized as inferior, the perception is perpetuated by the use of various labels, stereotypes or derogatory terms to describe the stigmatized. The stigmatized person on the other hand perceived the normal as being unpredictable in terms of the way they react to stigmatization, owing to the discriminatory treatments meted out by morals, stigmatized persons design and use various strategies for coping or ameliorating the burden induced by these undesirable differences. This strategies Goffman (1963) sum up as techniques used by the stigmatized to hide their stigma secrets; concealment of stigma symbols such as change of name, rejection of bifocal lenses as suggestive of old age, confiding of secrets in a carefully selected few and

avoidance of intimacy with others so as to avoid the consequent obligation to divulge guarded information.

Conceptual Framework.



The conceptual framework for the analysis is based on the fundamental postulate that stigmatizing illness as the dependent variable, is influenced by a number of social and cultural variables. The perception of susceptibility and seriousness of mental illness can be viewed in the context of awareness and knowledge of the illness. This automatically elicits threat from mental illness that has an effect on stigmatizing of mental illness. When individuals are not susceptible to a particular health problem, any appropriate to take a health action may be considered as time wastage. Individuals weigh the seriousness of a health problem or the consequences of not taking action must be perceived as significant before behavior change can be contemplated. Health campaigns through health education and mental health concepts, promotion and prevention of mental illness, government policy and programs could enhance or worsen the consequences of mental health problems either as perceived susceptibility, seriousness, threat or increase awareness and knowledge thereby promote or affect desired behavior. All these could be influenced by the culture of the individuals such as norms, belief systems, and values etc. which adversely affect stigmatization of mental illness. Once labeled, individuals are subject to a number of cultural cues that tells them how to play their role, that is, they learn how to be sick in a way the particular society or culture understands. Use of derogatory words are affirm to them such as deviance, mad, insane, "were" (mad person in Yoruba dialect) etc. Once expectation and obligations associated with being mentally ill are incorporated into the individual's self-conception, they become the guiding imagery for future behavior. The individual identified as mentally ill internalizes an altered interpretation of himself and his behavior as part of his re-socialization into a deviant status. His role is now derived from the concept of their meaning contained in cultural category "mental illness. (fig.1)

His behavior is interpreted as a reflection of the characteristics which culture ascribes to persons falling into that category. This imagery defines what kind of people are mentally ill are, why they behave as they do, and how to react to them in both the evaluative and interactional sense. The resultant effect is connotative and denotative meaning attached to them which also come to be shared by the person defined as mentally ill and others with whom he interacts. This triggers the process of stigmatization. The individual will be prejudiced, stereotyped (negative emotional reaction towards them) and discriminated. The resultant effect is devaluation of individual self that brings about low self-esteem. This is because the individual internalizes these meanings both due to what he/she has learned during his/her socialization process into the culture and because of the sanctions applied to him by others in social interaction subsequent to being defined by them as mentally ill. The individuals experience three different kinds of stigma such as: self or felt stigma (feeling of shame and oppressive fear of enacted stigma); public or enacted stigma (sanction from outside world, attitude towards them etc.) and courtesy stigma (stigma against the family members and significant others). These stigma leads to avoidance strategies, concealment of stigma. Symbols such as change of homes, wrong addresses, locked up, denial, adoption of certain behaviors, withholding help, coercive treatment and segregation institution etc.

Methodology

The study used a qualitative method to explore the social and cultural context of stigmatizing mental illness (MI). A Focus group discussion (FGD), in-depth interviews, a household survey, case study, life history and Face to Face interviews were conducted with the selected respondents. The study was exploratory descriptive and retrospective, aiming to elicit information on the stigma of mental illness. A total of 25 in-depth interviews were conducted with three different groups including indigenes, care givers, traditional healers and religious leaders. The case study focus on those treated by the traditional rulers or orthodox healers, while the Life history included those diagnosed as mentally ill. The interviews were conducted in Okeigbo town and suburb, a Yoruba speaking community in ileoluji/Okeigbo area of Ondo State. The sampled community was purposively

sampled based on their knowledge of study and their role in decision making regarding mental illness and stigmatization.

Research Questions.

Question 1. Why is there stigmatization of persons with mental illness among the Yoruba speaking communities of south-west?

21 out of the 25 respondents to the above question posited that, Persons with Mental illness are stigmatized as a results of a belief of evil manifestation of wrong doings or generational curses on the affected persons. They emphasized that, people see or regards persons with mental illness as abnormal that have the mark of evil. The fear of attack and easy spread of the infection or malady warrants the community members from associating and having anything in common. While 4 respondents is of contrary opinion citing their reasons on religious belief and mere sickness and that the madness situation is temporal.

Question 2. Is there any empirical evidence that can be established in socio- cultural context of stigmatizing mental illness?

16 out of the 25 respondents to the above question hypothesized that, the prevalence of madness in the society is as a result of the community attaching greater support and belief in culture of the people and adduced that, madness is a fallout of socio-cultural deficiency of the community and that the community attached much to the reality of madness and gave ample testimonies on the precedence, history and manifestation of generational wrongdoings of their ancestors.

Question 3. Is there any empirical enlightenment that can be given to the process of stigmatizing the mentally ill individual?

Greater number of the respondents is of the opinion that there is no education as regards the causes, effect and belief of the people in the community. All reasons are placed on the consequences of the challenges and precedence is laid to historical evidence in the family if any. The face to face interview with the residents revealed the historical evidences and the manifestation of the illness on cultural undertone which has been affecting normal individuals in the area of marriage, chieftaincy title and securing positions in the community. People segregate themselves from the families that have the traces of madness and as well stigmatize them.

Question 4. Does stigmatizing behavior rest largely on the social and cultural conditions of the community in which the mental illness exists?

All the respondents concerned that social and cultural circumstances of the people is not a determinant factor to mental challenges. The study revealed that residents of the study area understand what madness is and what kind of stigma attached. This could be traced to the family background, spiritual, afflictions or self-caused. Heredity as a factor of madness can be generational.

Discussion of findings.

On the issue of cultural identity, respondents identify some cultural factors and traits that distinguish persons suffering from the malaise from people with other cultural background. Statistically, 93% of the respondents is of the opinion that cultural identity plays a vital role and that there is nexus between madness, culture and identity. The interplay between Culture as total ways of life of people and general wellbeing of an individual in the community serves as identifying factor describing the origin and source of a particular mental illness among people of same sociocultural background. Cultural identity influences the perception of mental health and the implications for those affected by the disease. 87% of the respondents are of the opinion that there is empathy between culture and stigma attached to it and that community treat madness as a cultural problem.

Help-seeking behavior and efforts towards reducing stigma: Mental health-related discrimination and stigma are global multifaceted problem. Anti-stigma strategies have been considered in terms of advocating and replacing the crux of mental illness with accurate knowledge using para-social interaction with people with mental illness (PWMI) to challenge prejudice and protest to suppress stigmatizing attitudes and representations. Mental health literacy programs aim to increase awareness and knowledge of mental problems, improve attitudes and stimulate helping behavior need to be emphasized within the community. Over time, the use of traditional means (orthodox medicine, herbalists and healing homes) of seeking help and treatment for the mentally challenged individual through intergroup contact have increased, and this approach have been used both separately and together in population-level interventions and those targeted to specific groups. There is need for a narrative of contact-based strategy and opening mind programs using sociological framework where stigma is considered reflective of the co-occurrence of labelling, stereotyping, separation, status loss and discrimination. Contrary to the interpersonal manifestations of public stigma towards people living with mental illness (PLWMI) cultural norms and

community policies and practices and help-seeking effort have not been favorable to PLWMI.

PLWMI among the Yoruba speaking communities were denounced and forced into seclusion because of the belief that their conditions was a divine punishment or a form of social pollution. This is evident in how individuals with mental challenges, disabilities or certain racial or ethnic identities are treated, the underlying dynamics of ostracization, discrimination and devaluation continue to influence social interactions and institutional structures. Mental illness in Yoruba communities have been mythologized, and in some cases people with severe mental illness or issues do not have adequate access to proper health care. 89% of residents in Okeigbo community is of the opinion that, Curable mental health problems are poorly managed or neglected by friends, families and government. Stigma of madness have led to shame and isolation making seeking necessary supports and resources more problematic. Hence, stigma has philosophical effects at personal and community levels, negatively impacting multiple levels of injuries and of the psychotic care continuum.

Social consequences and identity division: issues of self-identity and community involvement in stigmatization of people living with mental illness have revealed that 92% of persons experiencing the symptoms of mental illness may be viewed as being possessed or cursed by the ancestors or as a repercussion or the manifestation of their evil deeds. This stigmatization can result in families and communities hiding their identity and renouncing the membership of the mentally challenged with the community or muddying their mentally ill members due to fear of societal judgment.

Findings from this study corroborate the works of Thomas Scheff (1985) on labelling theory with respect to mental disorder. The approach emphasized on how a deviant behavior become symbolically ascribed to person through labelling and also the work of Goffman (1996) on social stigma theory as an explanatory supposition on the nature, etiology and perception of stigma and the strategies of managing stigma status.

Conclusion

The research on stigmatization of mental illness victims in Yoruba-speaking communities in Southwestern Nigeria demonstrates the severe impact of split identities on those suffering from mental illnesses. The socio-cultural setting influences views and attitudes towards mental illness, frequently leading to prejudice and marginalization. The findings suggest that cultural ideas, traditional practices, and societal standards all contribute to the stigma associated with mental health, exacerbating the difficulties that afflicted people confront. This stigmatization impacts not only the victims, but also their families and communities, perpetuating a cycle of misinformation and fear that impedes proper treatment and assistance. The study emphasizes the need for a more comprehensive understanding of how cultural influences impact mental health beliefs. It demonstrates that many people see mental illness as a spiritual or moral failure or generational curse on the affected individual rather than a physiological problem that requires expert help. As a result, this attitude causes reluctance to seek treatment from healthcare practitioners, reinforcing the stigma associated with mental health concerns. Implementing the following ideas has the potential to drastically reduce stigma associated with mental illness in Yoruba-speaking communities, boosting access to care and the quality of life for people afflicted. Understanding and eliminating stigmatization is essential for creating a more inclusive and supportive environment for people with mental health disorders. Stigma affects mental and physical health, delayed or forgone care and provides poor adherence to treatment of people with mental health challenges. The interplay between culture, health, and sigma is complex and bidirectional because cultural beliefs and values influence health behaviors and practices, traditional healing practices and remedies. The paper recommends the following:

There is an urgent need for community education and awareness efforts to help Yoruba-speaking people understand mental illness. These initiatives should focus on delivering accurate information about mental health diseases, emphasizing that these are medical problems rather than moral or spiritual shortcomings. Engaging local leaders, religious figures, and influencers may boost the legitimacy and impact of these projects.

There is an urgent need to address mental health concerns in these communities, including the integration of native traditions with contemporary healthcare. It is critical to strike a balance between traditional healing techniques and modern psychiatric treatment. Collaborating with traditional healers can help to provide a more holistic approach to therapy that respects cultural beliefs while delivering required medical practices.

Advocating for policies that promote mental health services at both local and national levels is crucial for policy advocacy for mental health services. This involves expanding financing for mental health initiatives, training healthcare professionals to provide culturally sensitive care, and ensuring that all community members have access to affordable treatment alternatives.

Establishing support groups can provide a secure environment for people with mental disorders and

their families to discuss their experiences, reducing feelings of isolation and increasing community understanding. These groups can also act as forum for participants to learn about coping skills of mental illness.

Continued study into the socio-cultural elements that influence stigma in different Nigerian groups will be critical for designing tailored and orthodox treatments. Boosting the narratives of the indigenous people on their perception of mental illness and help to create interventions that are relevant to certain cultural and identity situations.

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