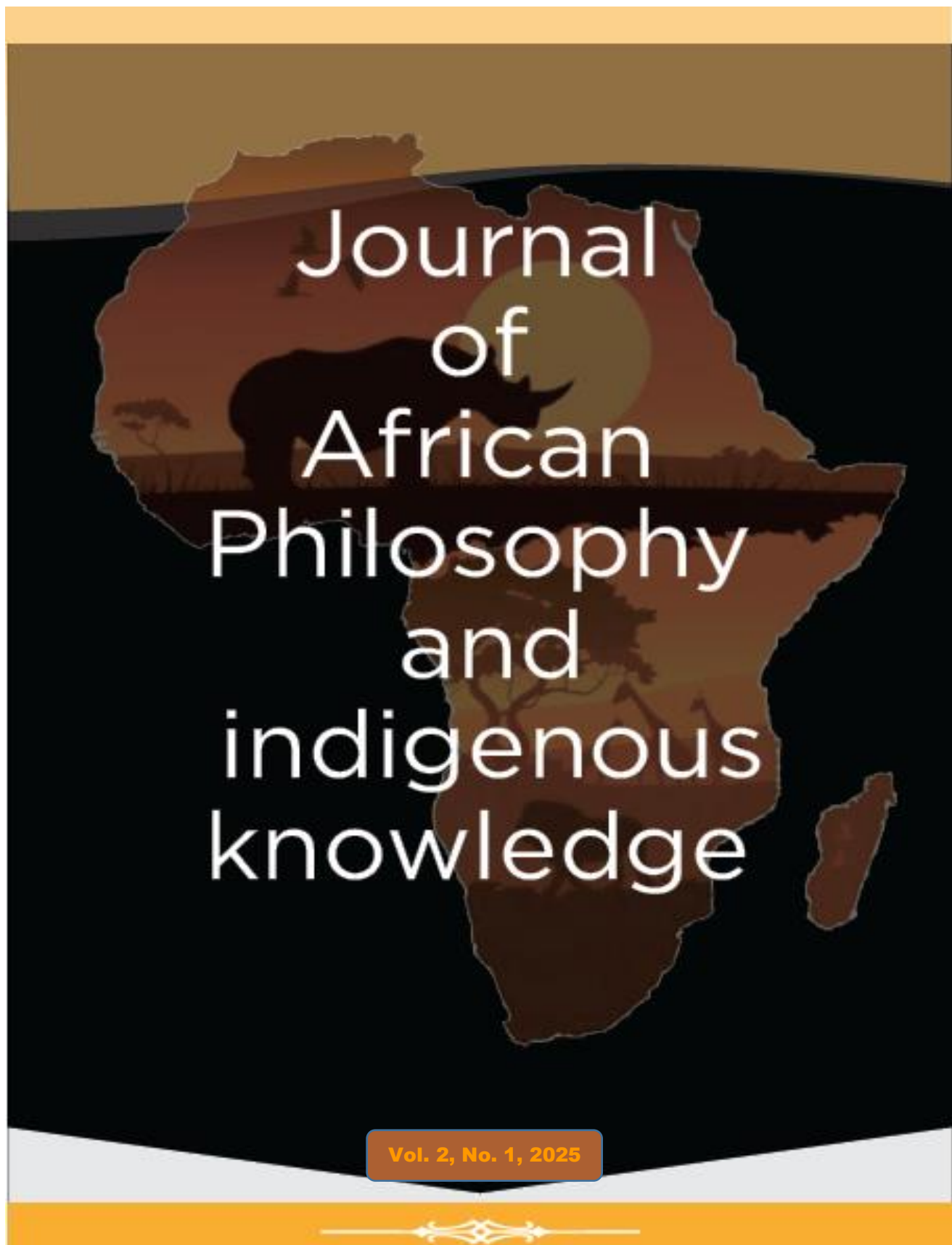




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Editorial Note

This issue of the *Journal of African Philosophy and Indigenous Knowledge* presents a diverse yet intellectually unified collection of papers that examine African realities through indigenous epistemologies, philosophical analysis, institutional inquiry, and socio-cultural critique. Collectively, these contributions reaffirm the journal's commitment to centering African knowledge systems while engaging with contemporary debates in health, education, governance, technology, morality, religion, and development.

Several papers in this issue critically examine the relevance of indigenous epistemologies in addressing enduring social challenges. For example, the paper titled *Indigenous Epistemologies and the Reconfiguration of Mental Health in Urban Lagos State, Nigeria*, interrogates the dominance of Western biomedical paradigms in African mental health discourse. Drawing on qualitative interviews with indigenous practitioners, including *Babaláwo* and *Oníṣẹ̀gùn*, the study demonstrates that mental distress is locally understood as a relational and communal condition shaped by spiritual balance, moral conduct, and ancestral continuity. The paper argues for a pluralistic mental health framework that meaningfully integrates indigenous knowledge into urban mental health policy and practice in Nigeria.

Closely aligned with this epistemic revaluation is the paper on poverty amidst plenty in Nigeria, which interrogates the paradox of persistent poverty despite the country's abundant natural and human resources. Challenging Western-led development paradigms, the study examines African Indigenous Knowledge Systems as adaptive and pragmatic tools for alleviating poverty. By examining indigenous agriculture, informal economic networks, community governance, and traditional healthcare, the paper argues that indigenous knowledge constitutes a living system capable of complementing formal development policies. It advocates for hybrid development models that integrate indigenous practices into education, finance, and governance structures.

The issue also addresses questions of gender, education, and institutional transformation. The study on shifting gender dynamics at Midlands State University in Zimbabwe presents a longitudinal analysis of graduation trends from 2017 to 2023. Using a mixed-methods approach, the paper examines the decline in male graduation rates alongside increased female participation, situating this shift within broader socio-cultural, economic, and policy contexts. The findings link changing gender patterns to affirmative action policies and inclusive education initiatives, contributing to ongoing debates on gender equity and the pursuit of Sustainable Development Goal 4 on inclusive education.

Institutional roles in development are further explored in the paper on religious institutions and grassroots development in Nigeria. Conceptualising religious institutions as faith-based, non-state actors, the study examines their contributions to welfare provision, humanitarian services, healthcare, education, and socio-economic justice, particularly in contexts where local government presence is weak. While acknowledging concerns about abuse and extremist tendencies, the paper highlights the complementary role of religious institutions in grassroots governance and recommends regulatory frameworks, including whistle-blowing mechanisms, to safeguard development outcomes.

Technology and institutional efficiency form the focus of the study on office automation in Oyo State-owned polytechnics. Employing a descriptive survey design and quantitative analysis, the paper demonstrates a significant positive relationship between office automation and job performance among office managers. The findings underscore the importance of technological transformation in public institutions and recommend upgrading work environments to enhance productivity and administrative efficiency.

Another key thematic strand in this issue concerns the preservation and transmission of indigenous knowledge in the digital age. The paper on digital preservation and documentation of indigenous knowledge in Africa explores how digital technologies, including databases and machine learning tools, can support the safeguarding of Africa's knowledge heritage. Drawing on case studies from Kenya, Nigeria, and Southern Africa, the study highlights both the opportunities and ethical challenges of digital preservation, emphasising community ownership, cultural sensitivity, and sustainable partnerships as critical to success.

Finally, the paper on contemporary African culture and religion interrogates their influence on the continent's socio-economic development. Using historical and phenomenological approaches, the study attributes Africa's developmental challenges to cultural practices and religious orientations that, in the author's analysis, perpetuate corruption, injustice, and social fragmentation. The paper calls for a critical restructuring of cultural and religious frameworks in alignment with global best practices to enable sustainable development.

Taken together, the contributions in this issue demonstrate the continued relevance of African philosophy and indigenous knowledge in addressing contemporary African challenges. By engaging indigenous epistemologies alongside institutional, ethical, and technological analyses, this volume advances critical conversations on how Africa can draw on its intellectual traditions while navigating modern transformations. The editorial team acknowledges the authors, reviewers, and contributors whose scholarship has made this issue possible and looks forward to continued engagement with rigorous, context-sensitive, and transformative African scholarship. You are invited to enjoy the intellectual content of this issue.

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INDIGENOUS EPISTEMOLOGIES AND THE RECONFIGURATION OF MENTAL HEALTH IN URBAN LAGOS STATE, NIGERIA

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Mental health challenges in rapidly urbanising African cities continue to be predominantly framed through Western biomedical paradigms, often marginalising indigenous ways of knowing and healing. In Lagos, Nigeria's largest urban Centre, traditional healthcare providers remain central to community-based mental health care, yet their epistemologies and practices are insufficiently theorised within mainstream mental health discourse. Drawing on qualitative interviews with ten indigenous practitioners, comprising Babaláwo and Oníṣẹ̀gùn, this study explores how indigenous epistemologies shape local conceptualisations, diagnoses, and therapeutic responses to mental distress in urban Lagos. Using a thematic interpretive approach grounded in African ethnopsychiatry and Indigenous Knowledge Systems (IKS), the findings reveal that mental health is understood as a relational condition embedded in spiritual balance, moral conduct, communal harmony, and ancestral continuity rather than solely as an individual psychological disorder. The study argues that recognising and engaging indigenous epistemologies offers culturally resonant pathways for reconfiguring mental health care in African urban contexts. It concludes by advocating for a pluralistic mental health framework that meaningfully integrates indigenous knowledge into policy, practice, and urban mental health interventions in Nigeria.

Keywords: Indigenous epistemologies; mental health; African ethnopsychiatry; traditional healers; urban Lagos

Introduction

Mental health has become a critical global public health concern, particularly in rapidly urbanising societies where social dislocation, economic precarity, and cultural transitions intensify experiences of psychological distress. The World Health Organization (WHO, 2021) estimates that mental health disorders constitute a significant proportion of the global disease burden, with low-and middle-income countries facing disproportionate challenges in access to culturally appropriate care. In Africa context, these challenges are further compounded by the dominance of Western biomedical models that often inadequately account for indigenous

worldviews, communal lifeways, and spiritual dimensions of wellbeing.

In Nigeria, and Especially in Urban centres such as Lagos, Mental health care remains shaped by a complex coexistence of biomedical psychiatry, religious healing practices, and indigenous therapeutic systems. Despite the growing visibility of psychiatric institutions and psychological services, a substantial proportion of the population continues to seek mental health care from traditional healthcare providers, including *Babaláwo* (Ifa Priest) and *Oníṣẹ̀gùn* (herbalists). These practitioners operate within indigenous epistemology framework that conceptualise mental distress

not merely as a clinical condition but as a disruption in spiritual balance, social relationship, moral conduct, and communal harmony. However, such epistemologies are frequently dismissed or relegated to the margins of formal mental health discourse. Existing scholarship on mental health in Nigeria has largely prioritised biomedical explanations, epidemiological prevalence, and institutional psychiatric care, with limited engagement with indigenous philosophies of mind, personhood, and healing.

Where traditional healing practices are discoursed, they are often framed as complementary or alternative rather than as coherent knowledge system with their own theoretical foundations. This epistemic marginalisation contributes to a Disconnect between mental health interventions and the lived realities of many urban Africans, thereby limiting the effectiveness and cultural relevance of mental health policies and practices.

Against this backdrop, there is a growing call within African philosophy, medical anthropology, and decolonial mental health scholarship to re-centre indigenous knowledge systems as legitimate and valuable sources of insight. African ethnopsychiatry, in particular, offers a framework for understanding mental health through culturally grounded notions of self, community, spirituality, and cosmology. Integrating such perspectives is especially urgent in urban contexts like Lagos, where indigenous healing systems continue to adapt and function within modern, pluralistic health landscapes.

The overarching objective of this study is to explore how indigenous epistemologies shape traditional healthcare providers' conceptualisations and practices of mental health in urban Lagos. Specifically, the study examines how Babaláwo and Oníṣẹ̀gùn understand the causes, manifestations, and treatment of mental distress, and how these indigenous perspectives contribute to reimagining culturally responsive approaches to mental health care in contemporary African cities.

CONCEPTUAL REVIEW

Indigenous Epistemologies and Mental Health

Indigenous epistemologies refer to culturally grounded systems of knowledge developed through long-standing interactions between communities, their environments, spiritual beliefs, and social institutions. In African contexts, knowledge production is largely holistic, relational, and experiential, emphasising the interconnectedness of the physical, psychological, spiritual, and communal dimensions of life (Wiredu, 1996; Dei, 2012). Unlike Western epistemologies that privilege individualism and scientific objectivity, African indigenous knowledge systems are embedded in communal memory, oral traditions, cosmology, and lived practice.

Mental health within indigenous African epistemologies is not understood as an isolated psychological condition but as a state of balance involving the individual, the community, the spiritual realm, and the ancestors. Among the Yoruba, wellbeing (*àláfà*) is achieved when harmony exists between one's Ori (inner head/destiny), social obligations, moral conduct, and spiritual alignment (Abimbola, 1977; Idowu, 1994). Mental distress, therefore, may be interpreted as a disruption in these interconnected domains rather than solely as a biomedical disorder.

Indigenous Healing and Traditional Healthcare Providers

Traditional healthcare providers occupy a central position in indigenous mental health systems. Babaláwo draw on Ifa divination, spiritual diagnosis, and ritual prescriptions to identify metaphysical and moral sources of distress, while Oníṣẹ̀gùn utilise herbal knowledge, spiritual insight, and embodied experience in treating both physical and psychological ailments. These practitioners operate within epistemologies that recognise spiritual affliction, social conflict, ancestral displeasure, and moral transgression as potential contributors to mental distress.

In urban setting such as Lagos, indigenous healing practices continue to adapt to modern realities, serving diverse populations navigating economic hardship, migration, and cultural relevance, challenging assumptions that urbanisation necessarily leads to the decline of indigenous health systems.

EMPIRICAL REVIEW

Empirical studies on mental health in Nigeria have predominantly focused on psychiatric institutions, prevalence rates, and biomedical treatment outcomes. Research has documented significant gaps in mental health service delivery, including inadequate infrastructure, shortage of trained professionals, and limited accessibility for low-income populations (Gureje et al., 2015; WHO, 2021). These limitations contribute to widespread reliance on informal and non-biomedical sources of care.

Several studies have noted the continued patronage of traditional and religious healers for mental health concerns across Nigeria. Ae-Ngibise et al. (2010) found that many individuals seek indigenous healing due to cultural familiarity, affordability, and shared explanatory models of illness. Similarly, Aina (2004) observed that patients often combine biomedical and traditional treatments, reflecting a pluralistic health-seeking behaviour rather than outright rejection of psychiatry.

However, much of the existing empirical literature treats indigenous healing practices instrumentally, focusing on patient outcomes or collaboration with psychiatric services, while paying limited attention to the epistemological foundations guiding traditional practitioners' understanding of mental distress. Studies that do engage indigenous perspectives often generalise across rural settings, leaving urban contexts underexplored.

In Lagos specifically, empirical research on indigenous mental health practices remains sparse, despite the city's complex social dynamics and cultural diversity. This gap underscores the need for qualitative, practitioner-focused studies that centre indigenous knowledge holders as theorists of mental health rather than as auxiliary actors within biomedical frameworks.

THEORETICAL REVIEW

African Ethnopsychiatry

African ethnopsychiatry provides a culturally grounded framework for understanding mental health within African societies. It challenges the universality of Western psychiatric categories by emphasising culturally specific interpretations of illness, personhood, and healing (Kleinman, 1980; Sogolo, 1993). Within this framework, mental distress is understood as socially and spiritually mediated, shaped by cultural beliefs, moral expectations, and communal relationships.

African ethnopsychiatry foregrounds the role of cosmology, ritual, and symbolic meaning in therapeutic processes. Mental illness is often conceptualised as a disruption in social harmony or spiritual equilibrium rather than a purely neurochemical imbalance. This perspective legitimises indigenous diagnostic practices such as divination, spiritual consultation, and ritual intervention as meaningful therapeutic acts within their cultural contexts.

Indigenous Knowledge Systems (IKS)

Indigenous Knowledge Systems (IKS) complement African ethnopsychiatry by providing a broader epistemological lens through which indigenous healing practices can be understood. IKS recognises indigenous knowledge as dynamic, adaptive, and empirically grounded within lived experience, rather than as static or unscientific (Dei, 2012). It affirms the validity of oral transmission, apprenticeship, and spiritual insight as legitimate modes of knowledge production.

Applying IKS to mental health research enables a shift away from deficit-oriented narratives that frame indigenous practices as inferior or complementary. Instead, it positions traditional healthcare providers as knowledge producers whose conceptualisations of mental wellbeing offer alternative pathways for understanding and addressing mental distress in African societies.

Theoretical Application to the Study

This study adopts African ethnopsychiatry as its primary theoretical framework, supported by Indigenous Knowledge Systems as a complementary paradigm. Together, these frameworks guide the interpretation of how traditional healthcare providers in urban Lagos conceptualise mental health, diagnose distress, and administer treatment. By foregrounding indigenous epistemologies, the study contributes to the reconfiguration of mental health discourse in Nigeria, advocating for culturally grounded, pluralistic approaches to urban mental health care.

RESEARCH METHODOLOGY

Research Design

This study adopts a qualitative research design to explore indigenous epistemological understandings of mental health among traditional healthcare providers in urban Lagos. This study adopts a qualitative research design to explore indigenous epistemological understandings of mental health among traditional healthcare providers in urban Lagos. A qualitative approach is appropriate given the study's focus on meanings, interpretations, and culturally embedded knowledge systems that cannot be adequately captured through quantitative measures. The design enables an in-depth exploration of practitioners' lived experiences, belief systems, and therapeutic practices within their socio-cultural contexts.

Study Area

The study was conducted in urban Lagos, Nigeria's largest metropolitan city and a major cultural, economic, and migratory hub. Lagos provides a particularly relevant context for examining indigenous mental health practices due to its rapid urbanisation, cultural plurality, and continued reliance on traditional healthcare providers alongside biomedical services. The city's complex social landscape allows for an examination of how indigenous epistemologies adapt and persist within contemporary urban environments.

Study Population and Sampling Technique

The study population comprised traditional healthcare providers involved in indigenous healing practices related to mental and psychosocial wellbeing. A total of ten practitioners were purposively selected for the study, consisting of five Babaláwo (Ifa priests) and five Oníṣẹ̀gùn (herbalists). Selection criteria included years of practice, reputation within their communities, and active engagement in addressing mental or psychosocial distress. This sampling strategy aligns with qualitative research principles that prioritise depth, relevance, and epistemic authority over representativeness.

Data Collection Methods

Data were collected through in-depth, semi-structured interviews, which allowed participants to articulate their understandings of mental health, perceived causes of mental distress, diagnostic processes, and therapeutic interventions. The semi-structured format provided flexibility for probing culturally specific concepts while maintaining consistency across interviews.

Interviews were conducted in English and Yoruba, depending on participants' preferences, to facilitate accurate expression of indigenous concepts. Each interview lasted between 45 and 90 minutes and was conducted in settings familiar to the participants, such as shrines, herbal homes, or consultation spaces. With participants' consent, interviews were audio-recorded and later transcribed verbatim.

Data Analysis

Data were analysed using thematic analysis, following an interpretive approach consistent with African ethnopsychiatry and Indigenous Knowledge Systems (IKS). Transcripts were read repeatedly to achieve immersion and familiarity with the data. Initial codes were generated inductively, focusing on recurring ideas related to conceptualisations of mental health, causation, diagnosis, and healing practices.

Codes were subsequently organised into broader themes that reflected indigenous epistemological frameworks rather than externally imposed psychiatric categories. This analytic strategy allowed indigenous meanings and explanatory models to emerge organically from the data, ensuring cultural sensitivity and theoretical coherence.

Ethical Considerations

Ethical considerations were strictly observed throughout the study. Participants were informed of the study's purpose, procedures, and voluntary nature, and informed consent was obtained prior to data collection. Participants were assured of confidentiality and anonymity, with pseudonyms used in all transcripts and reports. Given the spiritual and culturally sensitive nature of indigenous healing practices, the researcher approached all interaction with respect, cultural humility, and adherence to community norms.

Methodological Limitations

While the qualitative nature and limited sample size of the study do not permit statistical generalisation, the aim was not representativeness but analytical depth and cultural insight.

The findings are context-specific to urban Lagos but offer transferable insights into indigenous mental health epistemologies in similar African urban settings.

DISCUSSION OF FINDINGS

This study set out to explore how indigenous epistemologies shape traditional healthcare providers' conceptualisations and practices of mental health in urban Lagos. The findings demonstrate that indigenous understandings of mental health among Babaláwo and Oníṣẹ̀gùn are deeply relational, spiritually grounded, and communally oriented. These perspectives challenge dominant biomedical frameworks that individualise mental illness and privilege neuropsychological explanations over socio-spiritual realities.

Mental Health as Relational and Spiritual Equilibrium

Findings from the interviews reveal that mental health is predominantly understood as a state of balance involving the individual, spiritual forces, social relationships, and moral conduct. Practitioners consistently framed mental distress as a disruption in harmony between one's Ori, ancestral obligations, communal ties, and spiritual alignment. This understanding aligns closely with African ethnopsychiatric perspectives, which conceptualise mental illness as socially and spiritually mediated rather than biologically isolated.

This relational framing contrasts sharply with Western psychiatric models that locate mental illness primarily within the individual psyche. Instead, indigenous epistemologies situate mental wellbeing within a broader cosmological and communal order, reinforcing the African philosophical notion that personhood is constituted through relationships rather than autonomy.

In this sense, mental distress is not merely a personal pathology but a collective concern requiring social and spiritual repair.

Indigenous Diagnostic Practices and Epistemic Authority

The findings further indicate that indigenous diagnostic processes draw on divination, spiritual consultation, embodied knowledge, and experiential insight. Babaláwo described the use of Ifa divination to uncover hidden spiritual or moral causes of distress, while Oníṣẹ̀gùn emphasised careful observation, herbal knowledge, and spiritual intuition. These diagnostic practices reflect epistemologies that recognise non-material dimensions of reality as legitimate sources of knowledge.

Within Indigenous Knowledge Systems (IKS), such diagnostic methods are not arbitrary but are grounded in long-standing cultural logics and intergenerational transmission of knowledge. The findings therefore challenge deficit-oriented narratives that portray indigenous diagnostic practices as unscientific or irrational. Instead, they affirm traditional healthcare providers as epistemic authorities whose diagnostic frameworks are internally coherent and culturally meaningful.

Therapeutic Practices beyond Symptom Management

This study also reveals that indigenous therapeutic practices extend beyond symptom alleviation to address underlying spiritual, moral, and social disruptions. Treatment often involved herbal remedies, rituals, moral counsel, appeasement of spiritual forces, and guidance on social conduct. This holistic approach reflects an understanding of healing as a process of restoration rather than mere symptom suppression.

Such practices resonate with African ethnopsychiatric arguments that healing must engage symbolic meaning, ritual efficacy, and moral reintegration. By addressing the root causes of distress as defined within indigenous cosmologies, traditional healthcare providers offer therapeutic pathways that many urban residents find culturally resonant and emotionally sustaining.

Urban Context and the Adaptation of Indigenous Practices

Contrary to assumptions that urbanisation diminishes indigenous knowledge systems, the findings suggest that indigenous mental health practices remain resilient and adaptive within urban Lagos. Practitioners reported adjusting their methods to accommodate urban lifestyles, economic pressures, and modern social realities. This adaptability underscores the dynamic nature of Indigenous Knowledge Systems, countering portrayals of indigenous practices as static or obsolete.

The persistence of indigenous healing in Lagos reflects broader patterns of medical pluralism, where individuals navigate multiple health systems simultaneously. Rather than rejecting modernity, traditional healthcare providers operate within hybrid spaces that blend continuity and change, offering culturally grounded responses to contemporary mental health challenges.

Implications for Mental Health Discourse and Policy

The findings of this study carry significant implications for mental health discourse and policy in Nigeria. By foregrounding indigenous epistemologies, the study challenges the epistemic dominance of Western psychiatric models and calls for more inclusive, culturally grounded mental health frameworks. Recognising traditional healthcare providers as legitimate stakeholders in mental health care could enhance accessibility, cultural relevance, and community trust in mental health interventions.

Integrating indigenous perspectives does not necessitate the rejection of biomedical psychiatry but rather supports a pluralistic approach that values multiple ways of knowing and healing. Such integration is particularly crucial in urban African contexts, where mental health needs are complex, layered, and deeply embedded in socio-cultural realities.

CONCLUSION

This study examined how indigenous epistemologies shape traditional healthcare providers' conceptualisations and practices of mental health in urban Lagos. Drawing on qualitative insights from Babaláwo and Oníṣẹ̀gùn, the study demonstrates that mental health within indigenous frameworks is understood as a relational and spiritual condition rooted in harmony between the individual, community, and metaphysical forces. Mental distress is therefore not merely a psychological malfunction but a disruption in moral, social, and spiritual equilibrium.

By foregrounding African ethnopsychiatry and Indigenous Knowledge Systems (IKS), the study challenges the epistemic dominance of Western biomedical models that often marginalise indigenous ways of knowing. The findings reveal that indigenous diagnostic and therapeutic practices are coherent, adaptive, and culturally meaningful, particularly within the pluralistic health landscape of urban Lagos. Rather than diminishing in relevance, indigenous mental health practices continue to evolve and respond to contemporary urban pressures, underscoring their resilience and continued significance.

Ultimately, this study contributes to African philosophy and mental health scholarship by re-centering indigenous knowledge holders as theorists of mental wellbeing. It argues that any meaningful attempt to address mental health challenges in African urban contexts must engage indigenous epistemologies not as alternatives or complements, but as legitimate systems of knowledge with valuable insights for culturally responsive mental health care.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed:

1. Policy Integration of Indigenous Knowledge

Mental health policies in Nigeria should formally recognise indigenous epistemologies and traditional healthcare providers as key stakeholders in mental health care delivery. This recognition would promote culturally responsive policies that reflect the lived realities of urban populations.

2. Pluralistic Mental Health Frameworks

Rather than privileging a single biomedical model, mental health interventions should adopt pluralistic frameworks that allow for constructive engagement between biomedical psychiatry and indigenous healing systems, particularly in urban contexts like Lagos.

3. Collaborative Training and Dialogue

Structured platforms should be created for dialogue and knowledge exchange between mental health professionals and traditional healthcare providers. Such collaborations could enhance mutual understanding, ethical practice, and culturally sensitive referrals.

4. Further Research

Future studies should expand the scope of research to include service users' perspectives and explore comparative studies across different African urban centres. Longitudinal research could also examine how indigenous mental health practices evolve in response to changing socio-economic conditions.

5. Documentation and Preservation of Indigenous Knowledge

Academic institutions and cultural bodies should support the documentation of indigenous mental health epistemologies to prevent epistemic erasure and ensure intergenerational transmission of culturally grounded knowledge.

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