

Christian Fanaticism and Mental Health: Healthcare Practitioners' Perspective

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Abstract

Christian fanaticism is an excessive and irrational zeal by professing Christians regarding their faith and its expressions, which often has unwanted consequences. Despite civilisation and a scientifically advanced age, there is still widespread ignorance among many Christians which is a catalyst for religious fanaticism. The aim of this research was to highlight the negative effects of Christian fanaticism on mental health and possible solutions. A qualitative approach was employed in this study; 20 healthcare practitioners were interviewed at the Federal Neuro-Psychiatric Hospital in Calabar and the responses analysed using Atlas.Ti software. The findings showed that Christian fanaticism has negative effects on mental health such as depression and aggression; the interviewees went ahead to give recommendations on how fanaticism could be avoided or managed. This study further enlightens Christians on the need to abstain from religious fanaticism as it has negative effects on individuals, the church and the society at large.

Keywords: Mental Health, Christian, Fanaticism, Fasting, Health Workers.

INTRODUCTION

Since the Paleolithic era, religious rituals have been a part of human existence. This means that no human society has ever existed that did not have an element of religion in it. Even in contemporary society, majority of people in the world belong to one religious group or another (Pettitt, 2011). Religion, as a universal, complex and multifaceted phenomenon, is often interwoven with culture and social practices. It encompasses belief systems that have played a significant role in human history over many centuries, influencing how people view life and how they relate with their fellow men. Even though there is no single universally accepted definition of religion due to its complex nature, some scholars (functionalists) prefer to define religion not in terms of what religious people believe but in terms of how they believe it (Clarke & Byrne, 1993). Religion also takes into account a wide range of practices, beliefs, rituals, and moral codes that are often centered on the worship of a deity, deities or the divine. It serves as frameworks for understanding the meaning and purpose of life, as well as providing a sense of community and moral guidance for its adherents.

There are numerous religions worldwide, including Christianity, Islam, Hinduism, Buddhism, Judaism, Sikhism, and many others, each with its own unique beliefs, teachings and traditions. These belief systems often involve sacred texts, clergy or religious leaders, places of worship, and specific rituals or ceremonies. Religion can have a profound influence on individuals and societies, shaping cultural norms, values, and ethical principles. According to Stone (2013), there are relatively few references to the negative impact of religion and virtually no references to religious trauma. The negative impact of religion on mental health has not fully been examined by researches. It is important to understand that religious fanaticism is not unique to one religion. History shows that it has played out in many religions over the centuries, and that includes Christianity. In contemporary Christianity, fanaticism manifests in extreme beliefs by some Christians, 'over-spirituality', intolerance towards other religions/denominations and their views and sometimes acts of inter-faith or intra-faith violence carried out in the name of Christianity. These extreme and divisive behaviour by Christians suggest detrimental consequences on those who seem to practice them.

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Christianity is one of the religions that preach peace. It preaches against hatred, unforgiveness, discrimination, murder and all the social vices that are often perpetrated by some adherents of the Christian faith who may be acting based on zeal without knowledge. Christianity in Nigeria has continued to experience inter-faith and intra-faith conflicts which are fueled by extreme belief and intolerance by Christians. This contradicts the teachings of the bible and present Christians in a bad light. Some Christian leaders express extreme religious beliefs such as prolonged fasting imposed on their followers across board. There has also been acts of discrimination against people of different religious background. Some Christian fanatics even refuse medical attention when there is need and would rather go to ‘prayer houses’ or spiritual leaders for solutions. In terms of religious fanatic expressions, while there have been cases of outright violence in the northern part of Nigeria, what may be obtainable in the south are cases of extreme beliefs, intolerance, discrimination, spiritualism and identity-based conflicts that create tension. Consequently, this study was aimed at determining the association between Christian fanaticism and mental health based on the perspective of healthcare practitioners working in a Psychiatric facility. This study also sought to highlight preventive measures and recommendations for managing mental health issues especially those arising from religious extremism.

Definition of Some Key Terms

Religion: Due to the multifaceted nature of religion and the fact that it encompasses beliefs, practices, rituals, moral codes and ethical systems which are often approached differently by different people, it is usually difficult to define religion or to find a universally acceptable definition for it. This complexity in the definition of Religion has led to the categorization of the definitions of religion into different categories namely: substantive definitions, functional definitions, phenomenological definitions, psychological definitions and more. For this reason, different scholars have defined religion in different ways. E.B. Tylor defines religion substantively as the belief in the supernatural (Larsen, 2013). Functionally, Emile Durkheim has defined religion as a unified system of beliefs and practices relative to sacred things (Koenig, 2020). Otto Rudolf, focusing on the phenomenological aspect of religion defined it as being characterized by the experience of the numinous, a sense of awe and wonder in the presence of the divine (Sarbacker, 2016). Sigmund Freud, in his own definition of religion focused on the psychological aspect of religion. According to him, religion is an illusion that is based on the emotional needs of humans, rooted in childhood experience (Liechty, 2016). Religion may be seen functionally as that which offers humans the platform to relate with the divine as a way of making up for their insufficiencies and human frailties in a world that is full of unforeseeable contingencies and uncertainties (Croucher et al., 2017).

Fanaticism: Fanaticism is a word which many people often use in its short form ‘fan’ without knowing that it has anything to do with fanaticism. For instance, many lovers of football happily identify themselves as football fans. Even though there exist little agreement about a technical definition of fanaticism that can differentiate it from extremism, radicalism, and fundamentalism or arbitrate the relations between them, fanaticism is usually conceived along either or both of the two following lines: The content view of fanaticism argues that fanaticism is the holding of extreme views; the epistemic view which asserts that fanaticism is an intellectual flaw which is often expressed in the inability of the fanatic to take into account facts that do not agree with their own worldview (Chouraqi, 2019). In other words, fanaticism according to Chouraqi is, from the epistemic view, fueled by close-mindedness. In effect therefore, a fanatic is someone who expresses fanaticism in any given circumstance through his words or actions. For Chouraqi, fanaticism is not only wrong but also fallacious because it is based on widespread but faulty moral and philosophical assumptions (Chouraqi, 2019). In other words, fanatics may be regarded as people who disdain moderation in favour of extremism in their effort to remain consistent with their belief and its accompanying practices.

Mental Health: This can be defined as “the capacity of individuals and groups to interact with one another and the environment in ways that promote subjective wellbeing, the optimal development and use of cognitive, affective and relational abilities, the achievement of individual and collective goals consistent with justice” (Dogra & Cooper, 2016). According to World Health Organization (WHO), mental health is a state of mental well-being that enables people to cope with the stress of life, realize their ability, learn well and work well, and contribute to their community (WHO, 2024). This definition focuses on mental well-being in general, and its positive contribution to the good of the individual and society.

LITERATURE REVIEW

Religious fanaticism goes by different names such as religious intolerance, religious extremism, religious fundamentalism, religious radicalism and zealotry. Irrespective of what name it goes by, one thing that stands out about religious fanaticism is that it has to do with a strict, excessive and militant approach to religion, which is often detrimental to people and the society at large.

Religious Fanaticism in Modern day Christianity

Whether violence is inherent in religion or religion is used to justify violence is a debate that is yet to be settled among scholars. Whatever the case may be, one thing that stands out is the fact that religious violence or fanaticism in religion has continued to trail the history of mankind even to modern times and Christian religion is not left out (Swinburne, 2005). There has been reported cases of upsurge in fundamentalist mentality and groupings within Christianity sufficient to suggest that fundamentalist extremism is not only found in Islam but that Christianity has also been able to express to some extent similar extreme ideology and related actions (Pratt, 2010). Many of the people who justify fanaticism and extremism in contemporary times do so using the bible to defend their actions. Extremists in Christianity justify their violent actions through their personal interpretations of Christian scripture (Eraliev, 2022).

It is likely that the first recorded expression of such an extremism in Christianity in the early modern era were connected to the time when English Catholics attempted to assassinate Protestant King James 1 in 1605. Even though the attempt failed, history captured it as a case of Christian extremism (Eraliev, 2022). Sometime in 1910 there were also some anti-Catholic organizations that were re-awakened whose ideology was fundamentally protestant. It is also believed that many fundamentalists have been at the forefront of the so-called 'culture wars' in America, insisting that Christians should become involved politically to save America as a Christian land (Stockwell, 2015). Even in Nigeria's contemporary Christian landscape, there are cases of religion fanaticism. One of such cases is the "house church" movement which reject the institutionalized and 'purely nominal' Christianity of the older churches while they continue to build institutions of their own. These religion movements, in their fanaticism, are often rigidly controlled by leaders whom they believe to be specially guided by the spirit (Nmah & Amunnadi, 2011).

Causes of Religious Fanaticism

There are different causes of religious fanaticism depending on how one views and defines it. Sampson (2012) mentioned some of the causes of religious fanaticism. These causes include but are not limited to: religious ignorance, spiritual arrogance, psychological disequilibrium, cognitive poverty, paucity of experience, vested material interests, poor secular leadership, material poverty, social maladjustment and disinclination to change. According to Enweonwu et al. (2021), there are also other causes of religious fanaticism particularly in Nigeria. These causes include religious differences, different interpretation of doctrinal teaching in the same religion and conversion campaign. They also added that secularism in the Nigerian State and indoctrination of the Nigeria citizens are two other major issues that strengthen religious intolerance in Nigeria. They saw secularism as the principle of separation of the Church and State which, though Christian may accept, Muslim cannot not accept due to the nature of their religion. Even though this may be the cause with fanaticism among Muslims, I believe that it does not apply to Christians. Writing on the issue of religious bigotry, Ben Carson (Carson, 2014) asserted that it is still a problem today. According to him, it is a universal belief that more people are being killed yearly in the name of religion than for any other cause. This is predicated on the fact that religious crusaders strongly believe that only they can be right, and will really stop at nothing to either convert people of other faith or violently eliminate them. This explains why many people turn away from religion and view those who patronize it with disdain.

In the second to the sixth chapters of his book *When Religion Becomes Evil: Five Warning Signs*, Charles Kimball points out five warning signs of religious extremism as: absolute truth claims, blind obedience, establishing the "ideal" time, the end justifies any means, and declaring holy war (Kimball, 2008). Although these do not all apply to every form of extremism seen in Christian religious bodies, there is no gainsaying the fact that today's Christianity is itself a religion built on the dogma of absolute truth and blind obedience, with

many contemporary pastors and self-ordained bishops always declaring holy spiritual wars against perceived enemies and expecting their followers to follow without questioning their views and their position (Anyakorah & Ogene, 2021). This is more often the case with intra-faith religious fanaticism among Christians. Over the years, this has hindered the growth of Christianity in many places.

METHOD

This section describes the research methodology and it explains the research design, research subjects, research instrument, data collection methods, and methods for statistical analysis of the collected data.

Research Design

This research adopted a qualitative approach for data collection. The use of this approach enabled the researcher to explore, in a detailed and unbiased manner, the issue of fanaticism among Christians in Calabar, and to investigate how it has affected their mental health – from the perspective of doctors and nurses working at the Psychiatric hospital. The qualitative approach entailed interviewing Doctors, Nurses, and other healthcare workers in the field of Psychiatry. In order to achieve the objectives of this study, both primary and secondary data were collected and analyzed. The primary data consisted of responses collected through the structured interviews that were administered to the sample population – that is, among the healthcare practitioners. The secondary data consisted largely of existing literature in addition to empirical facts available on subjects that are related to the problem which this study sought to address. The information gathered was mostly derived from books, journals, projects and other sources obtained from online and onsite libraries.

Research Study Area

This study was carried out in Calabar Metropolis, the capital of Cross River State which consists of Calabar Municipality and Calabar South Local Government Areas (LGA). Calabar Metropolis is bounded by Calabar River, to the West, Kwa River to the East, Odukpani L.G.A to Northern flank and the estuaries of the Atlantic Ocean in the south. The metropolis covers a land area of 427.05km² (Amadi et al., 2021). There are 22 wards in both LGAs, 10 in the later and 12 in the former, numbers are being used as the name the wards in the study area. The main dwellers of the area are the Efiks, the Efuts, and the Quas whose major widely spoken language is Efik and Ejagham (Danrumpha et al.). Beyond this, the Federal Neuropsychiatric Hospital (FNPH) Calabar is located in the Calabar South LGA but serves people from up to five other states in the Southern part of the country namely: Akwa Ibom, Abia, Rivers, Imo and Enugu states.

Ethical Considerations

Ethical clearance for this study was sought for and obtained from the Faculty of Arts Ethics Committee, University of Calabar. In addition to this, Institutional approval was also applied for and obtained from the Federal Neuro-Psychiatric Hospital, Calabar. Scanned copies of these documents can be made available upon request. Informed consent was also sought for before proceeding with the interviews. A sample of the Informed consent sheet used in this study can be seen in Appendix 1.

Study Participants and Research Instrument

The research participants were selected using random sampling technique: the hard copy interviews (questionnaires) were interviewer-administered to the participants. The study population for the qualitative interviews consisted of healthcare practitioners at the Federal Neuropsychiatric Hospital - Calabar, made up of medical Doctors, Nurses and other healthcare service providers. A sample size of 20 healthcare practitioners was targeted and used. The respondents were all of 20 years and above, both genders, and particularly working with people having mental health issues. The qualitative survey questions were in the form of open-ended questions, which allowed the survey respondents to provide unique and individual responses. The value of qualitative responses in interviews is in their depth, detail, and ability to provide a nuanced understanding of complex issues using an inductive approach. This offers insights into participants' attitudes, behaviours, thought patterns and experiences - in their own words. These insights can be particularly useful in identifying patterns or themes that might not be evident from purely quantitative data. A sample copy of the interview that was administered to the participants is attached (Appendix 2).

Statistical Analysis

The qualitative data obtained from this study was analysed with the use of the Atlas.Ti version 2.0. The analyses were carried out based on certain thematic areas, and the results were presented as thematic map diagrams. Thematic analysis requires a close look at the collected data, summarizing the data with codes, and developing the codes to the extent that they can contribute a broader understanding of the context from which the data is collected. Codes and themes are forms of data reduction that streamline the research results and make them concise.

Psychological Theories

Psychology has to do with the scientific study of the mind or human behaviour. It is the study of the mind and how it works and of behaviour as an expression of the mind (Butler & McManus, 2014). Two major theories that relate to this study are: Psychoanalysis Theory and the Psychodynamic Theory - both propounded by Sigmund Freud. For the purpose of this paper, we will focus more on the later theory.

Psychodynamic Theory

Psychodynamic theory and practice evolved from psychoanalytic theory of Sigmund Freud (Cronbach, 1922). The modern psychodynamic approach is among the most inclusive and versatile schools of thought available to therapists. The dynamic approach is a system that touches on human development, personality, mental disorders as well as therapy (Fulmer, 2018). Even though contemporary psychodynamic therapy differentiates itself from its psychoanalysis origin in several ways, the fundamentals of the former are typically presented within the context of the latter.

Implicit in the term psychodynamic is the mind as a dynamic system. Quoting Fuchs, Fulmer stated that dynamic systems are multileveled, each sub-unit interacting with the other (Fulmer, 2018). They are, thus, distinguished from the sequential, linear structure extolled by classical behaviorists. Stimulus-response (S-R) psychology views behavior as the predictable byproduct of stimuli that produce either desirable or undesirable effects, respectively increasing or decreasing the likelihood of that behavior occurring again. The complexity of a dynamic system assumes the simultaneous occurrence of a multiplicity of causes and effects within the mind at any given moment. A psychodynamic approach recognizes the often illogical, deceptive nature of the human mind.

This theory also forms a theoretical framework for this research because of its focus on the sources of energy and the motivational forces that drive human acts. The extent of this drive or influence can directly or indirectly affect each person approach to and attitude towards their religious beliefs and expressions.

Relevance of Psychodynamic Theory to the Study

Psychodynamic theory, rooted in the work of Sigmund Freud and later expanded by others, is very relevant as a theoretical framework for this study because of its emphasis on the influence of unconscious processes, early childhood experiences, and internal conflicts on behavior and mental health (Cronbach, 1922). The psychodynamic perspective focuses on how unconscious motives and conflicts influence behavior. Religious fanaticism can be seen as a manifestation of these unconscious processes, where repressed desires, fears, and anxieties are projected onto religious beliefs and practices (Hemminger, 2021).

Just like in Psychoanalysis, people can use defense mechanisms such as projection, denial, and reaction formation to cope with internal conflicts and anxieties. For instance, fanatical adherence to religious doctrines can serve as a defense mechanism to avoid confronting underlying psychological issues.

Early childhood experiences, particularly those involving authority figures and family dynamics, play a crucial role in shaping an individual's belief systems and behaviors (Hemminger, 2021). The relationship with parental figures can be mirrored in the relationship with religious authorities or deities.

Psychodynamic theory also explores how identity is formed through the interplay of various internal and external influences. Religious fanaticism may be related to struggles with identity formation, where individuals

find a sense of self and belonging through rigid religious adherence. Fanatical religious behavior can be viewed as an expression of unconscious desires and conflicts. These might include a need for certainty, fear of death, or a desire for control. Religious rituals and beliefs provide a structured outlet for these unconscious motives (Hemminger, 2021).

Fanatical behavior may also be a way to cope with deep-seated anxieties and insecurities. For example, a person might use reaction formation, adopting extreme religious views to counteract their own doubts or fears about faith. Projection might lead to seeing non-believers or other religions as threats, externalizing internal conflicts.

RESULT

For the qualitative aspect of the study, 20 healthcare practitioners (doctors and nurses) at the Federal Psychiatric Hospital (FPH) were interviewed individually. The following sections report the findings generated from the interview analysis.

Sociodemographic Characteristics of the Study Community

As stated by the interviewees, some of the community members engaged in different businesses, petty trade, middle-income earners and civil servants. Participants 6, 8, 10, 15 and 16 said some members of the community engage in different businesses while Participants 5 and 13 specified that they are petty traders and so the businesses might be small-scale. Participants 6, 9, 15 and 20 mentioned that they are mostly middle-income earners. In addition, Participants 7, 10 and 11 also said some members of the community are civil servants which Participants 8 and 9 referred to as white collar jobs. One participant (number 2) said they are a mixed population, some are low-income earners, while others are middle-income earners. However, Participants 1, 3, 5 and 7 said people within their community are mostly unemployed and so there is a high level of poverty within the community as asserted by participants 4, 14, 15 and 17. Participant 7 mentioned that there are many cases of non-communicable diseases (NCDs) in the community. While addressing the predominant religion and denomination of worship, almost all the participants said that the study population (the community served by the FNPH) are predominantly Christians. Participant 12 said they are mostly without formal education as most are secondary school graduates. Participant 4 also said there are many 'touts' within the community.

Common Mental Health Problems / Effects of Prolonged Fasting on Mental Health

The different mental problems mentioned by the participants include Bipolar Affective Disorder, Schizophrenia, Depression, Substance use disorder and Cannabis-induced psychosis. This can be seen in Figure 1. Up to 11 participants (2, 3, 4, 7, 9, 10, 15, 16, 17, 18 and 20) mentioned Bipolar Affective Disorder. Almost all the participants (18 of them) mentioned Schizophrenia as being a frequently encountered mental health challenge at the facility. Out of the 20 interviewees, 9 of them (Participants 4, 5, 9, 10, 11, 14, 15, 18 & 19) spoke about depression. Participants 5, 11, 12, 13, 14, 16 and 17 mentioned substance use disorder while Participants 7 and 9 mentioned Cannabis-induced psychosis. The following were reported as the effects of prolonged fasting on mental health of the population. Participants spoke of aggressiveness, lack of proper sleep, lack of concentration, confusion, reduced productivity, poor performance, abnormal behaviour, and sleeplessness as seen in Figure 2. Even though these effects from prolonged fasting were reported on a general note, it was also noted that they are more applicable to people who are pre-disposed to mental health issues.

Aggression – Seven (7) participants agreed that aggressiveness is one of the effect of prolonged religious fasting on mental health.

Insomnia – Eight (8) participants argued that people who engage in prolonged spiritual fasting often lack proper sleep. According to Participant 3, "...disorganised sleep which sometimes causes insomnia". Participants 2 and 16 said "such patients suffer sleeplessness as well". In Participants 6 words, "It makes them uncoordinated due to insomnia or lack of sleep" while Participant 8 said they usually have an altered sleeping pattern which Participants 10, 13 and 15 agreed to.

Lack of concentration – Five (5) participants also mentioned lack of proper concentration. Participant 1 said "They are unable to concentrate well" when they engage in prolonged religious fasting. In one of the participant's words, "They also experience flight of ideas (poor concentration) due to prolonged fasting."

Disorganisation - Participant 10 mentioned confusion as an effect. Participants 1 and 2 said they observed patients were often disorganized when they engaged in long spiritual fasting.

Decreased productivity and performance – Up to 9 participants said prolonged religious fasting reduces productivity and performance. Participant 12 agreed by saying that the poor social interaction among religious fanatics often leads to low productivity.

Abnormal behaviour - Participant 2 states abnormal behavior as one of the effects of prolonged fasting on mental health while Participant 19 specified the abnormal behaviour as being talkative. In a participant's words, "they are mostly gloomy in their disposition", another participant agreed by saying, "They are sometimes gloomy and depressed" which they further reinforced by saying, "they can be vocal and do not accommodate the opinion of others especially those of another denomination". Participant 10 while also taking about the issue of abnormal behaviour said, "they are most times excited, vocal and want to impose their opinions on others". Participant 5 described it as undue excitement while Participant 7 also said undue suspicion is another effect.

Poor Social Interaction – Nine (9) participants said one of the effects of prolonged fasting on mental health is poor social interaction. Participant 7 said they are usually socially withdrawn. In participants's 9 words, "they do not really interact socially because of how long they isolate themselves". Participant 15 also said people like this are less likely to be happy, in their words, "Fanatics are less likely to be happy, usually gloomy, lack social skills and interact poorly".

Participants 9 said "They look malnourished and dehydrated". Similarly, Participant 18 also stated that, "Prolonged fasting affects the total man – physically and mentally".

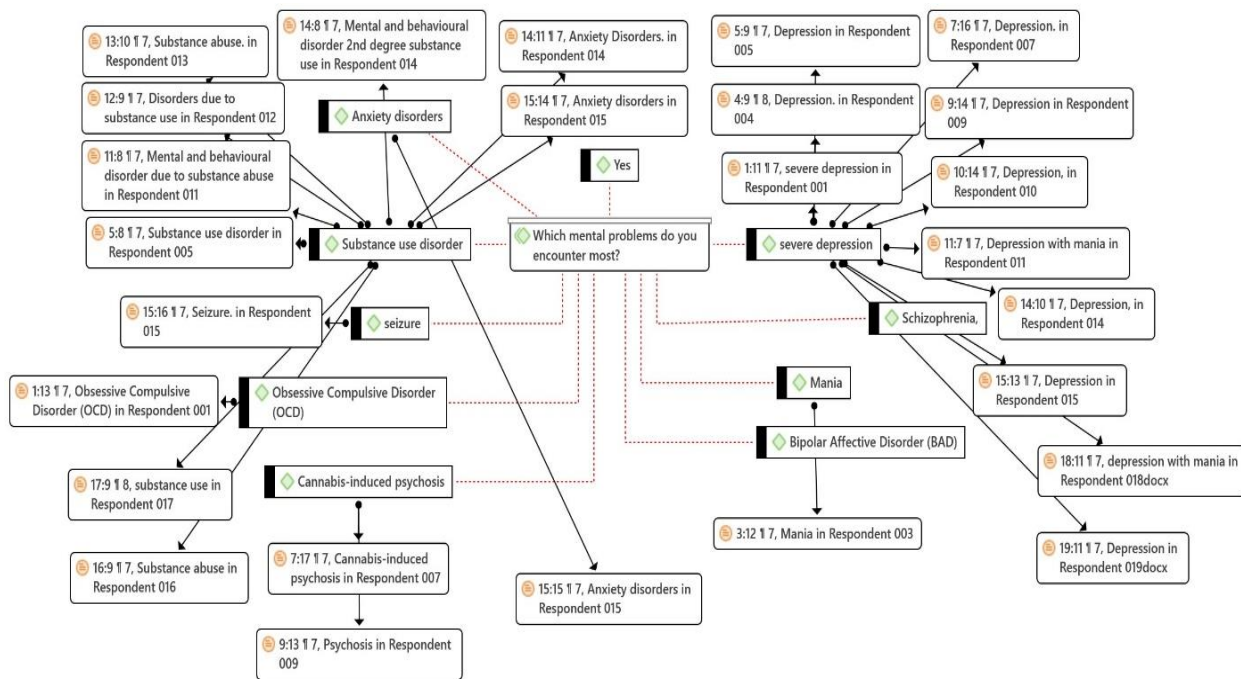


Figure 1: Most common mental disorders reported

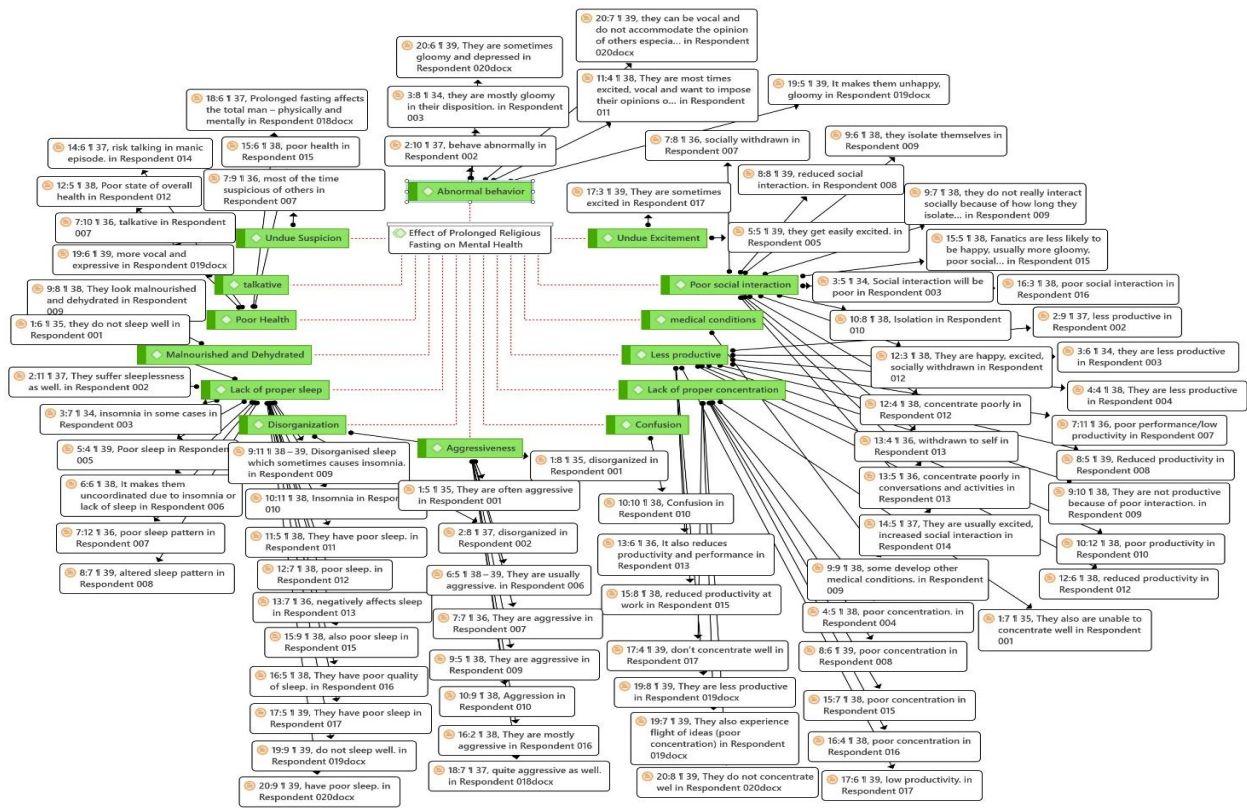


Figure 2: Effect of prolonged religious fasting on mental health

The Influence of excessive participation in religious activities on mental health

The quotations are on the effect of people's extreme involvement in Christian religious activities on their mental health. All the 20 interviewees believed that involvement in Christian religious activities did influence people's mental health, either positively or negatively as presented in Figure 3.

One participant said "Yes, it affects them a lot." This statement suggests a strong belief that participation in Christian religious activities significantly impacts individuals' mental health. It implies that such involvement has a profound effect. "Yes, I have met some cases." This indicates that the speaker has encountered specific instances where people's involvement in Christian religious activities has influenced their mental health. The use of "cases" suggests a level of individual observation or perhaps professional experience in dealing with such matters. Another said "Yes, so many cases." This statement implies a strong belief that there are numerous instances where people's mental health has been affected by their involvement in Christian religious activities. The use of "so many cases" suggests that the speaker perceives this as a widespread phenomenon. Overall, these quotations collectively suggest a consensus among the participants that there is indeed a significant relationship between people's involvement in Christian religious activities and their mental health especially when the activities become extreme.

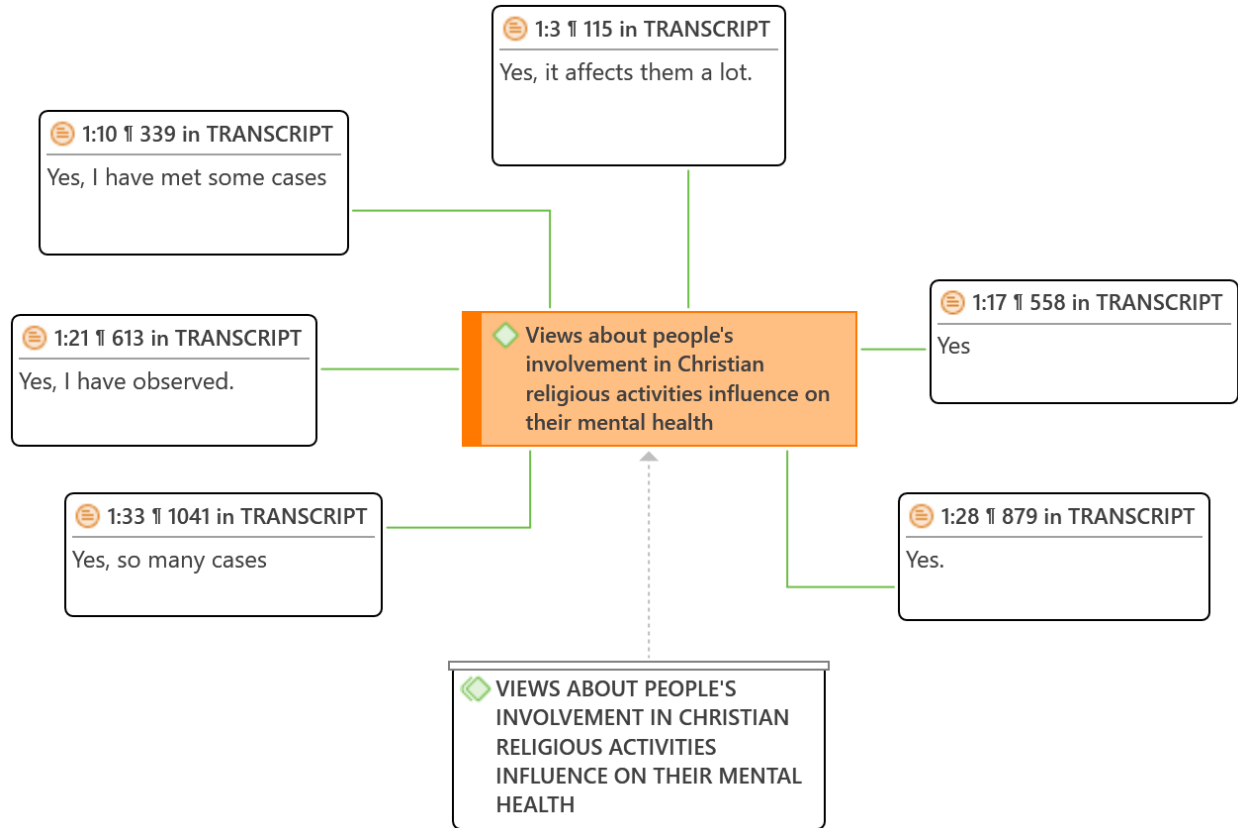


Figure 3: The influence of participation in Christian religious activities on mental health

Nature of the effect of involvement in religious activities on mental health

As presented in Figure 4a and 4b, the participants identified both the positive and negative effects of people's involvement in Christian religious activities on their mental health.

Positive Effects

According to a participant, "They are honest and people of integrity at their workplace." This quotation suggests that individuals who are actively involved in Christian religious activities often exhibit honesty and integrity in their professional lives. Such ethical behavior can contribute positively to their mental health by fostering a sense of pride and accomplishment, as well as enhancing their self-esteem. Another participant affirmed that "Sometimes it may have positive effects on their mental health e.g. more faith." This statement acknowledges that participation in Christian religious activities can lead to increased faith, which in turn can positively impact mental health. Faith often provides individuals with a sense of purpose, hope, and resilience, which can help them navigate through life's challenges and maintain emotional well-being. "In a positive way – most of them engage in aggressive evangelism." The quotation suggests that engaging in aggressive evangelism, while often associated with fervent religious activity, is portrayed in a positive light. This could imply that individuals who actively spread their faith may experience a sense of fulfillment and purpose, contributing positively to their mental health by fostering a sense of community, belonging, and meaningful engagement. In summary, these quotations suggest that people's participation in Christian religious activities can have some positive effects on their mental health, including increased faith, ethical behavior, meaningful engagement, and support for recovery. These aspects contribute to a sense of purpose, belonging, and well-being, highlighting the potential benefits of religious engagement for mental health.

Negative Effects

Contrary to the above, most of the 20 participants expressed that there are negative effects of people's involvement in Christian religious activities on mental health. These include delays in seeking medical help, intolerance, unhealthy coping mechanisms, and social isolation. One interviewee said "It has negative effect. It makes their relatives not to seek medical advice." Another said "Not seeking help on time. They seek to handle it spiritually instead of medically." Here, the emphasis is on individuals delaying seeking medical help and relying solely on spiritual methods for treatment, which can lead to worsening health outcomes. In addition, a participant shared that there is "Poor health seeking behaviors at the early stages of illness." This implies that individuals may exhibit inadequate or inappropriate behaviors in response to their health issues, possibly due to prioritizing spiritual intervention over medical treatment. "Refusal to adhere to instructions which may aid recovery and avoid relapse." Individuals may neglect medical advice or instructions that could contribute to their recovery due to religious beliefs conflicting with prescribed treatments. As noted by a participant, "Extreme religiosity causes negative health seeking behaviours." Extremist religious beliefs may lead to behaviours detrimental to seeking proper medical care, potentially exacerbating health conditions. Excessive involvement in religious activities may lead to sleep deprivation, which can negatively impact mental health and overall well-being as shared by a participant who said "Negative effects such as sleep deprivation." In some cases, religious involvement may trigger or exacerbate mental health disorders, highlighting a potential downside to intense religious engagement as pointed out by another participant, "It sometimes triggers mental disorders." Over-involvement in religious activities may lead to social isolation and reduced productivity in other aspects of life as shared by participants.

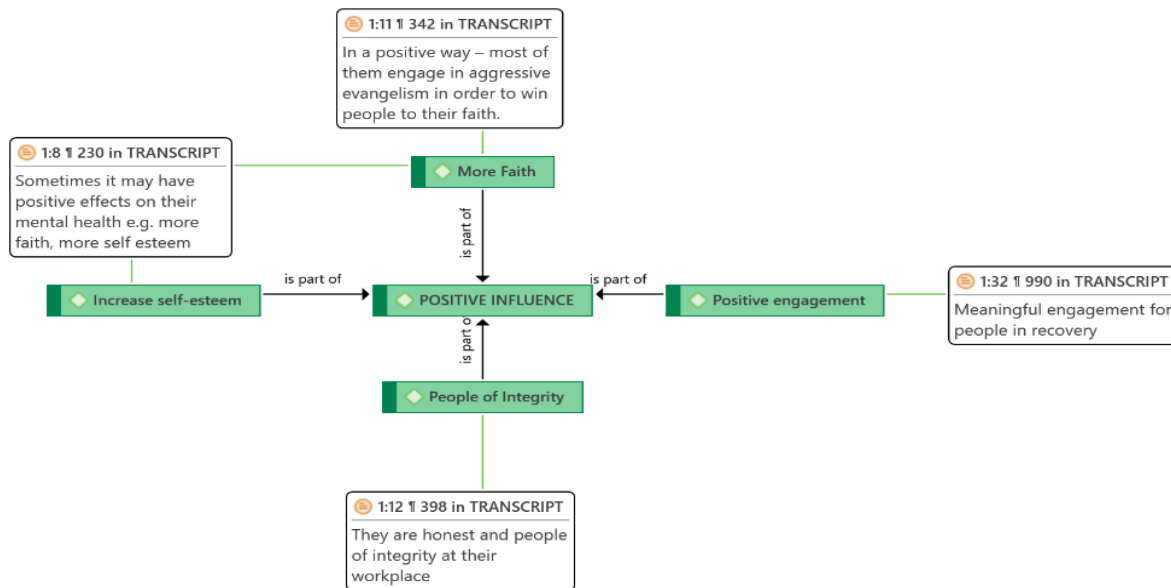


Figure 4a: Positive effects of involvement in religious activities on mental health

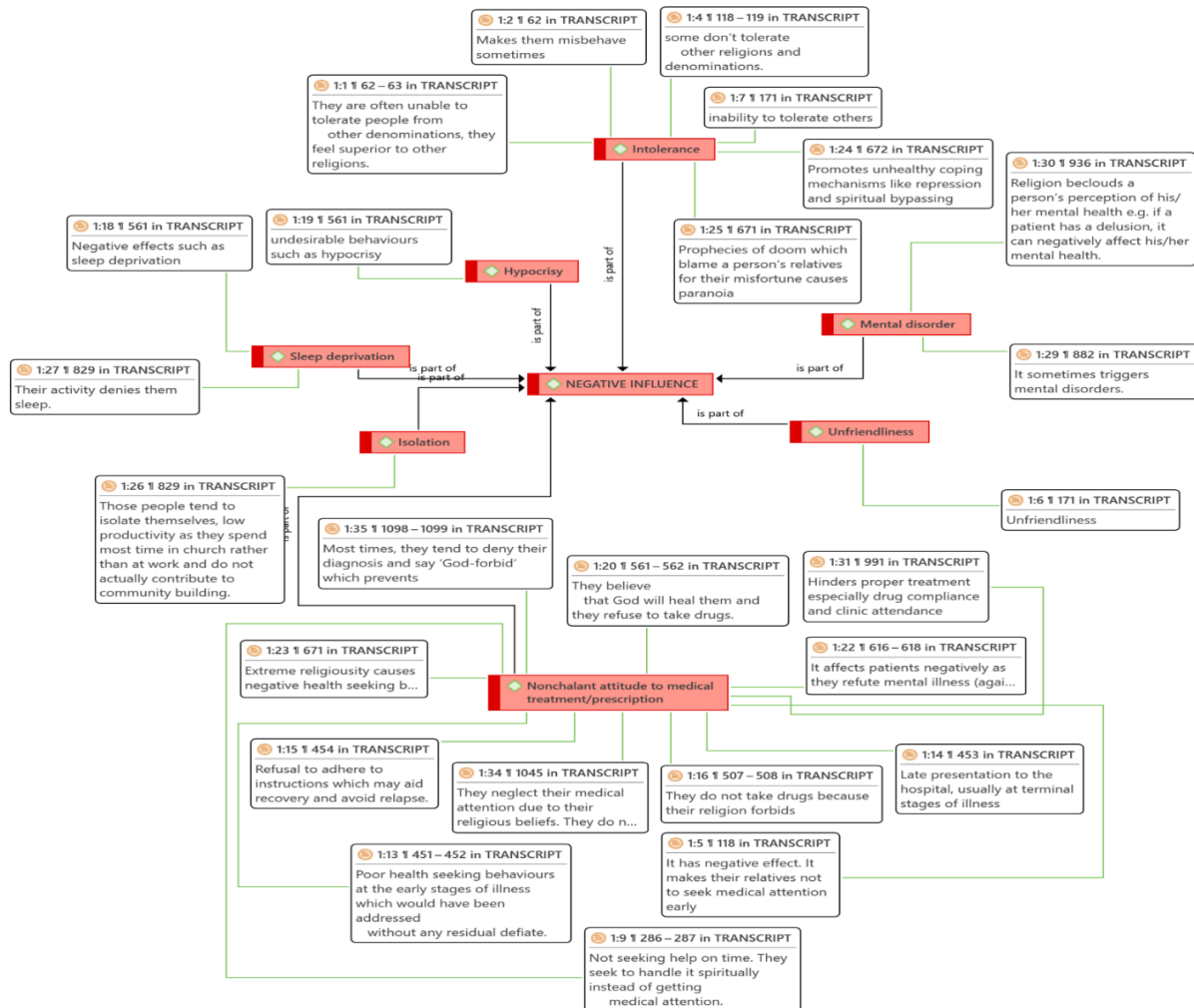


Figure 4b: Negative effects of involvement in religious activities on mental health

Recommendations for Treatment and Management of Mental Illness

Recommendations were also given by the medical practitioners on how people with mental health issues related to religious fanaticism can be helped. This is illustrated in Figure 5. The recommendations include:

Moderation of religious practices – Eight of the interviewees advised that people should practice religion moderately. According to Participant 1, “they should minimize too much of everything including religious practices” while Participant 3 said, “They shouldn’t over-spiritualize things” and Participant 4 said, “Reduce the amount of fasting and religiosity”. Participant 3 also called for moderation in Christian activities such as fasting and regular church attendance and participant 6 advised that they go for regular check up in the hospital. Six interviewees suggested that people should maintain a simple lifestyle.

Adherence to medical instruction and clinic appointments - Participant 2 said they should cooperate with medical personnel which according to Participant 7 would mean paying a visit to psychologist for behavioural therapy. Participant 20 said they should keep to routine checkup, which Participant 8 agreed to and said, “Emphasize the importance of medication adherence and follow-up routine checkup”. Participant 5 advised to seek medical help on time while Participant 3 said visiting a rehab is crucial when mental health issues are noticed. According to participant 13, “they should understand that the medical knowledge the Doctor is using wouldn’t have been possible without the influence of God; so obeying the Doctor isn’t a sin”.

Counselling / Social support - Participant 9 and 10 stated that counselling helps and also went ahead to say, “Antidepressant drugs may also be prescribed if necessary”. Participant 14 recommended that people predisposed to any mental illness should not be allowed to fast. Participant 18 recommended that professional help should be sought. Participants 4, 9, 10 mentioned the role of social support. Participant 12 recommended that there should be early intervention. In his words, “Seek psychiatric help and evaluation early”.

Orientation on mental health care - Participant 8 also said, “Psycho-educate the patients on the importance of early health seeking behaviour”. Participant 11 said taking care of mental health is a personal responsibility. In their words, “People should take care of their mental health because it can affect other vital aspects of their lives”. Participant 18 also said there is a need for religious leaders should update their knowledge. According to them, “especially religious leaders may wish to acquire basic knowledge of mental illness to be able to identify such”. Participant 16 recommended that there should be health education and advocacy campaigns even in churches to sensitize members on this.

Marriage compatibility - Participant 14 advised that Christians should be allowed to marry from people of other denominations. This is because many women sink into depression when they are prevented from marrying outside their denominations; they end up staying single and lonely for a long time which sometimes triggers mental health issues.

On a general note, the healthcare practitioners recommended the following measures for protecting mental health: maintaining a healthy/balanced lifestyle, seeking medical attention early, getting counselling when necessary and the intervention of religious leaders/organisations.

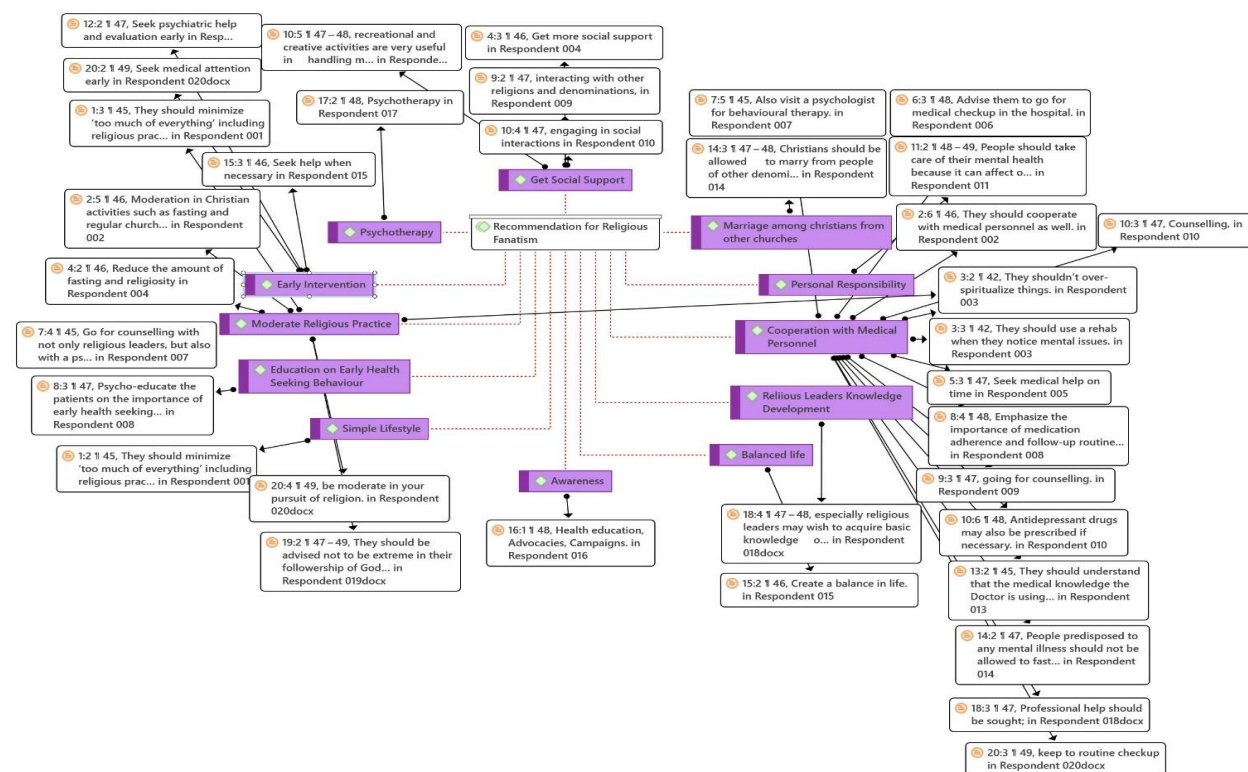


Figure 5: Recommendations on prevention/management of mental health issues

DISCUSSION

Analyses of the qualitative data revealed that all the healthcare workers (most of which were Psychiatric doctors) reported that over-religiosity and excessive involvement in religious activities did affect people’s mental health; many even went further to say that it affected mental wellbeing a lot. Figures 5a and 5b shows that this effect

has both positive as well as negative aspects with the negative aspect being much more. Some of the positive effects of religious extremism on mental health observed by the Psychiatric healthcare workers include aggressive evangelism, good moral behaviour, hope (optimism) and resilience. This means that some Christians are more vocal about their religious beliefs and strive to convert others to their faith as a result of their extreme commitment to the Christian religion (Pratt, 2010). Some are also quite impeccable in their moral standards and seek to attain a state of perfection in character – to please God. Some others are full of hope and remain quite positive in life as a result of their unwavering faith in God. These are quite commendable but the negative aspects could counter these if care is not taken. Issues such as not seeking medical attention on time, not adhering to medical advice/prescriptions, sleep deprivation and mental disorders triggered by prolonged fasting, were enumerated as the negative effects of religious fanaticism on mental health. This proves that people are sometimes reluctant to seek for medical help due to their extreme belief in their faith. This complicates a lot of medical conditions as many illnesses can be stopped from progressing further if presented early at the hospital. Unfortunately, some of such extremely religious people only rush to the hospitals when the health condition (in this case mental health) has seriously deteriorated. In some other cases, their over-involvement in certain religious activities/rituals, causes them to experience sleep deprivation which in turn has unwanted side-effects such as poor concentration and headaches. Also, the Psychiatric doctors reported that some patients refuse to adhere to medical advice and do not take their prescribed drugs as they should. Instead, they prefer to stay at 'prayer houses' where they go to seek for spiritual help. This further worsens the already established mental disorders as they refuse to take treatment which could have improved their conditions. Lastly, prolonged fasting can trigger a condition called hypoglycaemia (Nakhleh & Shehadeh, 2021) especially in susceptible individuals such as diabetic patients. In hypoglycaemia, blood glucose which is required for proper brain function, drops below normal levels. This condition may be seen as the opposite of high blood glucose levels which causes diabetes mellitus (Nakhleh & Shehadeh, 2021). When the blood glucose levels are very low owing to a prolonged religious fast, this can affect proper brain function and cause mental illness (Gudden et al., 2021). Such individuals may be seen to lack coordination in speech and action.

Other effects of Christian religious fanaticism include aggressiveness in opposing the faith/beliefs of others, unnecessary and frequent self-isolation, not being bothered by opinions of others who are not of like faith/beliefs and highly upholding certain religious rituals. These negative effects will foster religious bias/discrimination among Christians. Ajah & Okpa (2020) describe a religious fanatic as someone who takes a perfectly good creed/doctrine and assumes that because they pretend to follow it, they are allowed to do anything they want even if they don't really follow the creed/doctrine at all, usually insisting that if others do not follow their ways, they will be damned (Okpa et al., 2018). The errors are not usually with the principles or creeds or doctrines, but with the interpretations of the fanatic. As Salman Rushdie noted in his *Satanic Verses*, 'From the beginning, men used God to justify the unjustifiable' (Rushdie, 2019). The same applies to religious fanatics; they use perfect religious creeds or beliefs to justify their extreme and outrageous acts which have devastating and avoidable consequences.

CONCLUSION

Religious fanaticism has to do with religious extremism and excessive commitment to church activities without a proper balance in other aspects of life. More often its foundation is rooted upon superstitious beliefs, false doctrines and indoctrination. Its victims are often 'one-ideaed' men, ignorant and gullible members of society who are genuinely seeking God. Religious fanaticism is blind, or it can see only out of one eye which can be really limiting. The results of this study show the negative effects of Christian religious fanaticism, and its impact on mental health. People are advised to practice their faith with commitment but to avoid extremisms such as excessive participation in religious activities, prolonged fasting and not tolerating people of other denominations. These have been seen to cause mental health issues among fanatics and some have refused medical care while others refuse to adhere to prescriptions from healthcare workers due to their faith. It is safer and better to practice a balanced Christianity that is void of excesses and extremities; be open to the opinions of people of other faith and other denominations and also seek medical help where necessary rather than over-spiritualize things to one's own detriment.

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Appendix 1

Consent/Information Sheet

Re: Christian Religious Fanaticism – Possible Mental Health Outcomes

You are being invited to participate in a research study titled “Christian Religious Fanaticism: possible mental health outcomes”. This study is being carried out by Rev Ogbonna Onyenweaku in Psychology of Religion at the Department of Religious Studies, University of Calabar, Cross River State. Your cooperation and participation will be highly appreciated.

The purpose of this research is to investigate how Christian religious fanaticism affects the mental health of Christians living in Calabar Metropolis. It also seeks to determine the extent to which it affects their mental wellbeing. Data generated from this study will be useful for recommendation purposes especially in churches, Government policy-making and further research in this area.

Should you agree to participate in the research study you shall be asked to sit down for an interview for approximately 15 minutes, with the researcher. Participation in this research is completely voluntary and you are free to decline to participate, without consequence, at any time prior to or at any point during the interview. Any information provided will be kept confidential, used only for the purposes of completing this research, and will not be used in any way that can identify you. By signing below and returning this form, you are consenting to participate in this research study.

Participant Signature: _____ Date: _____

Appendix 2

Interview For Health Workers Handling Mental Health Issues

If you agree to the interview, please can we audio record our conversation? The recording is for research purposes and we will NOT give it to anyone. The audio recording and interview material will be kept safely and properly discarded after this study.

Date

Hospital

Position

Name

I understand the above and have had a chance to ask questions. I agree to be interviewed. SIGN

I agree to be audio recorded. SIGN

Interviewer Name & Signature

Start and End Time

Background Information

How long have you been a Doctor/Nurse working at this hospital?

Do you handle cases of mental health issues of any kind?

If yes, which mental problems do you encounter most?

Please describe the economic status of the community which your hospital serves.

Probe: Poverty / unemployment

Levels of need, Income sources

Predominant religion and denomination of worship

General health and illness

Impact of Christian religious fanaticism on mental health

Have you observed whether a person's involvement in Christian religious activities can affect their mental health?

If yes, can you explain in what ways? (Probe for positive or negative effects)

In the course of your medical practice, have you noticed any case where Christian fanatics (explain the word) have experienced depression or any other mental disorder?

Have you noticed any effect that prolonged religious fasting has on mental health?

If yes, how does it affect the following?

Individual's disposition (Probe for happiness, aggression, gloominess, excitement) Social interaction Overall health Concentration (Probe concentration in conversations and activities) Performance/Productivity at work Quality of sleep

In your opinion, does medical intervention and counselling sessions offer some help in rehabilitating people with mental issues due to religious fanaticism? (If yes, probe how)

Are there recommendations you give for such persons and if yes, what are the recommendations to help them recover?

Do you have any further recommendations that can help people protect their mental health?

Any further questions or comments?