# Some Broken Hearts could ever mend: A Drama-Based Proposal for Psychotherapy in Nigeria

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***Abstract:*** *In a physical world that transcends all forms of dehumanizing psychotherapeutic approach, the humanist philosophical template is concerned with upholding the ability and dignity of the human person. In this respect, The study is orchestrated against the background of increasing mental stressors, such as violent ethno-religious conflict, youth restiveness, fatal road accident, inter/intra ethnic crises, rape, armed robbery, infectious disease(HIV/AIDS), divorce, work place crises, depression etc. It has been observed that these mental stressors are causes of psychological problems, such as schizophrenia, post–traumatic stress disorder, depression, substance abuse, youth disorder and other mental disorders. Against this background, this study proposes a theatre based approach to psychotherapy in Nigeria from a humanistic perspective as an alternative to the dehumanizing method of mental health promotion and treatment. Amongst the mentioned theatrical strategies in the study are psychodrama, drama therapy, play therapy and dance therapy, the study proposes psychodrama as a humanistic methodological response to psychotherapy in Nigeria. In conclusion, the study reaffirms that psychodrama as a therapeutic method is eclectic, cheaper, quicker and effective in treating cases of psychotherapy.*

***Key words:*** *Drama, Theatre, Psychodrama, Psychotherapy*

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## 1. Introduction

Questions as to what is Drama, or what is Theatre may seem simple at first instance, however drama/theatre scholars and practitioners would usually be at variance in defining the terms:

> That is because the words are used synonymously depending on the context in which it is used. Often time when people hear the word “drama” they automatically think about performance: a representation of an action before a group of people for the purpose of entertainment and probably enlightenment. Others will think towards Aristotle poetics and his explication on the nature, elements and purpose of drama. The layman thoughts will probably tilt towards the act of play-making, acting a play or the act of make believe for the purpose of pleasure. (Idogho 229)

Postulating from the above position, our concern with the terms drama and theatre is anchored in the context of therapeutic function; especially in the situation of psychotherapy. Thus, any concern that is focused on the desires, needs, experiences and wellbeing of the human person proposes a humanistic philosophical approach to life. In this perspective, humanism has been applied severally as a historical movement, an approach to education, a variety of philosophical perspectives, and a secular ideology. More reverently, it has been applied as psychotherapeutic perspective in recent time. In essence, a philosophical perspective is,

> "Humanistic" whenever it shows a primary or overriding concern with the needs and abilities of human beings. Its morality is based upon human nature and human experience. It values life and our ability to enjoy our lives so long as we don't harm others in the process *(atheism.about/../what.htm)*.

In this perspective, the humanist philosophy occasioned a mid-20th Century in humanistic psychology. This was due mainly to the collaborative effort of pioneers, such as Carl Rogers, and philosophers within the existentialist and phenomenological schools of thought. The humanist psychological philosophy,

> …Adopts a holistic approach to human existence through investigations of meaning, values, freedom, tragedy, personal responsibilities, human potential, spirituality, and self-actualization *(en.wikipedia.org/wiki/Humanistic Psychology)*.

Significantly, we are called upon as theatre scholars and practitioners to sympathize with humanistic psychology. In so doing, we should uphold the belief that psychotherapy is "humanistic" once it focuses on the abilities and needs of the "client". The human person is morally accorded dignity in the psychotherapeutic process. Therefore, in human life generally, "There is no health without mental health" (*World Health Organization*). Invariably, from a holistic standpoint, the *World Health Organization* (100), defined health as "a state of complete physical, mental and social well – being and not merely the absence of diseases or infirmity". This definition shows that mental health as an integral part of health is significant and indispensable. To this effect, in conceptualizing mental health, the *World Health Organization* perceives that mental health is,

> … A state of well – being in which the individual realize his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community *(www.who.int/../en/)*.

The above conceptualization of mental health by *World Health Organization* (WHO) encompasses a holistic approach to psychotherapy, especially from the humanistic perspective vis-à-vis "the goals and traditions of public health and health promotion…" (www.who.int/../en/). In this regard, WHO has been intensifying its effort towards formulating and implementing mental health policies that are human rights oriented, community based, primary health care integrated, culture friendly and cost – effective. In realization of these set

goals, the World Health Organization Mental Health Improvements for Nations Development (The WHO MIND Project) and Mental Health Gap Action (MHGAP) are in place to facilitate and support countries to formulate and implement health policies in relation to the aforementioned set goals. Therefore, for assuring effective mental health policies, WHO outlined a number of critical questions which are as follows:

1. Does the policy support the development of community based care?
2. Are services comprehensive and integrated into primary health care?
3. Does the policy encourage partnership between individuals, families and health professionals?
4. Does the policy promote the empowerment of individuals, families and communities?
5. Does the policy create a system that respects and fulfils the human rights of people with mental disorders?
6. Are evidence based practices utilized wherever possible?
7. Is there an adequate supply of appropriately trained providers to ensure that the policy can be implemented?
8. Are the special needs of women, children and adolescents recognized?
9. Is there parity between mental health services and other health services?
10. Does the policy require the continuous monitoring and devaluation of services?
11. Does the policy create a system that is responsive to needs of underserved and vulnerable populations?
12. Is adequate attention paid to strategies for prevention and promotion? (The World Health Organization Report: Mental Policy and Service Provision).

Extrapolating from the above mental health policy questions by WHO, this paper is aimed at strategizing a theatre based approach towards mental health promotion, prevention and treatment through the instrumentation of theatre based methods of therapy, such as psychodrama, drama therapy, dance therapy, play therapy, and so on. This range of theatrical actions is aimed at increasing the chances of people "experiencing better mental health" within community and cultural settings. The theatrical strategies for mental health presupposes World Health Organization core concept, which states that,

> This core concept of mental health is consistent with wide and varied interpretation across cultures. Mental health promotion covers a variety of strategies, all aimed at having a positive impact on mental health. Like all health promotion, mental health promotion involves actions that create living conditions and environments to support mental health and allow people to adopt and maintain life styles *(www.who.int/../en/)*.

In this positive direction, our theatrical model of psychotherapy view mental health as the cradle for individual personality and community well-being in Nigeria. The writer's documented

ideas and suggestions in this concern are sourced from literatures on psychology and internet research, as well as personal experience and literatures on theatre study. We hope that the ideas and suggestions in this concern will open a new mental health vista for governments, non-governmental organizations, health agencies, community - based organizations, groups and individual towards effective mental health promotion, prevention and treatment in Nigeria.

### 1.1. Background to the Study

At the instance of independence in 1960, Nigeria inherited the British asylum law which has been in existence for the purpose of quarantining the mentally disordered. Invariably, the entire six geopolitical regions in Nigeria are enforcing the inherited asylum law. The British asylum law provides that the mentally disordered should not be incarcerated in an asylum temporarily, but permanently under dehumanizing treatment conditions. This law in itself is a violation of human rights. To this effect, it is no longer news that mental health promotion, prevention and treatment on humanistic ground are elusive in Nigeria. What is news is that mental health disorders, such as Schizophrenia, post–traumatic stress disorder, adolescent disorder, depression and others are increasingly becoming developmental problems not just in Nigeria. This is due to causative stressors which include violent ethno-religious conflict, youth restiveness, fatal road accident, poverty, infectious disease (HIV/AIDS), armed robbery, work place stress, divorce etc.

It has been observed that the orthodox clinical methods of psychotherapy in the few existing psychiatric centres in Nigeria are not adequately inclined to humanistic techniques of therapy, especially from the perspective of theatrical methods of psychotherapy. Humanistic techniques of psychotherapy are now fashionable in the developed parts of the world, given that eclectic approach is becoming fashionable in psychotherapy. It is against this background that the need to institutionalize humanistic approach to psychotherapy, especially from the perspective of theatrical methods becomes expedient to this concern.

Theatrical methods of psychotherapy, such as psychodrama, drama therapy, play therapy and dance therapy are ‘client–centred’ or ‘person-centred’ techniques of therapy involving group or an individual. These techniques are human rights sensitive, cheap, affordable and culture friendly compared to the high cost of psychotherapy services in psychiatric centres. Besides, the theatrical techniques are adaptable to varied mental health functions in the area of skill acquisition, capacity building, information, education and communication (IEC), which of course, are lacking in our rural and urban communities across the country. Therefore, the paper is an attempt towards envisaging behaviourral change possibility in theatre based psychotherapeutic techniques with regards to existing mental health issues in Nigeria.

### 1.2. The Humanist Conception of Psychotherapy

This discourse adopts the humanistic viewpoint of psychotherapy, which Jourard, explains that “the examination of a healthy personality is from the perspective that as a human being, he (or she) is free and hence responsible for his (or her) actions and their consequences to his (or her) well-being or growth” (v). The humanistic explanations in psychotherapy are similar to psychoanalytical explanations in terms of emphasis on insight as a characteristic. But the point of divergence is that humanistic therapies are client–centred or person-centred while psychoanalytical therapies are patient – centred. This means that humanist therapists perceive the mentally disordered person as a client, and the psychoanalyst therapists perceive the mentally

disordered person as a patient. Expatiating on the humanistic explanations of psychotherapy, Robert J. Strindberg explains that,

> It explains a repudiation of psychoanalysis' reliance on the medical model; seeing mental illness as a disease. It replaces that structure with one that sees individuals as having come into conflict with society or others for one reason or another. It also explicitly sets up an equality of authority between the client and the therapist …the therapist is simply an aid to clients' understanding of their problems, not the agent of solution to problems. (530)

In this direction, the humanistic therapists debunk the idea of fatalism as a determinant of psychological behaviour. Hence, just as a Strindberg further puts it aptly,

> Instead, the free will and self – knowledge of the client are emphasized as the means by which knowledge is controlled. Consequently, just as the client has consciously chosen maladaptive patterns of functioning, the client can choose to replace these behaviours with more self – fulfilling ones. (530)

This humanistic explanation of psychotherapy also finds expression in "Roger's client – centred therapy" with acknowledgement to Strindberg further explanation. It is based on the primacy of self awareness and self – comprehension. Thus the therapeutic process is from the point of view of "the client's beliefs and perceptions of reality rather than from the therapists" (530). In as much as 'maladaptive behaviour' originate from 'faulty learning'; clients of humanistic therapy are perceived as fundamentally 'good and adaptive'. Therefore, the ultimate goal of humanistic therapy is to facilitate clients towards complete self – actualization via their potential. To achieve this end, Rogers outlined three essential features, which Strindberg elucidates as follows:

> First, unlike the detached psychoanalyst, client – centred therapists make a point of being genuinely involved and open with their clients. This modeling of geniuses will encourage the client to be open and self – disclosing. Therapists also should provide unconditional positive regard for their clients, accepting them as they are, not as they would want them to be. This will enable the client to establish a firm sense of self – worth. Finally, client centred therapists should provide accurate empathetic understanding of their clients. Therapists who are not empathetic will not be able to understand their clients' perspective, which will compromise the benefit of therapy to the client. (530)

These humanistic theoretical explanations of psychotherapy are reflective of the reality of mental health promotion and treatment in Nigeria, especially. It is unfortunate to state that the conventional medical models of psychotherapy in Nigeria are to a large extent dehumanizing. More often than not, psychiatric patients whose mental problems does not need drug therapy are subjected to drug treatments, especially by means of antipsychotic drugs, antidepressant drugs,

anti anxiety drugs, lithium, and conclusions. Such drugs have been observed to aggravate mental disorders instead of remedying the situation. For example, of what use will such drugs be in stressful situations such as post – traumatic stress disorder and other mental disorders resulting from road accidents, ethno – religious killings, communal violence, armed robbery, divorce, rape, child abuse, unemployment, thug violence and vendetta, which are prevalent in the six geopolitical regions of Nigeria, with regards to the exiting ethno-religious killings in Jos, plateau state and elsewhere. Come to think of it, the mentally ill populations in Nigeria are faced with vulnerability to stigma, discrimination, human rights violations, lack of access to basic life opportunities, such as food, water, shelter and clothe. This is noticeable in extreme cases of mental disorder within communities in rural and urban areas.

The above mental health reality in Nigeria prompted our sympathy for humanistic perspective to mental health promotion, prevention and treatment within the matrix of theatre based psychotherapy.

### 1.3. Theatrical Methods of Psychotherapy

There are various methods or approaches to psychotherapy, which include psychodynamic therapy with its main type as psychoanalytical therapy, humanistic (client – centred) therapies, Behaviour therapies, Cognitive approaches to therapy, Biological therapies and Psychotherapy in a Cross – cultural perspective. However, for the purpose of our study we will focus on the humanistic (client – centred) therapies with sharp focus on theatrical methods, such as psychodrama, drama therapy, play therapy, and dance therapy. These theatrical methods of therapy emphasize group action and are founded on the principle of role interpretation within an ensemble or individual performance. These could also be referred to as group alternatives to psychotherapy from a humanistic perspective. It should also be noted that they can function in cases of education skill acquisition and capacity building. In this regard, we will take a look at each of these theatre based methods of psychotherapy and the context in which the function.

**1. Psychodrama:** This method of drama based therapy was initiated by a psychiatrist known as Jacob L. Moreno. It uses facilitated dramatic action to explore people's problems or an individual problem. In the case of group, it is referred to "sociodrama" while that of individual is referred to as "psychodrama". However, it can still be referred to in general term as psychodrama. The method of psychodrama is based on experience sharing either individually or within a group in the presence of a facilitator. In this context,

> Psychodrama facilitates insight, personal growth, and integration on cognitive, affective, and behavioural levels. It clarifies issues, increases physical and emotional well – being, enhances learning and develops new skills *(www.who.int/../en/)*.

In order to achieve the above goals, the basic elements which are the operational components of psychodrama involve the following:

(a) **The protagonist**: - this is the person or persons representing the subject matter within the group in the drama.

(b) **The auxiliary egos**: - these are group of members playing the role of significant others in relation to the subject matter in the drama.

(c) **The audience**: - this involves members of the group who are witness to the issue raised in the drama and also represent society at large.

(d) **The stage**: - this represents the physical space in which the drama performed.

(e) **The director**: - this is the facilitator who is trained to guide the drama participants through each step of the psychodrama session.

There are three distinct phases in classical psychodrama and these include:

(i) **The warm-up stage**, which has to do with the group identifying a theme and the selection of a protagonist.

(ii) **The action phase**, which involve the dramatization of the problem and the exploration of new methods for resolving the problem.

(iii) **The sharing phase,** which involves the invitation of members to express how they are related or connected to the protagonist effort in the drama.

On the whole, psychodrama provides an enabling environment for participant to explore new vista "and more effective role and behaviors" *(www.asgpp.org/pdrama1.htm)*. Psychodrama is the foundation of other theatrical and dramatic methods as therapeutic approaches for mental health promotion and psychosocial well-being. "The field has expanded to allow many forms of theatrical interventions as therapy including role-play, theater games, group-vocational techniques" *(http://en.wikipedia.org/wiki/Drama-therapy)*

**2. Drama Therapy:** This is an intentional attempt at availing the techniques of theatre for the purpose of facilitating the promotion of health and personal growth in wide variety of settings, such as hospital, school, mental centers, prisons, and business. It is applicable to individuals, couples, families, and various groups, given that it exists in variety of forms (http://wikipedia.org/ drama-therapy) drama therapy is used so as to facilitate a client to:

- Solve problem
- Achieve a catharsis
- Delve into truth about self
- Understanding the meaning of personal resonate images
- Explore and transcend unhealthy patterns of interaction *(http:len.wiki pedia.org/wiki/Drama-therapy)*.

Drama therapy can be used in unlimited contexts, depending on the client, the setting and the drama therapist. It could be "from fully fledged performances, to empty chair-play, the

sessions may involve many variables, including the use of a troupe of actors" *(http:/en.wikipedia.org/wiki/drama-therapy).*

**3. Play therapy:** Generally, this method is applied by play therapists in using play as therapeutic medium to facilitate client find solution to their psychosocial problems and to achieve the best or most favourable "growth and development." Play therapy "engages the power of play to communicate to the people, especially children, to engender optimal integration and individual on" *(en.wikipedia.org/wiki/play-therapy).*

The British association of play therapy was awarded charity status in 2006 with the following objectives in play therapy:

> To relieve the need of children, young people and adult suffering emotional and behavioural difficulties by promoting the art and science of play therapy and promoting high standards in the practice of play therapy for the public benefit *(British Association of Play Therapy:www.bapt.infol).*

Play therapy emphasizes children as a method of facilitating them to open – up and express themselves. Thereby, dealing with their feelings, emotional disorders and availing them of play as the ultimate communication medium. Children within the age bracket of 3 to 11 years are facilitated:

> … To express their experiences and feelings through a natural, self – guided, self – healing process. As children's experience and knowledge are often communicated through play, it becomes an important vehicle for them to know and accept themselves and others (*en.wikipedia.org/wiki/play-therapy).*

It should be noted that play therapy can involve children, youths and adult, depending on the client's circumstance and cultural setting. The bottom-line of play therapy is to facilitate the client(s) towards self – help, self – discovery and self – actualization in the light of intra – personal and inter-personal relationships. Thereby, enabling mental and psychosocial well – being of the client(s). An offshoot of play therapy is known as "Theraplay". This method depend and uses the strategy of play therapy towards facilitating parents and their children to "build better attachment relationships through attachment – based play" *(http"///en.wikipedia.org/wiki/theraplay).* On the whole, "play therapy is widely used to treat children's emotional and behavioral problems because of its responsiveness to their unique and varied developmental needs (Sue C. Bratton, Dee Ray, Tammy Rhine and Leslie Jones 376).

**4. Dance Movement Therapy:** This method of dance therapy is defined as "the psychotherapeutic use of movement and dance for emotional, cognitive, social, behavioural and physical conditions" (http://www.adta. org/about/who.cfm). The method strives to facilitate the clients(s) towards enhancing the unity that exist between the mind and body via movements of the body in order to promote physical and mental health of people. In the context of expressive therapy, dance movement therapy

is founded on the notion that emotion and movement are "directly related" *(en.wikipedia.org/wiki/dance-therapy)*. A more explicit definition of dance therapy can be found in the theory that underlies dance as a form of therapy:

> The theory underlying dance therapy is that body movement reflects the inner state of the human person, and that by moving the body within guided therapeutic setting, a healing process begins. Emerging inner conflicts and issues from the unconscious to the consciousness of the person are addressed on all levels – physically, emotionally, mentally and spiritually. Seeking the full integration of mind and body, bringing harmony between all the aforementioned levels of human being is what dance therapy is all about *(www. studyoverseas.com/../dance2.htm)*.

Dance as a method of expressive art form date back to pre-historic time when primitive man danced to express ideas, emotion, and mime action and to celebrate. However, the characterization of dance as a therapeutic method is a modern development in the United States of America and England, as well as other parts of Europe.

The theoretical principles that inform dance movement therapy are as follows:

- Body and mind interact so that change in movement will affect total functioning.
- Movement reflects personality.
- The therapeutic relationship is mediated at least to some extent non – verbally, for example through the therapist mirroring the client's movement.
- Movement contains a symbolic function and as such can be evidence of unconscious process.
- Movement improvisation allows the client to experiment with new ways of being.
- DMT allows for the recapitulation of early object relationships by virtue of the largely non – verbal mediation on the latter (*American Dance Therapy Association: www.adta.org*)

Dance movement therapy can be used in the treatment of critical disorders and illnesses even though the method is focused on stress reduction and body centering. Some disability and disease cases in which Dance Movement Therapy can be applied include the following:

- **Autism**: therapists connect on a sensory – motor level, provide a sense of acceptance and expand skills and cognitive abilities, increases maturity.
- **Learning disabilities**: develops better organizational skills, learns/experiences control and choice, high self confidence, new inspirations to learn.
- **Mental retardation**: improves body image, social skills, coordination, and motor skills, promote communication.

- **Deaf and hearing impaired**: reduces feelings of isolation, provides inspiration for relationships.
- **Blind and visually impaired**: improves body image, motor skills, and personal awareness.
- **Physically handicapped**: improves motor skills and body image, provides a way to communicate and express emotions.
- **Elderly**: provides social interaction, expression, and exercise, alleviates fears of loneliness and isolation.
- **Eating disorders**: alters distorted body images which helps end destructive behaviours, discovers symbolic meanings behind disorder/food.
- **PSTD (Posttraumatic Stress Disorder)**: weaves together past and present through symbolism in a "safe place" to confront painful memories.
- **Parkinson's disease**: uses rhythm to help reduce body dysfunctions which improves motor abilities, balance, and use of limbs.
- **Holistic birth preparation**: implores relaxation techniques to reduce anxiety, learn breathing techniques and release energy, builds confidence to help cope with labour, birth and early parenting (*en.wikipedia.org/wiki/dance-therapy*).

Dance movement therapy can be practised in settings, such as rehabilitation centres, medical centres, educational settings, nursing homes, day care centres, disease promotion and prevention programmes, etc. However, the therapist must take cognizance of the social, political, economic, cultural, religious and environmental factors that influence the client(s) involved in dance movement therapy.

### 1.4. Essential Ingredients of Therapy

Of course, scholars and practitioners of psychotherapy have observed that, there is no one method to psychotherapy that is more effective than others, despite the differences between psychoanalytic, humanistic, cognitive and behavioural techniques. In this direction, scholars and practitioners of psychotherapy have observed the correlations among the different techniques of psychotherapy which are focused on achieving or producing similar results. Kassin Saul sums up three answers as observed by psychologists thus,

> **First**, specific techniques are less critical to find the final outcome than the personal characteristic of the client and therapist… **Second**, the different approaches may well be equivalent on average, but the value of any one technique depends on the problem to be solved. Behavioural forms of therapy are ideal for extinguishing phobias, compulsions, fear of public speaking, and other specific anxiety related ailments… But person – centred therapy is ideally suited to raising self – esteem… cognitive therapy is particularly potent in the battle against depression… Psychotherapists should act as "matchmakers" and use different techniques with different clients. **A third** explanation is that all psychological therapies are more similar in important ways than one might

> think. In other words, despite the surface differences, all psychotherapies have much in common at a deeper level – and these common factors, not the specific techniques, provide the active ingredients necessary for change… .(759)

Extrapolating from the above, the therapist has the responsibility of playing the role of a supporter by providing "a supportive relationship" that is founded on trust, warmth, encouragement, concern, reassurance, a shoulder to cry on, acceptance, and mutual agreement towards therapy goals and processes. Therefore, there should be an enabling working relationship between the therapist and the client in order to achieve the desired result.

The therapist should strive to offer "a ray of hope" to the client, given that human beings are motivated by faith, optimism and positive expectations in all human Endeavours. This is based on what is medically known as the "placebo effect": "The curative effect of an inactive treatment that result simply from the patients' belief in its therapeutic value" (Saul 760).

Third, the therapist should strive to offer the client "an opportunity to open up". Perhaps, for the first time, the client(s) should have the opportunity to open up to somebody by confiding in the person and freely talking to the person about their problems. This imply that "keeping secrets is stressful and that "letting it out" has therapeutic effects on our mental and physical health – effects that are especially strong when the events being described are highly traumatic…" (Saul 760). Above all, the experience of opening up brings about the desired catharsis-purgation of emotion, which is therapeutic in itself.

To this end, talking about problem in the context of theatrical approach to therapy gives the client opportunity for self – evaluation of thoughts and emotions comprehend the problem vividly and gain more insight. Theatre based psychotherapy provides an enabling setting for self – discovery. In striving towards this goal, the theatre therapist must be a patient listener, observer, caretaker, nonjudgmental and a confidant. Anything short of these will mar the therapeutic process, especially when the therapist does not prove to be trustworthy with regards to the aforementioned virtues.

**1.5. Psychotherapeutic Considerations in Nigeria**

A number of economic, social, political, cultural and religious stressors in Nigeria at the turn of the twenty – first century are placing emergent demands on psychotherapy practice. The attendant ethno – religious violence in Jos and elsewhere, violent inter/intra communal conflict among ethnic groups, the emergent Anyigba youth restiveness and its reoccurring vendetta, the prevalent rate of fatal road accidents, political assassinations, armed robbery, kidnapping, rape, unemployment stress, increasing divorce and separation among married couples, poverty, illiteracy, infectious diseases, especially HIV/AIDS and the psychological stress they wrought on Nigerian populations have placed a challenge on mental health promoters. Thus, the need for psychotherapeutic action towards helping the traumatized populations and those suffering from other mental disorders, as a result of the aforementioned stressors within the six geopolitical domains is a necessity. The increasing rural – urban mobility and the inter-generational gap caused by HIV/AIDS in rural and urban communities, are forcing an increase in elderly population to face the challenges of caring for orphaned children, as well as coping with the

psychosocial problems of aging and diseases. This also calls for therapeutic action. It has been observed that the prevalence rate for metal disorders, such as schizophrenia, post – traumatic stress disorder, depression, etc are on the increase even as health care costs are on the high side. The implication of all these is "that the consumer demand is for psychological therapies that are quick, inexpensive, and proven effective" (Saul, 761). Worldwide, especially in the developed countries, there is an increasing psychotherapy response to what is referred to as "eclectic" approach in terms of pragmatic demand for quicker, cheaper and effective psychotherapy.

In this respect, rather than the conventional identification with a single approach to therapy, Nigerian therapists need to identify with a number of therapeutic techniques depending on the peculiarity of the mental case, the client(s) problem and the desired result.

Therefore, in the final analysis, whichever technique the theatre therapist adopts in eclectic terms vis-à-vis the peculiarity of the client, he or she must bear in mind that the bottom line is to achieve the desired therapeutic outcome at the end of the day.

**1.6. Conclusion/Suggestions**

The study shows that theatrical techniques, such as psychodrama, drama therapy play therapy and dance therapy, from the stand point of humanistic psychology are group/individual methods of therapy. These techniques allow the therapist and the client(s) share experience in order to enable the client(s) gain freedom from negative influences that hinder mental well being and self actualization. The study envisages the application of the theatre based techniques in Nigeria, which is founded against the backdrop of existing stressors, such as ethno – religious and communal conflicts, fatal road accidents, HIV/AIDS, divorce, unemployment, illiteracy, poverty and so on. Thus, the psychological consequences of these stressors are inherent in the increasing mental disorders, such as schizophrenia, post – traumatic disorders, depression, etc. In this regard, the study suggest that the increasing cost of health care in Nigeria and other related constraints to mental health calls for cheaper, quicker and effective techniques of psychotherapy that is eclectic in approach. Hence, our proposal for theatre based methods of psychotherapy finds justification in the following suggestions:

- The 1999 mental health policy which is under review at present should render the British asylum law invalid on the ground that it is human rights unfriendly.
- The review of the Nigerian mental health act should also provide for the enhancement and appropriate care and support for the mentally retarded.
- The national health budget should appropriately provide for the implementation of the new mental health law.
- The roles of traditional and religious healers in rural communities and elsewhere should equally be part of the issues for consideration in the review process on mental health law. This is base on the fact that more often than not, people whose relatives are mentally ill resort to traditional healers and spiritual centres. They feel that the mental problem is more of a spiritual problem than mere health problem.
- It has been observed that the population figure of practicing psychiatrists in Nigeria is 1,000, which is not enough when compared to the over 140 million Nigerian population.

Within this population figure, it is expected that 1 out of every 12 Nigerians will requires some level of mental health intervention in their lifetime. Therefore, the need for more psychiatrists and psychotherapists in Nigeria is obviously expedient.

- The World Health Organization in partnership with the World Psychiatrists Association (WPA) under the umbrella of Mental Health Gap Action, an initiative of WHO, should strive towards fostering relations with the Federal Government, State and Local Governments in Nigeria. Priority in this direction should be geared towards scaling up mental health services. As a result of emerging stressors, the need for mental health services is on the increase. Therefore, this should be a priority for the MHGAP.
- Observation has shown that there is a critical relationship between mental health and HIV/AIDS, as well as other infectious diseases. This critical relationship also extends to maternal and infant health care. To this effect, there is need for fostering mental health promotion, prevention and treatment in rural communities in Nigeria. Therefore, mental health promotional activities should be integrated into Primary Health Care. Training and capacity building programmes should be available for primary health care workers and other community health workers. This is against the backdrop that "25% of people who go to primary health care are mentally sick" (news.dailytrust.com/index.php).
- Information, Education and Communication (IEC) programmes should be put in place towards promoting mental health, especially in the area of stigmatization and discrimination of the mentally retarded.
- There is need for the institutionalization of the theatrical methods: psychodrama, drama therapy, and play therapy, dance movement therapy, etc, in psychiatric units in Nigeria. This will foster the emerging "eclectic" technique of psychotherapy, which is fast gaining popularity in the developed countries. This can be done through collaboration with Theatre Arts scholars and practitioners who are committed to availing the therapeutic essence of drama, dance, song, music, role play and other theatrical elements to achieve the release of pent – up emotions (catharsis), mental health and psychosocial well being in Nigeria.

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