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Witchcraft, Causation, and Mental Illness: An Empirical Investigation of African Metaphysical Beliefs and Attitudes Toward Mental Health Treatment in Sub-Saharan Africa

Franklin Amaechi Eze
Godfrey Okoye University, Ugwuomu, Enugu State, Nigeria
amaechieze2002@yahoo.com

Kingsley Edinoh
National Examinations Council (NECO) Headquarters, Minna, Niger State, Nigeria
edinohkings@gmail.com

EWHE, Peter Okpunukpang
Faculty of Education, University of Abuja, Nigeria
ewhwpeter@gmail.com

Abstract: The persistence of witchcraft beliefs in many Sub-Saharan African societies continues to shape interpretations of illness, misfortune, and human experience. While contemporary psychiatry largely explains mental disorders through biological, psychological, and socio-environmental factors, many African communities draw upon metaphysical frameworks that attribute certain forms of mental disturbance to witchcraft, spiritual forces, ancestral agencies, or other non-material causes. This study examines the philosophical relationship between beliefs in spiritual causation and attitudes toward mental health treatment within the context of African metaphysics and epistemology. Specifically, it investigates how competing conceptions of causality, personhood, and reality influence preferences for indigenous healing practices and biomedical psychiatric interventions. Adopting a cross-sectional survey design, data were collected from 500 adults drawn from selected urban and rural communities across Sub-Saharan Africa. The study explored whether endorsement of witchcraft explanations for mental illness predicts attitudes toward professional mental health treatment while controlling for demographic variables. Beyond its empirical contribution, the study engages broader philosophical debates concerning the legitimacy of indigenous knowledge systems, the coexistence of multiple explanatory frameworks, and the challenge of reconciling traditional African worldviews with modern scientific approaches to mental health. The findings suggest that metaphysical beliefs remain significant determinants of treatment attitudes and help-seeking choices. The study concludes that meaningful mental health interventions in Africa require philosophical engagement with indigenous conceptions of causation and personhood rather than the dismissal

of such beliefs as mere superstition. This approach offers important implications for African philosophy, intercultural healthcare ethics, and mental health policy development.

Keywords: Witchcraft Beliefs, African Metaphysics, African Epistemology, Causation, Personhood, Mental Health Treatment, Indigenous Knowledge Systems, Sub-Saharan Africa.



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Introduction

Mental health is widely recognised as a fundamental dimension of human flourishing, shaping both individual agency and collective social stability. The World Health Organisation continues to report a rising global burden of mental disorders, with disproportionately limited access to adequate care in low- and middle-income regions, particularly Sub-Saharan Africa. Yet beyond questions of infrastructure and clinical capacity lies a deeper issue: how mental illness is *understood* within different philosophical worldviews.

In many African societies, mental illness is not interpreted exclusively through biomedical categories of neurochemical imbalance or psychological dysfunction. Instead, it is frequently situated within a broader metaphysical framework in which reality is understood as comprising both visible and invisible dimensions of existence [1]. Within this worldview, disruptions in behaviour, cognition, or emotion may be interpreted as manifestations of spiritual causation, including witchcraft, ancestral displeasure, spirit possession, or mystical intrusion.

African philosophical traditions provide important resources for understanding this interpretive framework. Thinkers such as Mbiti, Tempels, Gyekye, and Wiredu emphasise that African ontology is fundamentally relational and often non-reductionist, recognising causal agency in both material and non-material realms. Within this metaphysical orientation, causation is not confined to physical mechanisms but extends to spiritual and moral dimensions of reality.

This contrasts in important ways with dominant Western philosophy of mind, which has historically tended toward materialist or dualist accounts that prioritise neurological, psychological, or cognitive explanations of mental disorder [2], [3]. The tension between these explanatory paradigms raises important philosophical questions concerning the nature of personhood, the structure of causation, and the boundaries of legitimate knowledge.

Empirical studies suggest that explanatory models of illness significantly influence help-seeking behaviour. Individuals who interpret mental distress through spiritual causation are more likely to seek assistance from traditional healers or religious institutions than from psychiatric services. While such pathways may provide culturally meaningful forms of care, exclusive reliance on them may also delay access to biomedical treatment in severe cases.

The persistence of witchcraft beliefs should therefore not be reduced to superstition, but understood as part of a coherent metaphysical system that informs lived experience, moral reasoning, and conceptions of causality [4]. This presents both philosophical and practical challenges: how can plural systems of knowledge be engaged without epistemic dismissal, and how might mental health frameworks accommodate divergent ontologies of illness?

Despite growing scholarship on mental health in Africa, limited empirical work has explicitly examined witchcraft beliefs through the lens of African metaphysics and philosophy of mind. This study addresses this gap by investigating how beliefs in spiritual causation shape attitudes toward psychiatric treatment among adults in Sub-Saharan Africa [5].

Statement of the Problem

Mental illness constitutes a significant and growing concern across Sub-Saharan Africa, yet patterns of mental health service utilisation remain consistently low. A substantial proportion of individuals experiencing psychological distress either delay professional intervention or rely exclusively on non-biomedical forms of care.

One of the central explanatory factors is the widespread interpretation of mental illness through spiritual and metaphysical frameworks. Within such frameworks, conditions classified in biomedical psychiatry as mental disorders may be understood as consequences of witchcraft, curses, spirit possession, or ancestral displeasure [6], [7]. These interpretations are not merely descriptive beliefs but are embedded within broader ontological commitments about causation and agency.

While prior research has documented the prevalence of supernatural explanations of illness, less attention has been given to their philosophical structure and their direct influence on attitudes toward psychiatric care. Furthermore, there remains insufficient empirical integration of African metaphysical thought with studies of mental health behaviours [8].

This creates a conceptual and empirical gap: how do metaphysical beliefs about causation shape openness to psychiatric treatment, and to what extent are such beliefs moderated by education and other socio-demographic factors?

Purpose of the Study

The purpose of this study is to examine the influence of witchcraft-based metaphysical beliefs on attitudes toward mental health treatment among adults in Sub-Saharan Africa, with particular attention to underlying conceptions of causation and personhood.

Specifically, the study seeks to:

1. Examine the prevalence of witchcraft-based explanations of mental illness.
2. Explore attitudes toward psychiatric treatment within different belief systems.
3. Investigate the relationship between metaphysical beliefs and help-seeking orientation.
4. Determine the influence of educational attainment on treatment attitudes.
5. Assess whether belief in spiritual causation significantly predicts willingness to utilise psychiatric services.

Research Questions

1. To what extent do participants endorse witchcraft and spiritual causation as explanations for mental illness?
2. What are participants' attitudes toward psychiatric treatment within biomedical settings?
3. What is the relationship between witchcraft beliefs and attitudes toward mental health treatment?
4. Does educational attainment influence willingness to seek psychiatric care?
5. To what extent do witchcraft beliefs predict help-seeking behaviour?

Research Hypotheses

H01: There is no significant relationship between witchcraft beliefs and attitudes toward mental health treatment.

H02: There is no significant difference in treatment attitudes between individuals with high and low witchcraft belief orientation.

H03: Witchcraft beliefs do not significantly predict willingness to utilise psychiatric services.

H04: Educational attainment does not significantly influence attitudes toward mental health treatment.

Literature Review

Witchcraft Beliefs in African Thought

Within African intellectual traditions, witchcraft is not merely a folkloric concept but part of a broader metaphysical schema that seeks to explain the structure of reality, causation, and human vulnerability. Early anthropological-philosophical accounts, particularly Evans-Pritchard, demonstrate that witchcraft beliefs function as coherent explanatory systems rather than irrational superstition. They provide causal interpretations for misfortune, illness, and social disorder within a framework that integrates both material and non-material dimensions of existence [9].

Mbiti famously articulates the African conception of reality as fundamentally dual-respected, comprising both the visible and invisible realms. In this ontology, events in the physical world are frequently understood as being influenced by spiritual forces that are real, though not empirically observable. This metaphysical orientation challenges strictly materialist accounts of causation and opens interpretive space for spiritual agency in explaining human experiences, including illness.

Gyekye further develops this view by emphasising relationality in African metaphysics, where causation is not limited to linear physical processes but includes moral and spiritual dimensions. Within this framework, misfortune may be interpreted as the outcome of disrupted harmony between persons, ancestors, spirits, and the natural order [10].

Wiredu, while critical of unreflective traditionalism, acknowledges the persistence of witchcraft beliefs even among educated Africans, arguing that such beliefs endure because they are embedded within culturally intelligible frameworks of explanation rather than mere cognitive error. Empirical studies across Sub-Saharan Africa confirm the widespread endurance of witchcraft explanatory models in contemporary social life.

Mental Illness and Cultural Epistemologies of Causation

The interpretation of mental illness is deeply shaped by culturally embedded epistemologies. Kleinman argues that what counts as ‘illness’ is never purely biomedical but is always filtered through explanatory models that determine how suffering is perceived, named, and treated.

In many African contexts, mental illness is frequently situated within a moral-metaphysical order in which disruptions of thought and behaviour are interpreted as evidence of spiritual interference or supernatural causation. Patel et al. observe that biomedical and spiritual explanations often coexist, producing pluralistic explanatory models that shape therapeutic choices [11].

From a philosophical standpoint, this coexistence reflects what may be described as *epistemic pluralism* – the simultaneous validation of multiple frameworks of knowledge and causation. Rather than viewing this as inconsistency, African metaphysical thought often treats it as a reflection of the layered nature of reality itself.

However, Ae-Ngibise et al. suggest that supernatural causal attributions may reinforce stigma and delay access to psychiatric care, raising ethical and practical concerns about outcomes when metaphysical interpretations dominate treatment decisions [12].

Help-Seeking Behaviour and the Pragmatics of Belief

Help-seeking behaviour refers to the practical translation of belief systems into action when individuals experience distress. Rickwood and Thomas argue that such behaviour is shaped not only by accessibility and cost of services but also by interpretive frameworks that define what illness *is* and what counts as appropriate treatment.

Empirical evidence across Sub-Saharan Africa shows that individuals who interpret mental illness through spiritual causation are more likely to seek assistance from traditional healers, religious leaders, or ritual specialists than from psychiatric [13]. This pattern reflects not simply preference but ontological alignment between explanatory beliefs and therapeutic practices.

Patel et al. further highlight that delays in biomedical treatment often occur when spiritual healing is perceived as the primary or exclusive solution. Nevertheless, emerging scholarship suggests that integrative models involving collaboration between traditional and biomedical practitioners may offer a more philosophically and practically inclusive approach to mental healthcare.

Theoretical Framework

African Metaphysical Theory

This study is anchored in African Metaphysical Theory as articulated by Mbiti, Tempels, Gyekye, and Wiredu. The theory posits that reality is constituted by both material and spiritual dimensions that interact in a continuous relational network. Within this ontology, causation is not restricted to empirical mechanisms but includes spiritual agency, moral order, and ancestral influence. Mental illness, therefore, may be interpreted not solely as neurological dysfunction but as a disruption in the harmony of existential forces [14]. This framework is crucial for understanding why witchcraft beliefs remain epistemically meaningful within many African societies, and why they continue to shape responses to psychological distress.

Theory of Planned Behaviour

The Theory of Planned Behaviour provides a complimentary psychological framework for understanding how beliefs translate into behavioural intention. The theory posits that behaviour is shaped by attitudes, subjective norms, and perceived behavioural control. Applied to this study, belief in witchcraft causation is expected to influence attitudes toward psychiatric treatment, potentially reducing intention to seek biomedical care when spiritual explanations are considered more valid or socially endorsed. While rooted in Western behavioural theory, its integration with African metaphysical perspectives allows for a more comprehensive understanding of how belief systems shape health-related decisions [15], [16].

Conceptual Framework

The study is structured around the following relationships:

1. **Independent Variable:** Witchcraft Beliefs (spiritual causation of mental illness)
2. **Dependent Variable:** Attitudes Toward Mental Health Treatment
3. **Moderating Variables:** Age, Gender, Educational Level, Religious Affiliation, Urban/Rural Residence

The framework assumes that stronger endorsement of spiritual causation corresponds to lower acceptance of psychiatric treatment, mediated by socio-demographic and cultural factors.

Empirical Review Summary

Existing literature consistently demonstrates the prevalence of supernatural explanatory models of mental illness across Sub-Saharan Africa and their influence on help-seeking behaviour. However, most studies remain largely descriptive or sociological in orientation, with limited engagement in the philosophical foundations of these beliefs.

Specifically, there is a notable gap in integrating African metaphysical thought and philosophy of mind into empirical analyses of mental health attitudes [17]. The present study addresses this gap by situating witchcraft beliefs within a structured philosophical framework of causation and examining their measurable influence on attitudes toward psychiatric treatment. In doing so, it contributes to interdisciplinary scholarship at the intersection of African philosophy, epistemology, and mental health studies [18].

Methodology

Research Design

This study adopted a cross-sectional survey design with correlational and comparative components. The choice of this design is grounded in both methodological pragmatism and epistemological neutrality. From an empirical standpoint, the design allows for the systematic examination of relationships between witchcraft beliefs and attitudes toward mental health treatment at a single point in time without manipulation of variables.

Philosophically, the design aligns with an *interpretivist – positivist interface*. While the study employs quantitative measurement typical of positivist inquiry, it simultaneously acknowledges that the variables under investigation particularly witchcraft beliefs and spiritual causation are embedded within culturally constructed metaphysical systems. The cross-sectional design therefore serves as a methodological bridge between measurable behavioural attitudes and underlying belief systems shaped by African epistemologies of causation and personhood.

Philosophical and Epistemological Orientation

This study is underpinned by a pluralist epistemological stance informed by African metaphysics and philosophy of mind. It rejects strict epistemic reductionism, which limits knowledge of mental illness to biomedical or material explanations, and instead recognises that beliefs about causation are shaped by culturally situated ontologies of reality.

Drawing from Mbiti, Gyekye, and Wiredu, the study assumes that knowledge of mental illness in African contexts is not merely descriptive but metaphysical, involving both empirical observation and spiritual interpretation. Consequently, the study adopts *methodological pluralism*, allowing empirical measurement of attitudes while acknowledging the ontological legitimacy of diverse explanatory frameworks.

Area of the Study

The study was conducted in selected urban and rural communities across Sub-Saharan Africa, specifically Nigeria, Ghana, Kenya, and Uganda. These countries were selected due to their rich philosophical diversity, strong indigenous metaphysical traditions, and the coexistence of biomedical and traditional healing systems.

From a philosophical perspective, these contexts represent what may be described as *epistemically plural societies*, where multiple frameworks of meaning scientific, religious, and indigenous metaphysical coexist and interact in shaping understandings of mental illness.

Population of the Study

The population consisted of adults aged 18 years and above residing in selected communities within the study area. The estimated population exceeded 20,000 individuals. This population is philosophically significant because adulthood in African societies often corresponds with full participation in cultural epistemic systems, including beliefs about causation, spirituality, and health.

Sample and Sampling Technique

A sample of 500 participants was selected using a multistage sampling procedure designed to ensure representativeness across geographical and socio-cultural contexts.

The sampling procedure involved:

1. Selection of countries based on cultural and epistemic diversity.
2. Selection of communities reflecting both urban and rural metaphysical orientations.
3. Stratification by residence types (urban/rural).
4. Simple random sampling of participants within strata.

Table 1. Demographic Distribution of Participants.

Category	Frequency
Male	245
Female	255
Total	**500**

Table 2. Educational Distribution.

Educational Level	Frequency
Primary Education	112
Secondary Education	198
Tertiary Education	190
Total	**500**

Instrument for Data Collection

Two structured instruments were employed for data collection.

1. Witchcraft Belief Scale (WBS)

The Witchcraft Belief Scale (WBS) is a 20-item Likert-type instrument designed to measure the degree to which participants endorse spiritual and metaphysical causation of mental illness.

Sample items included:

1. Mental illness is often caused by witchcraft.
2. Spiritual forces can directly influence psychological functioning.
3. Some forms of mental illness cannot be explained by biomedical science alone.
4. Traditional spiritual interventions may be more effective than psychiatric treatment.

Responses were measured on a four-point Likert scale:

1. Strongly Agree (4)
2. Agree (3)
3. Disagree (2)

4. Strongly Disagree (1)

Higher scores indicate stronger endorsement of spiritual causation, reflecting a metaphysical orientation toward illness explanation.

2. Mental Health Treatment Attitude Scale (MHTAS)

The Mental Health Treatment Attitude Scale measured participants' orientation toward psychiatric and biomedical mental health services.

The instrument assessed:

1. Trust in psychiatric professionals
2. Perceived legitimacy of biomedical treatment
3. Willingness to seek psychiatric care
4. Preference for hospital-based mental health services

Higher scores indicated more favourable attitudes toward psychiatric treatment and greater openness to biomedical intervention.

Validity of Instruments

The instruments were subjected to face and content validation by experts in African philosophy, psychology, psychiatry, and measurement and evaluation.

From a philosophical standpoint, this interdisciplinary validation process was essential to ensure *conceptual adequacy*, particularly given that constructs such as 'witchcraft belief' and 'mental illness' are not purely empirical categories but also metaphysical and culturally embedded concepts. Expert feedback was used to refine item clarity, conceptual neutrality, and cultural sensitivity.

Reliability of Instruments

A pilot study was conducted with 50 participants drawn from a population similar to the main study sample. Internal consistency was assessed using Cronbach's alpha.

Table 3. Reliability of Instruments.

Instrument	Reliability Coefficient
Witchcraft Belief Scale	.89
Mental Health Treatment Attitude Scale	.86

These coefficients indicate strong internal consistency and suggest that the instruments reliably capture the constructs under investigation.

Procedure for Data Collection

Ethical approval was obtained prior to data collection. Participants were fully informed about the purpose of the study and assured of confidentiality, anonymity, and voluntary participation.

From a philosophical-ethical standpoint, the study adhered to principles of *respect for persons* and *cultural epistemic sensitivity*, recognising that respondents' beliefs about mental illness are grounded in meaningful worldviews rather than misconceptions to be corrected.

Questionnaires were administered by trained research assistants familiar with local languages and cultural contexts. All completed instruments were retrieved successfully.

Method of Data Analysis

Data were analysed using descriptive and inferential statistical techniques, including:

1. Frequency distributions and percentages
2. Mean scores
3. Independent samples t-test
4. Chi-square analysis
5. Pearson correlation coefficient
6. Multiple regression analysis

All hypotheses were tested at the 0.05 level of significance.

While statistical procedures were employed to determine measurable relationships, interpretation of findings was guided by an epistemological awareness that such relationships reflect not only behavioural tendencies but also deeper metaphysical commitments regarding causation, agency, and personhood.

Results

Introduction to the Results

This section presents findings from data collected from 500 respondents on the relationship between witchcraft beliefs and attitudes toward mental health treatment in Sub-Saharan Africa. The analysis combines descriptive and inferential statistics to examine how metaphysical interpretations of mental illness influence psychiatric help-seeking orientations [19], [20].

Research Question One

To what extent do participants believe that mental illness is caused by witchcraft and spiritual forces?

Table 4. Distribution of Witchcraft Beliefs.

Belief Level	Frequency	Percentage (%)
High Belief	235	47.0
Moderate Belief	155	31.0
Low Belief	110	22.0
Total	**500**	**100**

Interpretation

Table 1 reveals that a substantial proportion of respondents (47%) strongly endorse witchcraft and spiritual causation as explanations for mental illness, while only 22% report low belief in such explanations. This distribution suggests that metaphysical interpretations of mental illness remain a dominant explanatory framework within the study population. From a philosophical standpoint, this indicates that African ontological categories of causation continue to operate alongside biomedical models in shaping lived experience.

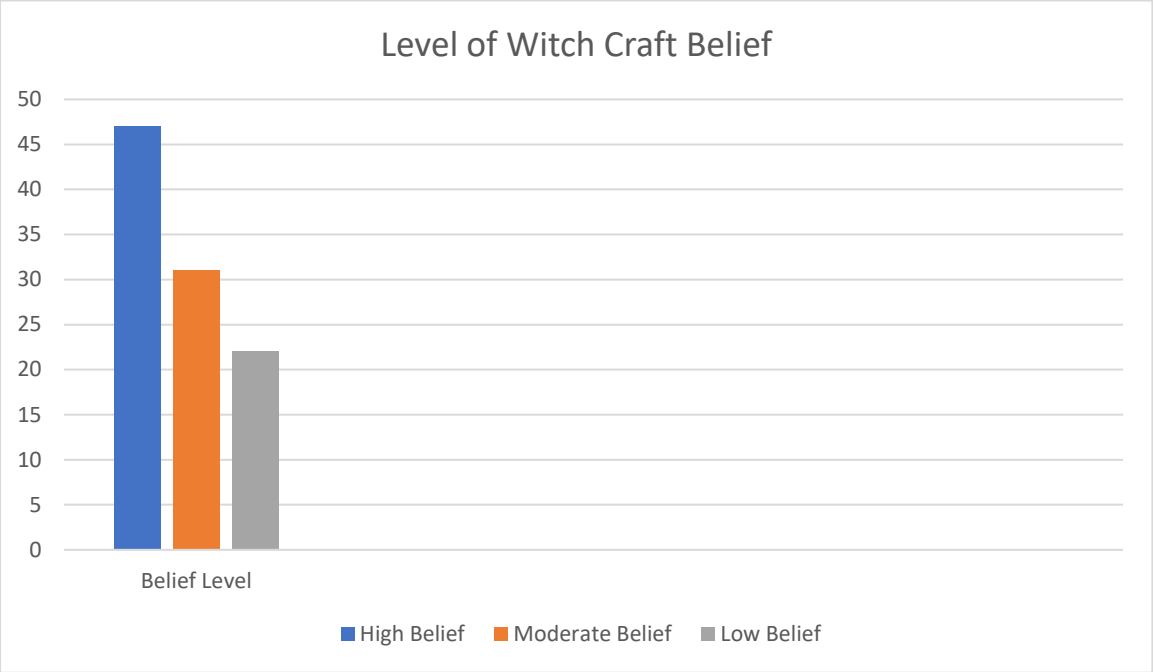


Chart 1: Levels of Witchcraft Belief.

Research Question Two

What are participants' attitudes toward psychiatric treatment?

Table 5. Attitudes Toward Mental Health Treatment.

Attitude Category	Frequency	Percentage (%)
Positive Attitude	185	37,0
Neutral Attitude	95	19,0
Negative Attitude	220	44.0
Total	**500**	**100**

Interpretation

Table 2 shows that 44% of respondents hold negative attitudes toward psychiatric treatment, compared to 37% with positive attitudes. This indicates a relatively divided orientation toward biomedical mental health services, with a slight predominance of scepticism. Philosophically, this may reflect competing epistemic commitments between biomedical rationalism and indigenous metaphysical frameworks of healing.

Research Question Three

Is there a relationship between witchcraft beliefs and attitudes toward mental health treatment?

Table 6. Pearson Correlation Analysis.

Variables	N	r	p-value

Witchcraft Beliefs & Treatment Attitudes	500	-0.64	.000

Interpretation

The correlation coefficient (r = -0.64) indicates a strong negative relationship between witchcraft beliefs and attitudes toward psychiatric treatment. This suggests that stronger endorsement of spiritual causation is associated with reduced acceptance of biomedical mental health services. From a philosophical perspective, this finding reflects an ontological tension between two explanatory systems of illness: one grounded in spiritual causality and the other in biomedical materialism [21].

Hypothesis One

H_{01}: There is no significant relationship between witchcraft beliefs and attitudes toward mental health treatment.

Table 7. Test of Relationship Between Witchcraft Beliefs and Treatment Attitudes.

Variable	r	p-value	Decision
Witchcraft Beliefs vs Treatment Attitude	-0.64	.000	Rejected

Decision

Since p <.05, the null hypothesis is rejected. There is a statistically significant relationship between witchcraft beliefs and attitudes toward mental health treatment.

Hypothesis Two

H_{02}: There is no significant difference in treatment attitudes between participants with high and low **witchcraft beliefs.**

Table 8. Independent Samples t-test.

Group	N	Mean	SD	t	p-value
High Witchcraft Belief	235	42.18	8.44		
Low Witchcraft Belief	110	61.54	7.92	-11.26	.000

Interpretation

Participants with low witchcraft beliefs demonstrated significantly more favourable attitudes toward psychiatric treatment than those with high witchcraft beliefs. The magnitude of the difference suggests that metaphysical orientation plays a substantive role in shaping therapeutic preferences [22], [23].

Decision

The null hypothesis is rejected.

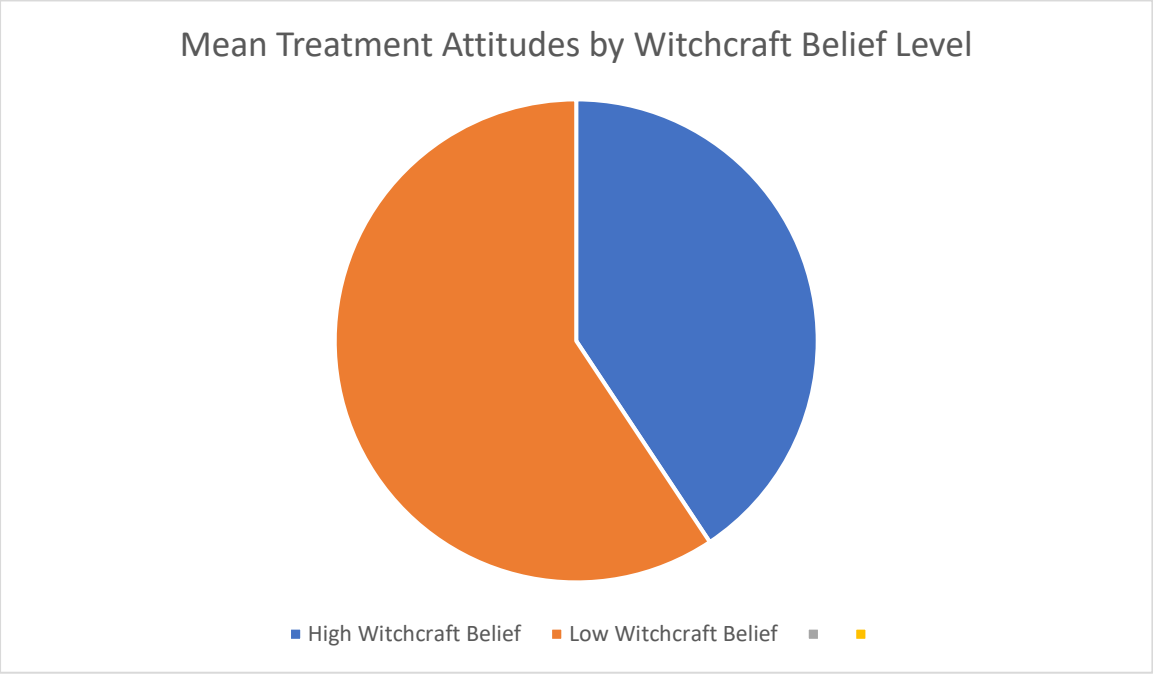


Chart 2: Mean Treatment Attitudes by Witchcraft Belief Level.

Hypothesis Three

H_{03}: Witchcraft beliefs do not significantly predict willingness to utilise psychiatric services.

Table 9. Multiple Regression Analysis.

Predictor	Beta	t		p-value
Witchcraft Beliefs	-0.58	-13.74		.000
Age	-0.07	-1.54		.124
Gender	0.04	0.91		.364
Religion	-0.18	-4.02		.000
Education	0.29	6.51		.000

Model Summary: $R^2 = 0.51$, $F = 102.64$, $p < .001$

Interpretation

The regression model indicates that 51% of the variance in willingness to utilise psychiatric services is explained by the predictor variables. Witchcraft belief emerges as the strongest negative predictor, suggesting that metaphysical interpretations of mental illness significantly reduce openness to biomedical intervention [24]. Education positively predicts treatment acceptance, while religious affiliation also shows a significant influence. Philosophically, these findings suggest that epistemic orientation particularly beliefs about causation and invisible agency plays a central role in shaping rational action within healthcare contexts.

Decision

The null hypothesis is rejected.

Hypothesis Four

H_{04}: Educational level does not significantly influence attitudes toward mental health treatment.

Table 10. Chi-Square Analysis of Education and Treatment Attitudes.

Educational Level	Positive	Neutral	Negative
Primary	24	18	70
Secondary	67	40	91
Tertiary	94	37	59

$\chi^2 = 39.62$, df = 4, p =.000

Interpretation

The results show a statistically significant association between educational attainment and attitudes toward mental health treatment. Participants with tertiary education demonstrate more favourable attitudes toward psychiatric services compared to those with lower levels of education. This may reflect increased exposure to biomedical epistemologies and reduced reliance on purely metaphysical explanations of illness [25].

Decision

The null hypothesis is rejected.

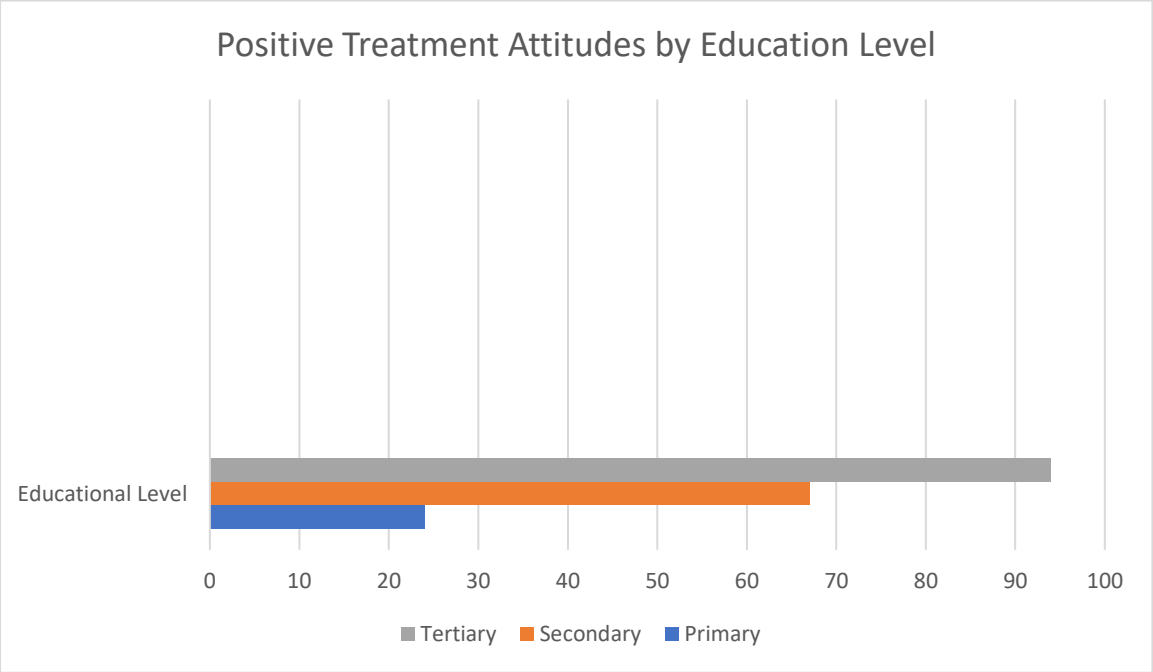


Chart 3: Positive Treatment Attitudes by Educational Level.

Summary of Findings

Overall, the results demonstrate a consistent pattern: stronger endorsement of witchcraft-based metaphysical causation is associated with reduced acceptance of psychiatric treatment. Conversely, higher educational attainment is associated with more positive attitudes toward biomedical mental health care. These findings highlight the enduring influence of African metaphysical frameworks in shaping interpretations of mental illness and therapeutic decision-making [26].

Discussion of Findings

The findings of this study provide strong empirical support for the claim that witchcraft beliefs remain a central component of explanatory frameworks for mental illness in Sub-Saharan Africa. Nearly half of the respondents endorsed supernatural causation, confirming the enduring relevance of African metaphysical worldviews in contemporary interpretations of psychological distress. This aligns with Mbiti's characterisation of African ontology as fundamentally dual-respected, where visible and invisible dimensions of reality coexist and interact in shaping human experience. In this sense, mental illness is not merely a biomedical event but an ontologically layered phenomenon embedded within a spiritual-causal order [27], [28].

Gyekye similarly argues that African metaphysics is relational and non-reductive, allowing causation to extend beyond physical mechanisms into moral and spiritual domains. The present findings empirically reinforce this philosophical position by demonstrating that a substantial proportion of individuals continue to interpret mental illness through non-material causal frameworks. Wiredu's critique of uncritical traditionalism is also relevant here; however, the persistence of these beliefs suggests that they are not simply residual superstitions but structured epistemic systems that continue to organise lived experience and practical reasoning [29].

The observed negative relationship between witchcraft beliefs and attitudes toward psychiatric treatment further illustrates a profound epistemological tension between indigenous metaphysical frameworks and biomedical models of mental illness. Participants who endorsed supernatural causation were significantly less likely to express confidence in psychiatric care. This finding supports Kleinman's argument that explanatory models of illness directly shape therapeutic choices, but it also extends the analysis by situating these models within competing ontologies of causation and personhood [30].

From a philosophy of mind perspective, this tension reflects divergent accounts of mental causation. Biomedical psychiatry typically assumes a materialist or neurobiological reduction of mental disorder, whereas African metaphysical frameworks often incorporate non-physical agents such as spirits, ancestors, or witchcraft as causally efficacious. The coexistence of these frameworks suggests not merely a cultural difference but a deeper metaphysical plurality regarding what counts as a legitimate cause of mental disturbance.

Foucault's analysis of madness as a historically contingent category further illuminates these findings. For Foucault, what societies define as 'mental illness' is shaped by regimes of knowledge and power that determine the boundaries of normality and pathology. In this context, biomedical psychiatry can be interpreted as a dominant epistemic regime that defines legitimate knowledge about mental illness, while African metaphysical systems represent alternative regimes of truth that resist full assimilation into clinical discourse [31], [32]. The persistence of witchcraft explanations therefore reflects not irrationality, but the coexistence of competing 'truth systems' that structure how suffering is interpreted and managed.

The regression findings, which identify witchcraft belief as the strongest predictor of help-seeking behaviour, further underscore the practical consequences of metaphysical orientation [33], [34]. These results are consistent with Ajzen's Theory of Planned Behaviour, yet they gain deeper philosophical significance when understood as evidence that belief systems function as ontological commitments that shape rational action. In this sense, help-seeking is not merely behavioural but epistemically grounded in what individuals take to be causally real.

Educational attainment emerged as a positive predictor of favourable attitudes toward psychiatric treatment, suggesting that exposure to biomedical epistemologies may moderate metaphysical exclusivism [35], [36]. However, this should not be interpreted as the elimination of indigenous belief systems. Rather, it may indicate a form of epistemic hybridity, where individuals navigate multiple explanatory frameworks simultaneously.

Conclusion

This study concludes that witchcraft beliefs, grounded in African metaphysical conceptions of causation, significantly shape attitudes toward mental health treatment in Sub-Saharan Africa. Strong endorsement of supernatural causation is associated with reduced acceptance of psychiatric services and lower willingness to engage with biomedical mental health systems.

The findings demonstrate that mental health help-seeking behaviour cannot be adequately understood without reference to underlying ontological and epistemological frameworks. African metaphysical systems, as articulated by Mbiti, Gyekye, and Wiredu, continue to provide coherent explanatory models of illness that compete with biomedical psychiatry in shaping therapeutic decisions.

Furthermore, the study highlights that education plays a moderating role in shaping treatment attitudes, although it does not entirely displace indigenous metaphysical interpretations. Overall, mental health behaviour in the region reflects a complex negotiation between competing systems of knowledge rather than a simple transition from 'traditional' to 'modern' explanatory models.

Recommendations

1. Mental health interventions should adopt culturally reflexive approaches that engage seriously with African metaphysical frameworks rather than dismissing them as superstition.
2. Collaboration between psychiatric practitioners, traditional healers, and religious leaders should be institutionalised to facilitate ethical and effective referral systems.
3. Mental health literacy programmes should be redesigned to incorporate philosophical education on causation, personhood, and competing models of illness.
4. Governments and health agencies should invest in community-based mental health education that integrates biomedical and culturally embedded explanatory systems.
5. Universities should include African philosophy, philosophy of mind, and medical anthropology in psychology and medical curricula to foster epistemic pluralism among future practitioners.
6. Anti-stigma campaigns should address not only social prejudice but also deeper metaphysical assumptions about the nature of mental illness.

Future research should adopt longitudinal and mixed-method designs to examine how metaphysical beliefs evolve in response to education, urbanisation, and intercultural contact.

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