

Beyond Apophenia: Oshodian I Dey-Believe, I Dey-Fear Therapy for Overcoming Spiritual Fear in Nigeria

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ABSTRACT

This paper introduces Oshodian I Dey-believe, I Dey-fear Therapy, a novel therapeutic framework targeting apophenia-driven spiritual fear in Nigeria. I Dey-believe, I Dey-fear Therapy are Nigerian Pidgin terms, meaning “I believe” and “I am afraid” respectively. Integrating cognitive-behavioral therapy, social learning theory, and Afrocentric strategies, the approach employs four structured stages (Awakening, Reframing, Reconnection, Renewal) to dismantle irrational fears rooted in cultural narratives while promoting rational thinking and emotional empowerment. Spiritual fear in Nigeria often manifests as chronic anxiety, avoidance behaviors, and maladaptive decision-making, exacerbated by apophenia—the tendency to perceive illusory spiritual connections (e.g., interpreting random objects as curses). The therapy aims to disrupt these patterns through cognitive restructuring, fostering evidence-based reasoning and spiritual autonomy. Though currently exploratory, its theoretical foundation suggests strong potential to address culturally entrenched spiritual anxieties. As the first structured examination of apophenia and spiritual fear in an African context, this framework highlights the need for empirical validation and clinical application to advance culturally responsive mental health interventions in Nigeria.

Keywords: Apophenia, cognitive restructuring, I Dey-believe, I Dey-fear Therapy.

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1. INTRODUCTION

Spiritual fear is a deeply ingrained phenomenon in African, particularly Nigerian society, shaping how individuals interpret misfortunes, illnesses, and unexplained events. For centuries, cultural narratives, religious doctrines, and communal experiences have reinforced the belief that supernatural forces dictate human fate. Many Nigerians, across rural and urban settings, internalize spiritualized explanations for adversity, attributing personal struggles, economic setbacks, or health conditions to curses, witchcraft, ancestral spirits, or unseen malevolent entities.

The influence of these beliefs is so profound that they often drive individuals toward avoidance behaviors, excessive reliance on religious intermediaries, and engagement in ritualistic practices meant to ward off perceived spiritual threats. Common manifestations of these fears include refusing to visit certain locations deemed spiritually contaminated, declining professional or relational opportunities due to perceived supernatural risks, and participating in costly spiritual interventions to counteract perceived misfortunes (Adejumo, 2021; Okoye & Okoye, 2021).

At the core of these deep-seated fears is apophenia, a cognitive bias that compels individuals to perceive patterns and connections where none exist. This phenomenon amplifies the misinterpretation of random occurrences—such as waking up to find a dead bird at one’s doorstep, scattered red threads, spilled powders, pinned or marked objects, or inexplicable animal remains—as supernatural warnings or orchestrated spiritual attacks (Brugger & Graves, 1997; Van Elk, 2015). These interpretations are



further reinforced by community narratives, religious sermons, and traditional folklore, creating a self-reinforcing cycle of fear and avoidance. Many individuals experiencing negative life events—such as job loss, illness, marital struggles, or accidents—search for external explanations, reinforcing belief in supernatural causality (Fletcher & Frith, 2009). Consequently, they engage in elaborate avoidance behaviors, seek intervention from spiritual healers, or participate in protective rituals, often at a high psychological and financial cost.

The impact of spiritual fear transcends individual anxiety, permeating social structures, economic participation, and mental health outcomes. Many individuals forgo medical treatment, career advancement, or relationships due to their perceived spiritual risks, thereby exacerbating economic disparity, unemployment, and limited access to essential healthcare. Furthermore, mental health stigma in Nigeria is largely tied to supernatural beliefs, with many psychiatric disorders interpreted as consequences of demonic possession, ancestral punishment, or divine retribution (Mkhize, 2004; Oshodi, 2019). These deeply ingrained perspectives discourage individuals from seeking psychological intervention, leading them instead toward religious exorcisms, faith-based healing, or traditional divination, often at the expense of scientifically grounded therapeutic interventions (Okoye & Okoye, 2021).

To address this profound cognitive-emotional dilemma, Oshodian I Dey-believe, I Dey-fear Therapy emerges as a culturally responsive, structured intervention that challenges cognitive distortions, reinterprets spiritual fear narratives, and reconstructs logical belief systems. This model integrates:

- Cognitive-behavioral techniques that help individuals identify and modify negative thought patterns that reinforce fear.
- Social learning principles, which guide individuals in unlearning culturally transmitted fears through positive exposure, education, and alternative narratives (Bandura, 1986).
- Resilience-building strategies, which empower individuals to shift from fear-based cognition to rational, evidence-based thinking, allowing them to regain control over their emotional and behavioral responses (Hofmann *et al.*, 2012).

While the therapy respects the cultural significance of spirituality, it differentiates between constructive beliefs that enhance well-being and maladaptive fears that impair daily functioning. By applying cognitive restructuring, guided exposure therapy, and cultural reinterpretation techniques, individuals undergoing Oshodian I Dey-believe, I Dey-fear Therapy—Nigerian Pidgin terms meaning “I believe” and “I am afraid”—can develop logical coping mechanisms, allowing them to break free from the psychological constraints imposed by spiritual fear (Metz, 2011; Southwick *et al.*, 2014).

Beyond its individual therapeutic benefits, Oshodian I Dey-believe, I Dey-fear Therapy aims to catalyze a broader cultural transformation, addressing the social and economic limitations imposed by deep-seated spiritual fears. By helping individuals reinterpret spiritual signs logically, the therapy reduces fear-induced dependency on religious mediators and harmful superstitions, thereby promoting independent thinking, self-efficacy, and economic participation. The intervention provides a structured framework for cognitive empowerment, enabling individuals to replace fear-driven thought processes with logical reasoning, reestablish personal agency, and engage more confidently in social and professional spheres.

This study presents the first structured therapeutic framework dedicated to understanding and addressing apophenia-driven spiritual fear in an African context. While Oshodian I Dey-believe, I Dey-fear Therapy remains in its exploratory phase, its potential for research, clinical application, and cultural adaptation is immense. The therapy’s foundation, rooted in Psychoafricalysis (Oshodian Psychology), integrates African-centered healing traditions, cognitive psychology, and evidence-based therapeutic techniques, reinforcing its relevance and applicability within African societies (Oshodi, 1999; 2017). Through further empirical research, pilot clinical trials, and culturally adapted interventions, this therapy holds the potential to redefine mental health interventions in Nigeria and other societies where spiritual fear remains deeply entrenched (Oshodi, 2019; Southwick *et al.*, 2014).

2. REVIEW OF LITERATURE

Spiritual fear is a deeply ingrained element of Nigerian cultural consciousness, shaped by historical, religious, and social factors that permeate daily life. Unlike conventional anxieties that arise from tangible threats, spiritual fear is often rooted in intangible forces believed to influence human destiny. These fears shape perceptions of health, success, misfortune, and interpersonal relationships, often prompting individuals to seek protection, guidance, and deliverance from perceived supernatural threats (Oshodi, 2019; Okoye & Okoye, 2021).

In many Nigerian communities, life adversities—such as illness, financial instability, delayed success, or relationship breakdowns—are frequently attributed to ancestral curses, spiritual attacks, malevolent spirits, or witchcraft, rather than being viewed through rational, socio-economic, or psychological

lenses (Adejumo, 2021; Metz, 2011). Religious and traditional institutions reinforce these fears by prescribing rituals, protective charms, exorcisms, and spiritual interventions as necessary countermeasures to ward off unseen forces (Mkhize, 2004).

Spiritual fear manifests in various culturally embedded behaviors that, while meaningful within religious or traditional frameworks, can lead to psychological distress and functional impairment. These expressions include a range of behavioral patterns shaped by symbolic interpretation and emotional vulnerability.

Hypervigilance toward symbolic objects: Many individuals react with intense fear upon encountering items such as dead animals, scattered powders, knotted ropes, red or black threads, broken eggs, or candles—especially when found near their homes or personal spaces. These objects are interpreted as spiritual warnings or curses, often triggering avoidance behavior, panic, and repeated reliance on cleansing rituals (Okoye & Okoye, 2021).

Avoidance of places, individuals, or events: Fearing exposure to malevolent forces or spiritual contamination, some individuals deliberately avoid hospitals, schools, workplaces, or even family gatherings. This can lead to social withdrawal and disruption of daily routines (Oshodi, 2012).

Overreliance on spiritual intermediaries: Rather than exercising personal decision-making, individuals often seek the approval or guidance of prophets, traditional healers, or religious leaders before engaging in significant or even routine activities such as travel, marriage, or business ventures. This dependency reinforces a belief that divine protection is necessary to ensure safety (Adewuya & Makanjuola, 2008).

Engagement in ritualistic protective behaviors: To ward off perceived spiritual attacks, individuals may engage in repetitive rituals, such as anointing their bodies with oil, placing religious texts under pillows, wearing amulets, sprinkling holy water, or engaging in routine fasting and prayer. While spiritually affirming, these behaviors can become compulsive and anxiety-driven (Metz, 2011).

Although these behaviors are culturally and religiously validated, they may contribute to psychological distress, including chronic anxiety, impaired cognitive functioning, financial exploitation by spiritual figures, and social isolation (Brugger & Graves, 1997).

2.1. Cognitive Bias and Apophenia in Spiritual Fear

One of the primary psychological mechanisms that fuels spiritual fear is apophenia, the human tendency to detect patterns and connections in random events, even when no actual correlation exists (Van Elk, 2015). In culturally religious societies like Nigeria, apophenia manifests in supernatural attributions, where individuals assign spiritual meaning to unrelated events, reinforcing paranoia, superstition, and avoidance behaviors (Brugger & Mohr, 2008).

Cultural and spiritual interpretations often shape cognitive distortions that influence how individuals explain life events. These distortions are reinforced through traditions, religious teachings, and communal expectations, resulting in deeply held fears and patterned behaviors that affect perception, reasoning, and daily functioning.

For instance, seeing a black cat cross one's path may be interpreted as a sign of impending doom, prompting the individual to cancel appointments, change routes, or engage in protective rituals. Similarly, a series of unfortunate events—such as sudden illness, job loss, or accidents—may be perceived not as coincidental or circumstantial, but as the result of spiritual attacks, curses, or ancestral punishment (Fletcher & Frith, 2009). Discovering unusual objects near one's home, such as pins, broken glass, or animal carcasses, can also trigger intense fear and panic, despite the presence of rational, non-supernatural explanations (Okoye & Okoye, 2021).

Apophenia—the human tendency to perceive meaningful patterns in random or unrelated stimuli—becomes particularly problematic when fueled by social reinforcement. Religious leaders, cultural narratives, and peer influence often condition individuals to interpret ordinary events through a supernatural lens (Brugger & Graves, 1997). Over time, this worldview can erode critical thinking, increase obsessive spiritual dependency, and heighten vulnerability to psychological manipulation or financial exploitation (Van Elk, 2015).

2.2. The Psychological and Behavioral Consequences of Spiritual Fear

Spiritual fear shapes individuals' cognitive, emotional, and behavioral responses, often resulting in chronic distress, hypervigilance, and irrational decision-making (Adewuya & Makanjuola, 2008). Studies indicate that individuals suffering from spiritual paranoia display:

- Heightened anxiety and compulsive fear responses: Individuals develop excessive concern over supernatural harm, leading to constant worry, repetitive prayers, and reliance on religious artifacts to alleviate distress (Metz, 2011).

- Social withdrawal and isolation: Those who fear spiritual contamination or attacks often distance themselves from certain individuals, neighborhoods, or social gatherings, leading to reduced interpersonal relationships and community participation (Southwick *et al.*, 2014).
- Financial exploitation and economic setbacks: Many individuals spend significant amounts of money on religious rituals, deliverance sessions, or protective items, often falling victim to spiritual scams by self-proclaimed prophets and healers (Okoye & Okoye, 2021).
- Compulsive avoidance of medical and psychological care: Many individuals believe mental illnesses, physical ailments, or personal hardships are caused by demonic afflictions or spiritual curses, delaying or rejecting medical treatment in favor of faith-based interventions (Oshodi, 2012).

These behaviors mirror clinical anxiety disorders but, in many Nigerian communities, they are often diagnosed as spiritual afflictions rather than psychological conditions, preventing individuals from seeking professional mental health support (Okoye & Okoye, 2021).

2.3. Cognitive-Behavioral Therapy (CBT) and Social Learning Theory in Fear Reduction

Cognitive-Behavioral Therapy (CBT) remains one of the most effective interventions for addressing irrational fears, cognitive distortions, and maladaptive behaviors (Hofmann *et al.*, 2012). CBT helps individuals challenge faulty belief systems, particularly those rooted in fear-based cognition. Within the context of spiritual fear, CBT:

- Identifies distorted thought patterns and their impact on behavior
- Challenges the validity of supernatural attributions by introducing alternative explanations
- Replaces fear-driven thoughts with logical, reality-based reasoning
- Gradually exposes individuals to feared objects or places to reduce avoidance behaviors

Additionally, Social Learning Theory (SLT) explains how fear-based beliefs are acquired and reinforced through cultural conditioning (Bandura, 1977). Many individuals develop spiritual fears through:

- Parental conditioning, where children internalize superstitions and fear-based teachings from caregivers.
- Religious reinforcement, where pastors, imams, or spiritualists promote fear-based narratives to maintain dependence on spiritual authority.
- Social validation, where fear-driven behaviors are affirmed by peer groups, family members, and religious institutions (Okoye & Okoye, 2021).

By integrating CBT and SLT principles, Oshodian I Dey-believe, I Dey-fear Therapy—Nigerian Pidgin terms meaning “I believe” and “I am afraid” respectively—introduces scientific models of thought processing, helping individuals detach from irrational fears and reframe their belief systems (Metz, 2011; Southwick *et al.*, 2014). This culturally sensitive approach acknowledges the duality of belief and fear that permeates Nigerian spiritual experiences. While “I Dey-believe” reflects positive, constructive faith and personal empowerment, “I Dey-fear” signifies maladaptive, irrational fear that inhibits emotional and cognitive growth. The therapy strategically addresses both aspects by fostering rational, evidence-based cognition that respects cultural authenticity.

2.4. Building Psychological Resilience Against Spiritual Fear

Resilience plays a crucial role in helping individuals overcome spiritual fear, resist fear-based narratives, and develop emotional stability (Southwick *et al.*, 2014). Oshodian I Dey-believe, I Dey-fear Therapy integrates resilience-building strategies that:

- Strengthen emotional regulation, equipping individuals with techniques to manage fear and anxiety (e.g., mindfulness, cognitive restructuring)
- Promote critical thinking, encouraging individuals to evaluate their beliefs through evidence-based reasoning
- Encourage community dialogue, fostering discussions on cultural fear narratives and alternative belief systems
- Provide structured exposure therapy, gradually reducing reactivity to fear-inducing stimuli

The therapy’s resilience-building approach allows individuals to reclaim control over their cognitive processes, gradually transitioning from fear-based thinking (I Dey-fear) to empowered, rational belief systems (I Dey-believe). This framework highlights the importance of distinguishing between positive cultural beliefs that support psychological well-being and irrational fears that disrupt daily functioning.

3. METHODOLOGY: OSHODIAN I DEY-BELIEVE, I DEY-FEAR THERAPY

The Oshodian I Dey-believe, I Dey-fear Therapy is a structured, multi-stage therapeutic intervention that systematically targets apophenia-driven fear and cognitive distortions. This framework integrates Cognitive-Behavioral Therapy (CBT), exposure therapy, mindfulness techniques, and Afrocentric psychological principles to facilitate rational thinking, emotional resilience, and long-term psychological transformation. The therapy acknowledges the cultural significance of spirituality and the dichotomy between “I Dey-believe” (constructive belief) and “I Dey-fear” (irrational fear), providing a balanced approach that empowers individuals to maintain cultural authenticity while embracing psychological growth.

Each stage builds progressively, guiding individuals from self-awareness to sustained cognitive and emotional empowerment. The therapeutic process is divided into four key stages.

3.1. *Awakening (Self-Awareness Stage)*

The Awakening stage is the foundation of Oshodian I Dey-believe, I Dey-fear Therapy, focusing on self-awareness, critical thinking, and metacognitive insight. The primary goal at this stage is to help individuals recognize the nature of their fears, identify the cognitive distortions that sustain them, and begin developing the ability to analyze fear-based beliefs critically. By differentiating between “I Dey-believe” and “I Dey-fear”, this stage fosters insight into how positive beliefs can enhance resilience, while irrational fears often lead to maladaptive emotional responses.

Through guided introspection, individuals learn to distinguish between culturally meaningful beliefs and harmful, fear-driven interpretations that undermine psychological well-being. This stage encourages them to question irrational fears, recognize their origins, and build a foundation for cognitive restructuring.

3.1.1. *Key Components*

Identification and Assessment of Spiritual Fears: Clients verbalize their spiritual fears and trace their origins (e.g., cultural, familial, religious, or personal experiences). Common fear-triggering objects and experiences include:

- Dead animals (e.g., dead birds, dogs, or lizards placed on doorsteps)
- Pins and needles inserted into figurines or buried near homes
- Threads, ropes, or knots left at doorways, roads, or trees
- White powders or unknown substances sprinkled around properties
- Broken eggs or palm oil spilled in front of homes or workplaces
- Strange inscriptions or symbols drawn on walls, grounds, or objects

Therapists use structured interviews and self-report assessments to evaluate the intensity, frequency, and cognitive impact of fear-based beliefs.

Psychoeducation on Cognitive Distortions and Pattern Recognition Errors: Clients learn about apophenia and its role in reinforcing irrational spiritual connections. Educational sessions explore how cognitive biases lead to fear responses, such as confirmation bias (interpreting unrelated negative events as proof of a curse). Therapists introduce real-world examples to help clients differentiate coincidence from supernatural beliefs.

Self-Reflection Exercises to Promote Awareness and Rational Thinking: Clients participate in guided journaling and structured questioning to explore fear-triggering events and their personal interpretations. Exercises challenge automatic negative thoughts related to spiritual omens, curses, supernatural punishment, and ritualistic fears.

Introduction to Metacognition and Fear-Challenging Frameworks: Clients engage in metacognitive exercises to increase awareness of how thought processes shape fear responses. Therapists introduce the Fear-Challenging Framework, encouraging clients to ask:

- What is the evidence for and against this belief?
- How else can I interpret this situation?
- Is this fear helping or harming my well-being?
- What rational explanation could replace my current belief?

At the end of this stage, individuals gain foundational self-awareness, cognitive clarity, and a framework for critically analyzing their fears.

3.2. *Reframing (Deconstruction Stage)*

This stage focuses on cognitive restructuring, exposure therapy, and psychological flexibility training to actively challenge, weaken, and replace irrational beliefs with rational, evidence-based perspectives.

3.2.1. Key Components

Cognitive Restructuring Exercises to Challenge Irrational Beliefs:

Therapists often use cognitive restructuring to help clients replace fear-driven interpretations of spiritual events with more rational and calming alternatives. Examples include:

- Fear-based belief: *A dead bird on the doorstep means someone has cast a curse.*
– Reframed thought: *Birds die naturally; someone may have placed it there to scare, not to harm.*
- Fear-based belief: *White powder near the house signals a spiritual attack.*
– Reframed thought: *The powder could be flour, dust, or sand—non-threatening and unrelated to any curse.*

These reframing exercises aim to reduce anxiety while respecting the client's cultural background, encouraging more balanced and less distressing interpretations of ambiguous situations.

Exposure Therapy to Reduce Sensitivity to Fear-Inducing Stimuli: Clients undergo controlled, incremental exposure to feared objects or experiences. Real-world exposure assignments may include:

- Observing feared objects in neutral settings (e.g., looking at photos of ritual items).
- Interacting with feared symbols under therapist guidance (e.g., touching harmless powders or objects in a controlled environment).
- Engaging with individuals who have overcome spiritual fear-based thinking.

Personalized Coping Strategies and Psychological Flexibility Training: Clients develop personalized coping strategies for confronting fear-inducing situations. Reality testing exercises help clients monitor whether feared outcomes actually occur. Clients learn assertive responses to fear-based social pressures (e.g., community expectations that they must perform cleansing rituals). At the end of this stage, individuals exhibit decreased fear reactivity, increased cognitive flexibility, and greater confidence in confronting irrational spiritual fears.

3.3. Reconnection (Reconstruction Stage)

At this stage, individuals begin building a stronger personal belief system based on logic, self-agency, and positive meaning-making. The focus shifts toward mindfulness, affirmation-based reinforcement, and the reconstruction of a non-fear-based worldview.

3.3.1. Key Components

Integration of Mindfulness and Meditation Techniques: Clients practice mindfulness-based stress reduction (MBSR) to manage fear responses in the moment. Meditation helps detach from past fears and future anxieties, reducing hypervigilance toward supernatural threats.

Affirmation-Based Reinforcement and Existential Meaning-Making: As part of therapy, clients are encouraged to create and internalize positive affirmations that help them challenge and override fear-driven narratives. These affirmations promote emotional regulation, self-efficacy, and cognitive resilience. Examples include:

- A statement reinforcing emotional self-control, such as asserting one's ability to manage thoughts and emotions.
- A reminder that fear does not define reality, helping to separate feelings from facts.
- A declaration that superstitions hold no power over one's future, emphasizing autonomy and rationality.

These affirmations serve as daily mental anchors, gradually weakening the hold of fear-based beliefs and supporting a more grounded, empowered mindset.

Development of Personal Belief Systems Grounded in Logic and Self-Agency: Clients reconstruct their personal and spiritual belief systems in a way that aligns with critical thinking and self-empowerment. At the end of this stage, individuals gain cognitive empowerment, emotional regulation skills, and a stable, self-directed worldview.

3.4. Renewal (Maintenance Stage)

The final stage focuses on long-term maintenance, behavioral reinforcement, and community-based psychological support to ensure lasting change and prevent relapse into fear-based thinking.

3.4.1. Key Components

Long-Term Behavioral Reinforcement and Resilience Training: Clients participate in habitual fear-challenging practices and self-monitoring exercises. Structured goal-setting techniques reinforce psychological progress.

Community-Based Support Groups for Sustained Psychological Empowerment: Clients engage in group therapy settings, reinforcing progress through shared learning experiences.

Ongoing Self-Evaluation and Fear-Management Strategies: Clients practice self-assessment techniques to identify potential relapses into fear-based thinking. Long-term follow-ups with therapists' help reinforce adaptive coping strategies. At the end of this stage, individuals exhibit long-term emotional resilience, sustained rational thinking, and the ability to challenge spiritual fears autonomously.

4. CONCLUSION

Spiritual fear in Nigeria remains a complex socio-cultural phenomenon with significant psychological implications, deeply rooted in historical, communal, and spiritual narratives. The development of Oshodian I Dey-believe, I Dey-fear Therapy—Nigerian Pidgin terms meaning “I believe” and “I am afraid” respectively—represents a groundbreaking, culturally aligned intervention designed to address these unique cognitive-emotional challenges. This therapy integrates Cognitive-Behavioral Therapy (CBT), Social Learning Theory (SLT), and resilience-building techniques to confront and reconstruct the irrational fears driven by apophenia, the cognitive bias that compels individuals to see patterns or connections where none exist.

Unlike conventional therapeutic approaches that may overlook the cultural and spiritual intricacies influencing Nigerian individuals, Oshodian I Dey-believe, I Dey-fear Therapy directly acknowledges the cultural weight of these fears. It carefully distinguishes between positive, belief-driven resilience (I Dey-believe) and maladaptive, fear-driven cognition (I Dey-fear), thereby preserving cultural authenticity while challenging irrational thought patterns. By merging scientific methodologies with cultural sensitivity, this therapy offers a sustainable framework for psychological transformation that allows individuals to reclaim control over their beliefs, thoughts, and emotions while maintaining their cultural and spiritual integrity.

The pervasive nature of spiritual fear in Nigeria underscores the urgent need for structured psychological interventions that balance cultural awareness with evidence-based mental health practices. The incorporation of CBT, Social Learning Theory, and resilience-building strategies within Oshodian I Dey-believe, I Dey-fear Therapy presents a comprehensive, culturally relevant framework aimed at dismantling maladaptive spiritual fears. Through techniques such as cognitive restructuring, guided exposure therapy, and culturally sensitive reinterpretation, individuals are empowered to confront their fears with rationality, evidence-based reasoning, and a renewed sense of personal agency.

By systematically addressing apophenia, cognitive distortions, and socially learned spiritual anxieties, this therapeutic approach provides a structured pathway for individuals to challenge fear-based beliefs and reconstruct healthier cognitive frameworks. Through this process, the therapy not only targets individual mental health outcomes but also holds broader societal implications for challenging and reshaping collective perceptions of fear-based spirituality (Oshodi, 2012; Southwick *et al.*, 2014).

Furthermore, the Oshodian I Dey-believe, I Dey-fear Therapy model acknowledges that fear-driven beliefs are often socially and culturally reinforced through community narratives, religious doctrines, and traditional folklore. By addressing these factors within a structured therapeutic framework, this approach aims to reduce fear-induced dependency on religious mediators and harmful superstitions, promoting independent thinking, self-efficacy, and social and economic participation. This is particularly critical in a society where spiritual fear often translates to significant psychological, social, and financial costs.

The potential of Oshodian I Dey-believe, I Dey-fear Therapy extends beyond individual interventions to a broader cultural transformation. By promoting cognitive empowerment and logical reasoning, the therapy seeks to break the self-reinforcing cycles of spiritual fear that impede personal growth and societal progress. The development of this culturally rooted, evidence-based therapeutic framework offers a powerful tool for individuals to regain emotional and psychological autonomy, freeing themselves from the constraints of irrational spiritual fear.

As the first structured therapeutic framework dedicated to understanding and addressing apophenia-driven spiritual fear in an African context, Oshodian I Dey-believe, I Dey-fear Therapy demonstrates immense potential for research, clinical application, and cultural adaptation. Rooted in Psychoafricalysis (Oshodian Psychology), this therapy integrates African-centered healing traditions, cognitive psychology, and evidence-based therapeutic techniques, reinforcing its relevance and applicability within African societies (Oshodi, 1999; 2017). Through further empirical research, pilot clinical trials, and community-driven dialogue, this innovative approach holds the potential to redefine fear management strategies and foster a healthier, more empowered society free from the constraints of irrational spiritual fear.

Ultimately, the successful implementation of Oshodian I Dey-believe, I Dey-fear Therapy will require continued exploration, validation, and adaptation to ensure its efficacy within diverse cultural

contexts. However, the foundational principles of this therapy—rooted in culturally informed psychological practices—provide a promising avenue for advancing mental health interventions that honor both scientific rigor and cultural integrity.

CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

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