

# Harmony Restoration Therapy in Management of Substance Induced Psychosis (A Case Study)

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## Abstract

This paper reports a case study of Harmony Restoration Therapy in Management of a 28 year old male Patient with Substance induced psychosis. This Therapy developed by Ebigbo (1995) is an Africa-culture oriented therapy. It treats abnormal behaviour by restoring the equilibrium in human life and living using holistic as well as eclectic approaches. The theory of Harmony Restoration Therapy perceives man as a component of three entities, namely: Endo, Meso and Exo cosmos. There was a total of eight harmony restoration-based therapy sessions with emphases on psychoeducation, cognitive restructuring, family therapy and motivational interviews following referral of the Patient to the psychology unit. A six months follow-up revealed that Robinson has fully recovered without any episode of relapse. The study recommends that services of Clinical Psychologist should be employed in all clinical behaviours, especially when prognosis with pharmacotherapy is poor.

**Keywords:** Harmony Restoration Therapy, Substance Induced Psychosis, Africa-Culture Oriented Therapy, Psychoeducation, Cognitive Restructuring, Motivational Interviews

## 1. Introduction

Individuals diagnosed with substance induced psychotic disorder (SIPD) are considered to be at a heightened risk, despite experiencing improvement within the first year of treatment. It is important for healthcare professionals to consistently engage with these patients and address their holistic requirements. According to Dawson et al. (2008), the term psychosis refers to mental conditions that disrupt one's perception of reality. An individual experiencing such an illness is said to be having a psychotic episode.

The DSM-5 outlines substance/medication induced psychotic disorder (SIPD) as delusions and/or hallucinations caused by the physical impact of a substance or medication, supported by past records, physical tests, or lab results. A common challenge in diagnosing substance-induced psychotic disorder is that individuals experiencing early psychosis may have been using mind-altering substances for a long time, making it difficult to gauge their true mental state without the influence of drugs (Turner & Sprong, 2020). When there are no recent instances of the patient being drug-free, doctors often diagnose substance induced psychotic disorder, but the patient's behaviour may change significantly when they are not under the influence of drugs (Yeisen et al., 2019) Furthermore, these patients are commonly prescribed antipsychotic medications which quickly alleviate their symptoms (Stroup & Gray, 2018). If the patient stops experiencing psychotic symptoms while taking the medication, it is unclear whether this improvement is due to abstaining from drugs or the effects of the antipsychotic treatment (Moncrieff et al., 2020). There is uncertainty about the duration for which antipsychotic medication should be continued. These questions complicate diagnosis and care (Dawson et al., 2008). Sadly enough, Robinson never ventilated, he has been on antipsychotic medication for the



past two years without the physicians detailed understanding of the immediate and remote cause of his behavior since he kept mute before the medical team at the clinic all these-while.

Mathias et al. (2008) stated that while diagnosis is critical, the early treatment of psychotic symptoms, information on the diagnosis, treatment and outcomes of substance induce psychotic disorder remains inadequate. Therefore, there is the need for diverse approach in assessment, diagnosis and treatment to have a detailed understanding of relative etiology as well as the underlying overt and covert behavior to enhance a goal directed action plan, hence the Harmony Restoration therapy.

Ebigbo (2020) developed Harmony Restoration Therapy, which is based on Africa's cultural beliefs. This therapy aims to address abnormal behaviour by balancing different aspects of human life using a combination of holistic and diverse methods. According to the Harmony Restoration Therapy theory, man is seen as a part of three interconnected entities known as Endo, Meso, and Exo cosmos. These entities are interdependent and must maintain a harmonious connection. A person is considered abnormal when these three entities are not functioning together as a whole. Therefore, restoring sanity in Harmony Restoration Therapy involves resolving any discrepancies among these three domains and ensuring a harmonious relationship is sustained.

When an adult shows signs of psychosis, it is crucial to carry out a thorough evaluation to uncover the underlying cause, with particular focus on distinguishing between medical and pharmaceutical triggers for these symptoms. Grossberg and Desai (2003) introduced a decision-making process for identifying psychotic symptoms in older adults. Their approach involved a series of steps to determine the root cause of such symptoms. However, the process of diagnosing psychotic symptoms in older individuals is not drastically different from assessing similar symptoms in younger individuals (Reinhardt & Cohen, 2015), as medical and medication-related factors must always be ruled out before a psychiatric diagnosis is made. The distinction lies in the fact that older adults are more likely to exhibit symptoms of delirium, dementia, or other medical conditions that may impact their mental health.

A social worker can provide vital information to help identify the cause of psychotic symptoms, which can then be passed on to the doctor (Shea, 2016). This information may include details about changes in the individual's functioning, any losses or stressors they may be experiencing, their quality of life, living arrangements, symptoms, personal and family background, substance use, and even certain aspects of their medical history. The initial stage of the decision tree involves conducting a comprehensive review of the individual's background to identify any past experiences of psychotic or other mental health symptoms, as well as any previous diagnoses or treatments for psychosis. Additionally, consideration should be given to any family history of psychiatric issues, such as mood disorders, suicide attempts, or dementia. This review should be conducted with input from both the individual in question and another person familiar with their circumstances. The primary goal of this evaluation is to ascertain the specific characteristics of the symptoms, including when they first appeared and any potential triggers, as well as the level of disruption and distress they are causing.

## **2. Methods**

### **2.1. Design and Approach**

This single-case study employed an eclectic, harmony restoration-based intervention over a 3-month period, followed by a 6-month posttreatment follow-up. The methodological framework integrated insight-oriented therapy, cognitive restructuring, family therapy, and motivational interviewing to address disharmony at intrapersonal, familial, and existential levels.

## **2.2. Participant**

The participant, pseudonymously referred to as Robinson, was a 28-year-old, single, male graduate of Geography, referred to the Clinical Psychology Unit following 13 psychotic episodes over two years and poor response to antipsychotic medication. He presented with hallucinations, delusions, disorganized speech, elated mood, and pronounced paranoia toward his mother. He had a 4-year history of cannabis use and intermittent alcohol consumption. No familial psychiatric history was reported.

## **3. Results and Discussion**

### **3.1. Case Analysis**

Robinson (not his real name), a 28 year old male single Graduate of Geography. He is dark in complexion, tall and moderately built. He was brought to the emergency unit of the clinic on fetter with the following complaints; hallucinations, delusions, disorganized speech, elated mood and paranoid towards his mother. This is his 13th episode but he refuses to respond to questions from the consulting physician. There was no positive history of mental illness as none of his parents or siblings have been diagnosed of any mental disorder. The first episode was about two years ago where he was given a medical diagnosis of drug induced psychosis. Since then, he has relapsed and been bundled on fetter to the hospital for about 12 times following behaviors that were threatening to life after smoking Indian hemp (cannabis).

Background history revealed that he was apparently well until returned from National Youth Service about two years ago when he was observed to be unnecessarily quiet and eventually resorted to smoking of Indian hemp(cannabis) and becomes recentful and violent towards his mother.

Family history revealed that he is a first son born out of wedlock. His father, a 68 year old is married with 5 children, while his mother a 52 year old now married with 4 children including Robinson living with her husband. He claimed that his mother, father and siblings do not maintain a cordial relationship with him. Drug history revealed that he started smoking Indian hemp and other cigarettes and also takes alcoholic drinks occasionally for over 4 years.

#### **3.1.1. Forensic history is nil of note**

Psychosexual history revealed that he is not married. He also claimed that he is not in any intimate relationship. Personal history and developmental milestone revealed that he was born without physical deformity by a single mother who also trained him without knowing his father. He insisted on knowing who his father is after his university education. He was introduced to his father who did not deny nor reject him but the step mother would not want to see him, and back in his mother matrimonial home, the younger siblings of another father including the step father do not regard him as part of their family

#### **3.1.2. Educational history revealed that he is a university graduate of Geography**

Occupational history revealed that he is not yet employed and has not been engaged in any profitable job. Baseline Mental Status Examination revealed a young man who was shabbily dressed, grossly unkempt, battered and mute. He was on fetter and non-cooperative. His mood was sad and affect was flat with total loss of insight.

### **3.2. Diagnosis**

Though a medical diagnosis of drug induced psychosis was made, prognosis remained poor as condition deteriorated despite the medical treatment of over 2years, hence the referral to the Clinical

psychology unit. A psychological diagnosis of "Split Harmony" following thorough assessment through psychoanalysis and response to items on Ebigo Harmony Measurement Scale. In that, there is a disharmony within Robinson (endocosmic disharmony); he hates himself for finding himself in the situation he does not like. There is a disharmony between Robinson and his parents (mesocosmic disharmony); he felt rejected by both parents and siblings, and there also seems to be a disharmony between Robinson and his maker (exocosmic disharmony) as he had every reason to ask "God why me?" Hence the need for harmony restoration based therapy.

### **3.3. Drug Therapy for Robinson**

During psychoanalysis it was revealed that Robinson does not take his medications except by force. The medications only braked him down for a while but when the effect of the medications are over, his behaviors remained the same. He has been on antipsychotics drugs for over 2 years.

Antipsychotic medications are prescribed for the treatment of psychosis, a condition wherein individuals may experience auditory hallucinations, visual disturbances, and hold irrational beliefs like the idea that others can read their thoughts or are planning to harm them. Additionally, they may exhibit a lack of personal grooming and exhibit disorganized speech patterns. According to Ugberiasie (2011), while antipsychotic drugs may not completely eliminate mental illnesses, they can alleviate certain symptoms or lessen their severity. These medications have the potential to ameliorate symptoms to the extent that individuals can engage in psychotherapy and lead a typical life.

### **3.4. Harmony Restoration Treatment Plan**

When Robinson had ventilated, a Harmony Restoration based psychotherapy plan was suggested and discussed with him and his mother to which they consented. A total of eight harmony restoration oriented therapy sessions were conducted in eclectic over a period of 3 months. The harmony restoration method of intervention for Robinson focused on insight oriented therapies, cognitive restructuring, family therapy and motivational interviews.

Since Robinson had no insight into his condition and still in his precontemplation stage in his cycle of change in substance addiction, he was given psychoeducation on the menace of Substance abuse. He was intermittently given assignments which were evaluated with motivational interviews that yielded encouraging results. He was guided to understand that his believe and thought as an adult of 25 year old that he cannot cope independently is irrational and illogical as his actions and present situation are not based on his faulty relationship with his family but are direct consequences of his beliefs and thoughts which can be replaced with rational and logical thoughts and actions. Nevertheless, his mother, step-father and other siblings were included in the therapy but all attempt to get the biological father involved proved abortive. Some guided confessions made by the mother as well as plea and willingness to change her attitude and give full support to him further encourage him to relax with new orientations and assurance about his life and future. By the end of the first month after about four therapy sessions, Robinson had taken decision to stop abusing any type of drug including smoking. Therapy sessions continued with a visit to their home and a series of phone calls. A six months follow-up revealed that Robinson has relocated to his private rented house within the city and operating a barbing salon, and there has not been an episode of relapse. This indicates that harmony is restored in all of Robinson's cosmogram.

#### 4. Conclusion

With harmony restoration-oriented therapy, Robinson's prognosis was heart-warming. It clearly shows the need for detail understanding of the client presenting signs and symptoms in order to appropriately describe, explain and predict the Patients behaviour for a goal directed action plan. The study recommends that services of Clinical Psychologist be employed in the treatment of patients with clinical behaviours especially when prognosis with pharmacotherapy is poor.

Future studies may benefit from applying the harmony restoration framework to larger sample sizes to explore its generalizability and effectiveness across diverse clinical populations. Comparative research between harmony restoration-based therapy and other established psychotherapeutic models (e.g., CBT, DBT) could provide insight into its relative efficacy. Additionally, longitudinal studies that track outcomes over longer periods could assess the sustainability of therapeutic gains. Researchers are also encouraged to refine and validate culturally sensitive assessment tools like the Ebigo Harmony Measurement Scale (EHMS) to support standardized use in diverse clinical settings.

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