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Towards an 'African Medical Humanities': Examining Mental Health in Nigerian Contemporary Literature through an African-Centred Approach

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ABSTRACT: The significance of adopting an African-centric approach when examining traditional West African medicine and cultural practices related to healthcare and the body cannot be overstated. In the fields of humanities and social sciences, there has been a tendency to prioritize Euro-centric scholarship at the expense of exploring the belief systems of people of African descent. However, recognising the West African indigenous world-view is a crucial first step in challenging Euro-American epistemological dominance and enabling a more comprehensive analysis of healthcare practices.

Against this backdrop, the present research proposes the term 'African Medical Humanities' with the aim of deconstructing Euro-centric universalism and offering an alternative framework for studying health-related phenomena in sub-Saharan African creative writing. Specifically, the analysis will focus on the works of two Nigerian contemporary writers by examining the *Abiku/ogbanje* (spirit child) motif in relation to mental health and traditional African therapeutics.

The study will pay particular attention to Helen Oyeyemi's *The Icarus Girl* (2005) and Akwaeke Emezi's *Freshwater* (2018), investigating how these works address mental health and personhood within indigenous therapeutics among West African societies. Through this analysis, the present contribution demonstrates how spirituality is deeply



embedded in traditional healthcare practices, thereby reflecting the importance of adopting an African-centric approach to understanding healthcare and the body in West African societies.

KEY WORDS: contemporary Nigerian literature; African Medical Humanities; Narrative Medicine; mental health; *Abiku/ogbanje*

INTRODUCTION

Despite the negative stigma surrounding traditional West African medicine, there has been a noticeable upward trend in the use of traditional medicine over the last few decades. According to the World Health Organization (WHO), up to 80% of the population in West Africa rely on traditional therapeutic methods for their basic health necessities. This reliance on traditional medicine is rooted in the African belief system, which sees health as a holistic concept encompassing physical, mental, and spiritual well-being. Bearing this in mind, it does not come as a surprise that, from early fictional works produced by Nigerian writers to present-day literature, traditional medicine has played a critical role in conveying the African cosmivision. West African literary productions, in particular, have extensively explored and represented the spiritual dimension associated with health-related phenomena. These narratives delve into issues related to mental illness, fertility and sexual life issues, *abiku/ogbanje* children, spiritual attacks, present and future misfortune, socio-political and economic questions, and more.

Despite locating itself within the field of Medical Humanities,¹ with a specific emphasis on narratives that revolve around mental health, this study seeks to implement a methodological shift by introducing the term 'African Medical Humanities'. The purpose of this conceptualisation and methodology is to broaden and incorporate an 'Africanised' approach to the interdisciplinary field of inquiry known as Medical Humanities by referring to holistic therapeutical practices rooted in African indigenous cosmivision and spiritual belief systems passed down orally or in written form. The African Medical Humanities theoretical framework does not purport to provide an original or all-encompassing theory of African healthcare practices. Rather, it draws upon earlier scientific, sociological, anthropological, and cultural studies focused on localised forms of disease treatment and self-well-being in sub-Saharan Africa to reveal the ways in which the convergence of empirical and ritualistic healing approaches functions as a mechanism for preventing, preserving, and re-establishing the physical, mental, and spiritual equilibrium of the West African individual.

¹ The term Medical Humanities has broadly come to indicate an interdisciplinary methodological paradigm aimed at exploring and understanding medicine, drawing on multiple frameworks including art, literature, history, anthropology, critical studies, feminism, performance, theatre and music.



Drawing on the aforementioned premises, this study aims to explore and highlight these fundamental differences in approach and world-view by bringing a West African perspective to Medical Humanities through the critical analysis of contemporary Nigerian creative works addressing mental health and well-being in transnational migratory contexts. It will be illustrated that, in contrast to Western therapeutics in which there is a demarcation between the mind and the body, among West African communities such differentiation does not exist given that mental and physical well-being is conceived as “a continuum of natural and supernatural entities such as minerals, plants, animals, humans, ancestors, spirits, gods, and God” (Tosam 255).

AFRICAN MEDICAL HUMANITIES: EXPLORING THE WEST AFRICAN WORLD-VIEW, TRADITIONAL MEDICINE AND THE ROLES OF INDIGENOUS PRACTITIONERS

In West African nations like Nigeria, traditional medicine² stands out as one of the primary means of providing healthcare services, alongside Western medicine and/or religious-spiritual³ healing (Isola 319). As observed by Ajima and Ubana, indigenous therapeutic activity is considered “traditional” because it is based on knowledge, empirical experience with herbal medicines, and observations passed down through generations orally or in written form by African ancestors (2). On a similar note, Isola offers an incisive explanation of what characterises African traditional medicine in his essay “The Relevance of the African Traditional Medicine (Alternative Medicine) to Health Care Delivery System in Nigeria.” According to him:

African Traditional medicine involves collecting, conserving, utilizing and the application of medicinal plants for the cure, prevention and promotion of physical and spiritual well-being of citizens. The practitioners of this mode of health system are christened “traditional healers.” The trained herbalist is capable of identifying different herbs from one another. The Traditional Medicine can therefore be seen as the totality of practice, measures, ingredients and procedures of all kinds which enable the Africans to guide against diseases, alleviate sufferings and to cure themselves. It is the main source of health care for Nigerian grassroots especially in villages where especially a considerable percentage of Nigerians live (320).

² The World Health Organization defines traditional medicine as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness” (WHO).

³ Healing techniques in West Africa are often tied to Islamic or Charismatic Pentecostal belief systems. These techniques strive to address the physical, psychological, social, and spiritual aspects of human existence. One of the defining characteristics of religious healthcare and healing practices in the region is the emphasis on the role of supernatural presence in the process. This involves prayers, rituals, and the reading of religious texts. For more information on faith-based healing approaches see Van De Bosch-Heij, Dein, and Fanello and Gusman.



It is worth mentioning that, despite the global dominance of pharmaceutical industry in modern world, African traditional medicinal therapeutics continue to remain relevant. Among the factors that contribute to its widespread use are that it is generally less expensive to conventional medical treatments, it is easily accessible and it employs a holistic approach that aims at maintaining life equilibrium between the body, mind in relation to the external environment (Tosam; Chaitanya *et al.*).

In addition, another significant aspect that defines indigenous West African therapeutics is the concept of illness and disease. According to Onwuanibe and Tosam, disease is the outcome of human interference with the spiritual and supernatural forces that govern reality. As a result, illness is often understood in terms of both supernatural and human agency. For Onwuanibe “these maladies are regarded as signs either of the displeasure of the gods or God at the victim’s sin or those of his family or community, or the ill will of some malevolent enemy” (25), indicating that there is no clear distinction between illness and personal misfortune. Diagnosis, therefore, entails searching for both natural and spiritual causes of disease/illness (Tosam 270).

Within such context, the confession stage represents a further essential component in determining the healing outcome (Offiong 122). The person, a relative, or a friend may be interrogated to determine if the patient has committed any ill deeds against someone. If such is the case, the traditional healer typically seeks out these people and helps make peace with them. However, when the disease is not attributable to a physical person but a spiritual entity, the indigenous healer may resort to what Isola defined as “occultism” (321) or what Ajima and Ubana identify as “divinisation” (3). More specifically, this may involve various methods, such as dreams, visions, bodily actions, ordeals, spirit possession, necromancy, animal types, mechanical techniques, nature divination, and various forms of divination techniques (Ajima and Ubana 3). Hence, unlike Western medicine, which relies on empirical evidence and scientific research, traditional medicine cannot be explained through a scientific approach due to its reliance on “supernatural powers” (Isola 321).

Despite the drawbacks and limitations that come with traditional healing practices, it remains one of the most widely recognised and utilised forms of therapeutic approaches. Traditional healers, in particular, continue to act as intermediaries who navigate between multiple universes, including the visible and invisible worlds, the living and the dead, to bring the sick person back into harmony with the ancestors (Nathan and Stengers; Tosam). Especially during the precolonial period, they were highly regarded. The important role they played in different communities is evidenced by the different names through which they can be referred to. For instance, among the Yoruba ethnic group they are known as *Babalawo*, *Adahunse* or *Onieesegun*, while in the *Ibibio* community they are referred to as *Abia Ibiok*, the Igbo instead identifies them as *Dibia*, and the Hausa-speaking people call them as *Boka* (Abdullahi 115).

However, with the beginning of colonialism, traditional healers and indigenous therapeutics were stigmatised and labelled as “witchcraft” or “juju” practices (Ozioma and Chinwe 192). Through the implementation of the ideas of civilisation and cultural superiority African traditional religions and therapeutics were deemed inferior and backward (Xaba; Chikature; Chaitanya *et al.*). Education, in particular, served as a means



through which to “expose Africans to a superior culture” (Mart and Toker 364) and “bring light to the dark continent” (Xaba 326). Furthermore, the growth of pharmaceutical and medical establishments across Africa (Xaba 331) and the implementation of laws that hindered the sale of herbal medicine contributed to the marginalisation of traditional herbal treatments (Chaitanya *et al.* 2).

It is, however, important to note that, in spite of the attempts made under colonial rule to devalue native healers and traditional therapeutics, African communities continue to rely on indigenous practitioners. This is because Western medical doctors often fail to consider the spiritual and emotional aspects of healthcare, which are deeply ingrained in West African traditional social values and healing practices. As a result, traditional healing methods are still highly relevant and embedded in modern-day sub-Saharan African societies, both on the continent and in the diaspora. Contemporary Nigerian fiction writers, such as Helen Oyeyemi and Akwaeke Emezi, provide evidence of the importance of traditional healing methods in African communities. In their writings, both authors highlight the significance of the spiritual realm for African diasporic subjects in the relation with the Self.

Building on the African Medical Humanities theoretical framework presented in this section, the next two paragraphs will delve into a deeper analysis of how indigenous healing practices and cosmovision are depicted as being fundamental aspects in the process of healing and self-well-being acquired by the main characters in Helen Oyeyemi’s *The Icarus Girl* (2005) and Akwaeke Emezi’s *Freshwater* (2018).

BLURRING THE BOUNDARIES BETWEEN THE SPIRITUAL AND PHYSICAL REALM IN HELEN OYEYEMI’S *THE ICARUS GIRL*

Recent research has revealed that Nigeria ranks among the top five countries in the world with the highest percentage of child mortality under the age of five, with one in thirteen children dying before turning five. These alarming statistics have been linked to a variety of causes, including pneumonia, congenital malformations, birth trauma, diarrhoea, malaria, sickle anaemia and preterm birth complications (Egbon *et al.* 2). As a result, it is not surprising that, particularly in the past, some of these illnesses—especially those that indigenous physicians were unable to diagnose or treat—were associated with the spiritual realm. Among the most widespread beliefs about young children’s mortality was the *ogbanje/abiku* myth. According to Ogunyemi, the Igbo term *ogbanje* refers to the “iconoclast, the one who runs back and forth from one realm of existence to another, always longing for a place other than where s/he is” (62). On the other hand, the Yoruba concept of *abiku* shares some similarities with the idea of *ogbanje*, but it differs slightly in that it refers to “one who is born to die” (Ogunyemi 63). The term *abiku* literally poses the question, “Is it dead?”, and thus the emphasis is placed on the mortality of the child.

As brought up by Ekwueme-Ugwu, there have been two ways in which the *ogbanje* phenomenon has been addressed. There are those critical scholarships that tend to adopt a Western-centred approach and thus associate it with a genetic disorder,



known as sickle anaemia, or with a mental disorder, such as schizophrenia (323). However, other scholarly works have emphasised the significance of the *ogbanje* as a socio-anthropological phenomenon that requires consideration of the indigenous Nigerian context (Ilechukwu; Asakitikpi).

Because traditional African epistemological cosmology is so important, the *ogbanje* and *abiku* are structured and thematised in Nigerian contemporary fiction in a way that serves to “explain the actions of individuals who are seen as outside the norms of expected social behaviour” (Madhu 101). The concept of *abiku*, in particular, provides one layer of meaning through which to read Helen Oyeyemi’s *The Icarus Girl* by drawing on the principles and world-view that characterise Nigerian indigenous therapeutics. The novel is divided into three parts and takes place in England and Nigeria. It chronicles, from a third-person narrator, the story of Jessamy Harrison, who is called Jess, an eight-year-old with a British father and a Nigerian mother living in England.

From the beginning of the narrative, Jess is portrayed as an introverted child prone to difficult behaviour who struggles to define her identity since she cannot completely identify neither with her Nigerian mother nor with her English father’s culture. She is described as “preferr[ing] cupboards and enclosed spaces to garden” because “[o]utside the cupboard, [she] felt as if she was in a place where everything moved too fast, all colours, all people talking and wanting her to say things” (Oyeyemi 3-4). The feeling of unhomeliness and loneliness intensifies even further when she travels to Nigeria with her family. For the first time, she is called *oyinbo*, a term that refers to “somebody who has come from far away that they are a stranger” (Oyeyemi 17).

It is during such trip that she comes to know Titiola, named *TillyTilly* by Jess, a friend no one seems to see besides the protagonist. *TillyTilly* is described as being slight, with “bushy hair”, “barefoot, and her toes and feet whitened with gravel scratches and sand” (Oyeyemi 44). Similarly to Jess, *TillyTilly* is an *abiku*. However, in contrast to her, *TillyTilly* embodies the life before birth and, more specifically, the one who has returned to haunt the living twin.

Initially perceived as a comforting figure by the protagonist, Jess soon realises, after returning to England, that *TillyTilly* is far from being a benevolent spirit. In addition to threatening to “get” her friends and classmates (Oyeyemi 94), *TillyTilly* physically takes possession of Jess, leading her to experience more frequent emotional outbursts. Because of her tantrums and unexplained screaming, she is considered “weird” among her peers and mentally unstable by her parents, Sarah and Daniel (Oyeyemi 108). As a result, both decide to take Jess to a psychologist named Dr. Colin McKenzie to assist their daughter.

It is worth noting that Dr. McKenzie employs an approach to therapy which is rooted in Western psychoanalysis. With the aim of unravelling what leads Jess to experience sudden outbursts, he uses a technique called free association to explore Jess’s inner turmoil. Such a therapeutic method, which traces its origins to Freudian and Lacanian psychology, apparently proves to be effective during the initial sessions undertaken by Jess. In this regard, the protagonist observes:



There were [...] times during [their] conversation that Colin McKenzie really surprised her. The first was when he asked her what it felt like when she was screaming. [...] [S]he didn't even know why the question caught her so off-balance—maybe it was because he had assumed that there was something for her to feel when she had a tantrum.

The second time was when he asked her to say the first word that came into her head in response to the words that he was going to say to her [...]

'Mummy.'

'Um. Big. No -'

'Daddy.'

'Small. Smaller, I mean. Than.—'

'School'

'Nobody.'

'Jess.'

'Gone?'

'Where have you gone, Jess?'

She had no idea.

That was surprising, too. (Oyeyemi 130)

The foundation of Jacques Lancaian's philosophy is the importance of language as a mode through which to disclose the unconscious. Drawing on the assumption that "the unconscious is structured like a language", Dr McKenzie attempts through what might be defined as "talking psychotherapy" to chart Jess's mind and get at the bottom of her unconventional behaviour (Holland 65). He offers an interpretation to Jess's by suggesting that *TillyTilly* might be an "alter ego, [...] an internalised imaginary companion" (Oyeyemi 276). It is important to note that, within such perspective, *TillyTilly* is conceived as not being a real entity, and it is thus associated with a form of mental illness (Sasser 197). Yet such psychoanalytic assessment does not entirely capture the complexity of Jess's internal struggles as it fails to take into account the spiritual realm and, more specifically, the fact that Jess "lives in three worlds" (Oyeyemi 165) ascribed to her *abiku* and twin childhood (Ouma 197).

Similarly to the main protagonist, *TillyTilly* navigates between the three realms. Yet where Jess finds herself located in the world of the living, *TillyTilly* is trapped in the spiritual realm. She is the one who discloses to Jess the death at birth of her twin sister, Fern:

'Her name was Fern,' *TillyTilly* whispered in her Jess's ear, as Jess began to fall away from the room, fall into sleep. 'Your twin's name was Fern. They didn't get to choose a proper name for her, a Yoruba name, because she was born already dead, just after you were born. You have been so empty, Jessy, without your twin; you had no one to walk your three worlds with you. I know—I am the same. I have been like you just for such a long time! (Oyeyemi 170)

Ultimately, Jess's mother, Sarah, realises that not performing the *Ere Ibeji* ritual might have played a crucial role in the "incomplete sense of self" (Ouma 197) and the state of alienation experienced by her daughter: "Three worlds! Jess lives in three worlds. She lives in this world, and she lives in the spirit world, and she lives in the Bush. She's *abiku*, [...]! The spirit tells her things. Fern tells her things. We should've ... we should've d-done *ibeji* carving for her!" (Oyeyemi 174).



Jess's second trip to Nigeria reveals itself to be instrumental in her healing process. Following a car accident in which Jess is left unconscious and hospitalised, the protagonist finds herself located in the third realm: that of the bush.

Once there, unknown to both Sarah and Daniel [...], Jess's grandfather took Fern's heavy *ibeji* statue out of the drawstring bag he had brought with him and, confident that Dr Adenuga's instructions for it not to be moved would be obeyed, put it in the far corner where it could watch. And when he'd gone, the *ibeji* statue
(*dull, unbelieved-in wood*)
guarded the corner for the little twin who needed help
needed the forgiveness it brought
needed to win
more than ever. (Oyeyemi 318)

Trapped in this dimension, it is thanks to her grandfather, Baba Gbenga—who arranges for an *ibeji* statue to be carved by a woman *babalawo*—that Jess finally succeeds in confronting *TillyTilly* once and for all.

Despite initially feeling that she was getting lost in the “wilderness [of] the mind” (Oyeyemi 318), Jess eventually finds her way out, rescued by “someone [who] came and bore her away on their back” (Oyeyemi 319, emphasis in the original). She soon realises “with a feeble, drowsy awe” that the girl she was looking at was herself (Oyeyemi 321). Marking the beginning of the process of reconciliation between the dual identity of the protagonist, Jess goes “back into herself and [wakes] up and up and up and up” (Oyeyemi 322).

By employing a “syncretic metafictional structure that borrows from Greek, English, and Yoruba worlds” (Ouma 202), Oyeyemi masterfully delves into the intricacies of mental illness and the ways in which individuals perceive it based on their ontological cultural *milieux*. The Nigerian-British writer validates and redeems the stigmatised view of traditional medicine by integrating African indigenous health approaches and bridging the gap between Western-oriented healing epistemology and traditional Yoruba medicine. In doing so, her literary work highlights the interdependence of the physical, mental, and spiritual domains in the process of achieving holistic healing.

INHABITING MULTIPLE WORLDS: THE NORMALISATION OF NIGERIAN INDIGENOUS WORLD-VIEW AND THERAPEUTICS IN AKWAEKE EMEZI'S *FRESHWATER*

Akwaeke Emezi (they/them pronouns) are a Nigerian-Imali-American authors who were born in 1987 in Umuahia and raised in Aba, Nigeria. They represent one of the most singular and important voices within the Nigerian contemporary literary arena, known for their unique perspective on storytelling. Emezi's debut novel, *Freshwater*, was longlisted for numerous prizes and became a New York Times Notable Books for 2018.

Emezi's peculiar narrative style of recounting the various selves residing within Ada's body is one of the distinguishing features of this coming-of-age fiction. Rather



than presented through a conventional linear structure, the plot is narrated through multiple and shifting perspectives, including a collective “we”, the singular spirits, Ashugara, Saintry Vincent and Yshwa, that appear during the course of the events and, ultimately, from a human being’s point of view, named Ada.

Grounded in the Igbo community’s ontological cosmology, the narrative begins prior to when Ada was born, in “a time before [they] had a body, when it was still building itself cell by cell inside the thin woman, meticulously producing organs, making systems” (Emezi 1). Ada is the daughter of Saul, a Catholic doctor, and Saachi, a Malaysian nurse, she is an *ogbanje* and as such “[r]eality [i]s a difficult space for her to inhabit” (Emezi 27).

It is interesting to note that, despite establishing a dialogue with earlier works that featured *ogbanje* characters, like *Things Fall Apart* by Chinua Achebe and *The Famished Road* by Ben Okri, Emezi remarkably reinvents such literary genre. Unlike their predecessors, who deployed the *ogbanje* trope to frame the Nigerian political situation, they use it as a “metaphor of multiple identities and notions of being” (Magaqa and Makombe 25).

From the novel’s beginning, Ada is presented as an unusual child who “crawls like a serpent” (Emezi 10). As she grows older, her mother, Saachi, struggles to cope with her anger and “uncontrolled weeping” (Emezi 22). If, from a superficial perspective, Ada might simply personify the troublesome child, from an Igbo ontological viewpoint, the character’s behaviour is presented as being the result of the overwhelming presence of the spiritual entities inhabiting her human body: “[w]e made her ours in many ways, yet we were overwhelming to the child. Even though we lay curled and inactive inside her, she could already feel the unsettling our mere presence caused” (Emezi 15). Hidden in “the pit of her stomach, between the mucus lining and the muscle layer” (Emezi 15), the multiple selves inhabiting Ada’s body are the children of Ala.⁴ The godlings, like Ada, are linked to the Igbo deity through an oath defined as the *iyi-uwa*. This pact is undertaken in the world of the unborn (Nnolim 323) and its going to exercise a significant impact throughout the votary’s life span. In this regard, the narrative voice We observe that:

We did not come alone. With a force like ours, we dragged other things along—a pact, bits of bone, an igneous rock, worn-out velveteen, a strip of human hide tying it all together. This compound object is called *iyi-uwa*, the oath of the world. It is a promise we made when we were free and floating, before we entered Ada. The oath says that we will come back, that we will not stay in this world, that we are loyal to the other side. (Emezi 14)

Yet, the price of being in the world of the living requires that sacrifices be made, which result in Ada resorting to non-suicidal self-injury. The beginning of these forms of sacrificial acts lead to what the narrative We define as the second birth. Such rituals enabled them to feel “temporarily sated” by the blood (Emezi 41).

⁴ According to Igbo religious cosmology, *Ala* (earth) is the Earth goddess responsible for the fertility of the soil. Also referred to as *Ani*, the daughter or wife of the Supreme Being Chukwu, she plays an important role in fertility and death, supervising over the beginning and end of life (Ayonrinde and Gbenga 126).



As evidenced by numerous studies, sacrificial acts are far from being a unpeccable behaviour (Mbiti; Ashanti). Especially in traditional black African religions and healing practices, the use of blood represents “the point where the visible and invisible meet” and, at the same time, reflects the intention on the part of the woman/man to project her/himself into the spiritual realm (Mbiti 63).

Given that it is considered the emblem of life, both animal and human being’s blood is employed during religious ceremonies to call forth spiritual entities. More precisely, these kinds of rites could be performed as a means of making a request to God and the deities, as a kind of ritual purification, as a mode through which of establishing a bond and being in communion with divine entities, and as a way of revitalising the person for whom the sacrifice is made (Mbiti; Bergen; Ashanti). The latter, in particular, represents the case described in *Freshwater*, as the narrative voice Asughara admits:

[e]veryone knows the stories of hungry gods, ignored gods, bitter, scorned, and vengeful gods. First duty, feed your gods. If they like (like we do) inside your body, find a way, get creative, show them the red of your faith, of your flesh; quiet the voices with the lullaby of the altar. (Emezi 41)

But at first, Ada is unaware of the motivations behind her ritualistic behaviour. She, therefore, looks for the cause of these self-harming behaviours. Because of her upbringing by Westernised parents and her own exposure to their world-view, she initially believes that she may be experiencing suicidal thoughts and/or symptoms of a dissociative identity disorder. She consequently decides to seek the help of a therapist:

I remember one session with a middle-aged woman who had grey streaks in her hair [...]. I looked around the office, wondering how many times we’d been here. I didn’t always follow what Ada had been up to [...].
“Do you have any questions?” the woman asked. “Comments? Concerns?”
“None,” said Ada.
[...] How do you feel about your future?
Without thinking, Ada let the truth slip out. “Indifferent.”
[...] The therapist continued pushing, and as she spoke, Ada kept blanking out midway through the woman’s sentences, then returning.
[...] “What about Asughara?” the woman asked, and suddenly I was paying all the attention I had in the world.
“How the fuck does she know my name?” I hissed at Ada, but she ignored me.
“Are there many of them?” continued the therapist, and I watched Ada with my breath held. I could tell she didn’t want to lie. She’d already lied once, when the woman asked what the suicidal plan was [...]. (Emezi 147-148)

Following such session, Ada will never consult a therapist and a doctor again except when they will proceed with the surgery that enabled the multiple selves inhabiting her body to “carve [her] body into something that [they] could call a home” (Emezi 188). This results in breast reduction and the removal of her uterus.

However, it is only when she returns to Nigeria and encounters a Yoruba priest called Leshi, that her metamorphosis is finalised. Ada is intrigued by him because “[Leshi] reeked of power, of in-between-ness [...].” (Emezi 212). He is the one who, in only



two nights, succeeds in “reach[ing] inside us, through us, and [to] pull the Ada out into the light” (Emezi 215). For Ada and the various spiritual beings inhabiting her body, the session with him marks a significant turning point because it allows them to finally communicate openly and be understood without being labelled as mentally ill. In this regard, Ada observes:

No matter how mad it sounded, the things that were happening in my head were real and had been happening for a very long time. After all the doctors and the diagnoses and the hospitals, this thing of being an *ogbanje*, a child of *Ala*—that was the only path that brought me any peace. (Emezi 218)

Through the confession stage, Ada and the different godlings inhabiting her body finally begin to understand who they truly are. The “non-judgemental and unconditional positive regard and empath[ic]” approach adopted by the native priest enables the different selves to finally be seen and acknowledged (Sandlana and Mtetwa 124). Ada thus eventually manages to embrace a concept of selfhood that deviates from the traditional understanding of the self.

Situating themselves between what has defined as “border gnoseology” by bridging the Igbo indigenous cosmivision with Western transgender surgical operation, Emezi succeeds in delving into the unfamiliar territory of the *ogbanje* multiple subjectivities and the territories they inhabit (López 87). Their work of art reflects a discursive resistance that desists and decentralises Eurocentric unidimensional and homogenising approaches to mental illness thereby contributing to representation of alternative ways through which the relation between the mind, body and spiritual self can be approached.

CONCLUSIONS

The primary objective of this critical contribution was to introduce and establish the notion of African Medical Humanities as a theoretical and methodological approach. This conceptual framework of analysis is grounded in the holistic therapeutic practices of indigenous sub-Saharan Africans, which have primarily been transmitted orally across generations. Positioned in the Medical Humanities domain, the first part of the study endeavours to broaden and integrate an African-centric approach that utilises scientific, sociological, anthropological, and cultural fields of inquiry to validate non-Western medical practices-based alternative healthcare modalities and healing processes. Furthermore, the study illustrates how the conjunction of empirical and ritualistic therapeutic approaches represents one of the defining features of West African traditional approaches to the prevention, treatment, and restoration of physical, mental, and spiritual well-being.

The second section of the contribution intersects cultural studies of West African creative works with Igbo and Yoruba indigenous therapeutic practices to examine two contemporary Nigerian works of art that address mental health and well-being in



transnational migratory contexts, namely Helen Oyeyemi's *The Icarus Girl* (2005) and Akwaeke Emezi's *Freshwater* (2018). Both texts, through their deeply introspective narrative technique, echo the continuing and long-lasting importance of traditional practitioners and healthcare practices in contemporary socio-cultural *milieux*. The overlap of Western medicinal systems with Igbo and Yoruba indigenous holistic practices, serves both authors to demonstrate the significance of incorporating mental and spiritual well-being alongside immediate visible physical illnesses.

The study ultimately highlights through such analysis the need to validate alternative modes of healthcare and healing processes, especially in contexts where Western medical practices may be inadequate or non-exhaustive. In this way, it is aimed to promote a more inclusive and culturally sensitive understanding of healthcare and healing processes, particularly in the context of African societies, where traditional healing practices have been marginalised or overlooked in favour of Western medical practices.

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