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# Traditional psychiatric healing in Igbo land, Southeastern Nigeria

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In recent times there have been debates among health professionals on the desirability of integrating traditional health practices into orthodox medicine. This thinking was influenced by the resistance of some ailments to the orthodox healing methods as well as the proven efficacy of traditional healing processes in the treatment of some ailments. In Nigeria, the ambience of psychiatric victims or madmen at every corner and under bridges has raised some concerns on the actual role of psychiatric hospitals and their efficiency and effectiveness in contemporary times. The need for new ways of handling psychiatric cases led to new interest in traditional healing processes which have been shown to be effective in the management of ailments. Consequently traditional practitioners have availed themselves the opportunity of this debate to call for recognition as partners in the provision of effective and affordable health care. This paper explored the traditional psychiatric healing processes in Igbo land, Nigeria. It analyzed the various concepts, processes, perspectives and dimensions of traditional psychiatric healing in Igbo land and argued for the integration of this aspect of psychiatry into modern system of psychological or psychiatric intervention and general health care

**Key words:** Traditional, Igbo, psychiatric, healing, culture, empirical, intervention.

## INTRODUCTION

In most ancient cultures of the world especially in Africa, healing of ailments involves nocturnal sacrifice, fetish rituals, unwholesome practices and information, most times oral which are only known to the initiated in the art. This situation raised concerns of many health scientists and professionals on the principles and methodologies employed by the traditional healers which are considered as lacking scientific and empirical explanations. This inexplicability of the healing processes and absence of standards, quality and control of medications engendered mistrust and suspicion among orthodox health practitioners and the reduction of the totality of the traditional healing process to mere superstition or magic (Wing, 1998).

Apart from the supernatural perspectives surrounding most of the practices, the inconsistency of the principles and methods of traditional healing further categorized it as harmful traditional health practice and unlawful in most countries in Africa. However, the successes of traditional health practices, effective diagnosis and treatment of some ailments that defiled orthodox and known cure by African and oriental cultures in particular China, have led

to a second thought in the exploitation of traditional healing methods in the health care system. One of these traditional healing methods and practices is that of the Igbo. The Igbo traditional health care system has enjoyed patronage from local people who believe in it and consider it as a more affordable and effective alternative to western medicine on one hand and the elite who are skeptical but resort to it, though secretly, when western medicine offers a dim hope for their physical and spiritual well-being.

Generally, in Nigeria the high cost of primary health care and the relative affordability of traditional alternative re-invented the resort to traditional remedies by both the rich and poor. In addition, some trans-cultural scientists, medical experts and traditionalists in contemporary times have challenged what they consider as double standards in the approaches and methodologies for the evaluation of orthodox and traditional medical practices (O'Connor 1995). They argue that traditional practices should not be subjected to standards from which orthodox system is exempted. In support of this argument, animal sacrifice was used. To them, many healers such as the central and South American Curandero or the voodoo priests will

often sacrifice an animal in the diagnosis and treatment of an illness. To the Western-oriented practitioner, the very thought of this act often evokes visions of something heinous. However, from a purely ethic perspective, this practice is no different from animal experimentation conducted by basic researchers. Most subscribers of contemporary health care would not condemn the sacrifice of a mouse in an attempt to find a cure for AIDS. To the intelligent outsider, this practice should appear comparable to the guinea pig sacrifice that the Curandero performs to determine the cause and treatment of a serious illness. Western-oriented healers cannot hold themselves exempt from condemnation of animal sacrifice unless the same exemption is extended to traditional [healers] folk healers (Wing, 1998).

The above suggests the new thinking and vista re-opened by the need for a multicultural approach to medical science and research. Further, there is also a new thinking that the high premium on understanding the etiology of an ailment as a prerequisite for the acceptance of its cure and management should be de-emphasized.

This paper is an attempt to dissect into the successes of traditional psychiatric healing in Igbo land separating its repulsive and repugnant practices, highlighting its effective core and advocating for its integration into modern system of psychological or psychiatric intervention in Nigeria.

The paper draws on a three months of ethnographic participant observation among traditional healers and their patients, current and ex-patients in Egbelu Emeke Obibiezana and Ezeogba Emekuku, communities, all in Owerri North Local Government Area of Imo State, Southeastern Nigeria. It also derived from oral interviews from some traditional psychiatric healers both from Imo State and Anambra State. The work also relied heavily on some relevant literature, amongst which are; Mastnak, (1993); Wing, (1998); McNiff, (1988); Iroegbu, (2005); Boddly, (1994); Salmons, (1977); Oyebola, (1981); Offiong, (1999); Weinberg, (1964); Warren et al., (1982), etc. The fundamental finding of the paper is that Igbo traditional psychiatric healing has received increased patronage in the contemporary times from the high and mighty in the Nigerian society as a result of the proven effectiveness of the practice despite the feared fetish and unlawful health practices associated with it. The findings however revealed some quackery in the field. The paper calls for the integration of traditional and orthodox psychiatric practices in areas of proven similarity in form of assimilation, for further effectiveness and expertise, while in areas that remained intractably irreconcilable, there should be collaboration and complementarity

### **Igbo traditional healers and their spheres of expertise**

In Igbo perception, every ailment comprised the invisible, spiritual or supernatural origin and visible or natural origins. Hence they commonly perceived ailments especial-

ly the protracted ones like insanity as dual rooted. As Iroegbu puts it, "For the Igbo, health is something shared inter-corporeally and inter-subjectively, both in the worldly and other-worldly or the visible and invisible realms (Iroegbu, 2005). Consequently, the traditional healer called Di-bia developed expertise along general or particular lines. In any case, the supernatural and oftentimes long vocational and initiatory apprenticeship into the art of healing were very exhaustive and demanding (Iroegbu, 2005). While healers are qualified by the form and nature of ailments they treat, a healer's fame usually rests on his level of training and form of expertise. A single healer can combine more than one area of expertise, often times the spiritual and the physical. Iroegbu (2005) has highlighted various classifications of healers in Igbo land and their specialist domain of care as shown in Table 1.

### **Conception of Insanity in traditional Igbo land (Iyi ara)**

Generally, insanity refers to "behaviour at odd with the expected proper behaviour in the household and society (Iroegbu, 2005). While both orthodox and traditional conception of insanity are agreed on the pathology of insanity as well as its manifestations; loss of rationality, "a significant impairment of thought, emotional instability, distorted perception, wrong orientation and confused memory,...inability to meet the ordinary demands of life (Iroegbu, 2005) the conception in traditional Igbo society transcended this. It was believed that the evident irrationality was only a physical or human interpretation of the metaphysical interrelation between the victim and the exerting external force or entity. And this transcended the human rationality. Hence the saying in Igbo language that: *onye ara ma ihe o na-eme mana o maghi ihe naeme ya.* (the insane is conscious of his actions but unconscious of his afflicter) Also, *Onye ara ma uche ya* (the insane is in control of his thoughts). While generally, it was believed and in particular in orthodox medicine, that the insane or psychiatric victim murmurs some bun-kum or nonsense, the Igbo sees sense in the madman's nonsense. This was because he was only in a state of heightened, intimate receptivity with some personalities and forces invisible to human eyes and perception.

In this paper, the words insanity, madness or psychiatric problem shall be used interchangeably.

### **Perceived causes of psychiatric disorder**

In traditional Igbo society, psychiatric case or madness as it was referred to, was considered the worst sickness that could befall any individual. Society treated such victim as accursed and an outcast in the same way an Osu was looked down upon in the traditional Igbo society (Nwoko, 1999). This was because there were many causes associated with the ailment. These could be spiritual and, or physical. Firstly, it was believed that madness

**Table 1.** various classifications of healers in Igbo land and their specialist domain of care

Appellation	Domain of care
Dibia afa, dibia agba aja	Divination diagnosis
Dibia aja, or nchu aja or anya odo	Priest, ritual expert
Dibia onye oha	Community matters, king making
Dibia mgborogwu	Roots and herbs expertise, herbalism
Dibia ara	Insanity
Dibia ogbaokpukpo	Bone-setting
Dibia ogbanje	Ogbanje healing, care for spirit children
Dibia amoso	Witchcraft healing
Dibia mmanwu	Masquerade guarding
Dibia amadioha	Rain and thunder matters
Dibia omumu	Fertility healing and attending
Dibia owa ahu or okwochi	Surgery related ailments
Dibia owu mmiri	Mami wota crisis
Dibia anya nti, etc	Cure of eye or ear problems

was a punishment from ones' chi ( personal god)for the abominable deeds which one had involved oneself in the distant past (Oral interview with Nze Livinus Njemenze,(titled Chief) 75 years, Ogujiofor 1 of Ezeogba village, Emekuku, Owerri, Imo state, Nigeria. 04/04/08). To some others madness was the payment for the sacrileges and abominations committed by ones family, clan or lineage. In this case, it was believed that the individual infested with the ailment was chosen by the gods as the carrier for the family or clan as the case might be (Oral interview with Ichie Richard Nlumanze, 82 years, at Ezeogba village, Emekuku, Owerri, Imo state, Nigeria. 04/04/08).

Thirdly the ailment was also seen as the consequence of a failed ritual or sacrifice that went wrong either because the propitiator had no justifiable cause for the ritual (of) or that his hands were not clean (ogu)(Oral interview with Chief Michael Kamalu, 69 years, (Witch doctor and herbalist) at Egbelu Obibi Ezena village, Owerri, Imo state, Nigeria. 20/04/08). In any case he was ceremonially unclean to offer the ritual or propitiate before the higher spiritual beings that he had invoked and assembled during the operation. Other variants of this case were victims who attempted using another individual whose chi as represented by the individuals' head or ogu na ofo symbols of innocence, was stronger than the chi or head of the perpetrator. Such people with strong chi or ogu na ofo included, twins and virgins (Oral interview with Madam Josephine Nwoko, 57 years, (Twins) at No 16 Adegbenro Street Iwaya, Yaba, Lagos, Nigeria. 29/04/08).

While some believed that madness was hereditary, others saw the ailment as the consequence of disregarding the warnings of the gods and prelude to the eventual destruction of the victim by the gods, hence the saying that 'he who the gods want to destroy, they first make him mad' (Oral interview with Nze Livinus Njemenze). The adage is a popular one in the Igbo Language This was suggestive of the irrationality and repulsiveness to advice

exhibited by the psychiatric victim.

Madness was also believed to be a means of executing judgment by the gods in revealing the guilty party in a dispute especially after mediation and the administration of oath had been completed. It was believed that by this way, the guilty party was revealed and punished for his illicit atrocities against the innocent. In that situation, the victim could only regain his rationality after he had confessed his heinous deeds (Oral interview with Nze Livinus Njemenze). The adage is a popular one in the Igbo Language This was particular with individuals who poisoned others, affected others with mysterious illnesses like madness, blindness, tuberculosis, miscarriages, untimely deaths and general misfortunes, through supernatural powers like witchcraft, juju, spells or sorcery. In recent times, the ailment is associated with marijuana smoking (Igbo) which is believed to affect the brain especially if taking by one whose brain is not matured or strong enough to withstand the effect.

In other cases, depending on the sex of the victim, madness was also associated with the presence of water spirits that had possessed an individual. Boddy's research on spirit possession gives more insight into the nature, dimensions and typologies of this hold exerted on humans by external forces or entities more powerful than they (Boddy, 1994). Common examples of this were the mammy wata (water) and other water spirits like owo mmiri. Though the description of mammy wata spirit differs across the southeastern part of Nigeria, the spirit was generally described as being very beautiful, fair skinned, and with long, soft hair of European or Indian type (Salmons, 1977) hence its effect was particular on girls and young women. Lewis (1971) agrees with this distinctive affliction of women and other human beings of marginal or subordinate status. While it was not totally peculiar to them, it was believed that only fair complexioned and beautiful women had this problem. This was not uncon-

nected with their beauty which attracted the water spirits to possess them either as spirit husbands or just for those individuals to serve them as it was in the case of male victims. This was partly responsible for the difficulty with which beautiful and pretty ladies in Igbo land find suitors because of the fear that they could already be married to the mammy wata and consequently would be sterile (Salmons, 1977). However; the water spirits would torment their victim only when all entreaties to do their bidding had failed. This was normally preceded by several warnings and emissaries from the spirits to their victims through spirit mediums like the witch doctors or diviners. In any case, the torment stopped immediately the victim accepted his fate; the biddings of the spirits, and necessary rituals performed to appease the possessing power for the stubbornness of the victim.

Similar to the spirit husband was the Agwu. A possessing spirit that insisted on its victim's service and life according to its prescription, the Agwu was known to exert influence on its victim by endowing him with the powers of sorcery, fortune telling, rain making and sundry supernatural performances (Oral interview with Mazi Raphael Okondu, 65 years, (an Agwu worshipper) at Umudim village, Anambra state, Nigeria. 04/04/08). Unlike the water spirits, whether the victim served the spirit or not, one of the characteristic of the Agwu was the occasional madness that it exerted on its victim, characterized by occasional soliloquy, irrational behaviour, uneasy calm, laugher and weird gestures.

Madness as a state of irrationality or insanity was believed to be of two categories; the permanent or incurable madness and the temporary or curable madness. While in most cases these categories are determined by the gravity of the offence that brought them about, it was also the opinion of some that the nature of the afflicting spirits also contribute to the extent of the ailment (Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer) at Uhuala village, Anambra State, Nigeria. 06/04/08) While there were some wicked and malevolent spirits who proved too stubborn and refused to be appeased, especially the male water spirit husbands, other benevolent and kind ones were conciliable.

Furthermore, traditional healers believe that no matter the cause or extent of the ailment, what actually sealed the fate of the victims or hope of healing was the nature of the affecting spirit as mentioned earlier and the places where the victim had visited. With regards to the latter, if the victim ran away from home, great care was taken to ensure that he did not cross the village square or enter the market square. In any case it would mean that the victim had finally severed every cord of human reasoning, communication and fraternity and could only listen, hear and communicate with the spirit world. Hence he would be treated as the 'living dead' because every hope of re-establishing him in the land of the living would be denied by the affecting spirits. This was so because it was believed that if the spirits allowed the victim healing and re-

establishment into the land of the living, he would reveal the things he saw and heard in the world of the spirits (Oral interview with Chief Michael Kamalu, 69 years, (Witch doctor and herbalist) cited). At first he was reluctant to grant the interview but upon persuasion and exchange of some Naira notes probably for the spirits he agreed. Any attempt at healing by quacks or inexperienced healers normally resulted into the death of the victim. Consequently, great care was taken by the family of the victim to ensure that he was prevented from leaving the homestead. This was typically done by cuffing his hands and legs in severe cases or by making sure that he remained happy, calm and unprovoked. To ensure the latter, a particular member of the family who normally got along very well with the victim was assigned the responsibility of keeping him company, feeding him, bathing him when convenient and taking care of his general welfare. This particular practice was usually reflected in the Igbo adage that 'a mad person also has a friend.' In extreme situations when the victim proved stubborn, two or more hefty young men were assigned to him to ensure that he complied with instructions. Where this was not possible, the introduction of the rod or cane became inevitable. It is instructive to note here that while the rod or cane helped to control the victim, its potency lied in its soothing powers which calmed the victim.

### **The Igbo traditional psychiatrist (Dibia ara)**

Often times, the practice of healing the insane was a hereditary practice which had been preserved by the practice itself. In the family where the art resided, the entire family was involved. But usually, the oldest man in the case of a nuclear family remained the leader and gave instruction to other members. While in other families the father of the house remained in-charge of the art. In any case, the art of psychiatric healing requires both natural art and supernatural powers. For the former, the knowledge of herbs, roots and other condiments necessary for the preparation of the required concoction is a prerequisite for success and efficiency. In this particular area, some period of apprenticeship was normally required for the practitioner. His training demanded that he should be acquainted with the names and types of herbs, roots, saps or bark of trees essential to the treatment of the ailment. This was often kept secret from the uninitiated. And for the practitioners and their families, the more herbs and roots they knew and kept secret, the more superiority and greater success they enjoyed over their contemporary in the art. So great care was taken not to divulge any family secret to other practitioners or outsiders, else the latter would render their medicine impotent, while the former would make them concede their superiority to their competitors.

In the distant past, it was believed that the art itself was usually a gift from the benevolent spirits, mostly bequeathed to individuals who had unknowingly offered help to

the spirits. Others were taught the art through dreams, especially the aged. In any case, the tradition has been passed down. Also the knowledge of the Dos and Don'ts of the art was necessary for the practitioner to remain successful.

For the supernatural powers, the practitioner was expected to possess and exercise this for two reasons. Firstly, it was believed that the knowledge of the herbs and roots that were used for healing transcended human understanding and wisdom, and that this could only be gotten by association with the spirit world which entailed the possession of great supernatural powers. Secondly, for accurate diagnosis of the nature and the extent of the ailment, the practitioner oftentimes consulted the spirits who divulge this information to him. Similarly, before treatment, it was expected that the practitioner would have sought the permission of the afflicting spirit to proceed in order not to incur the wrath of such spirits. Since the psychiatric victim only understood the language of the spirits, it was the practitioner who could also talk to him in the language of the spirits, hence the practitioner's power of control over the victim by mere spoken words. In the healing art proper, the practitioner oftentimes invoked the assistance of the spirits by incantations. It was in the exercise of these sundry powers, natural and supernatural, skills and art that traditional healers especially African healers have been variously described as herbalists, native doctors, native healers, traditional doctors, medicine men, witch doctors (Offiong, 1999) et cetera.

### **Admission of psychiatric victims into the healing homes**

When a clear case of insanity has been established about a victim, the case was handled according to the nature and cause of the ailment. For the permanent cases, whose causes were grievous deeds, their treatments lied with the spirits who might permit or decline his healing and in the case of the former, prescribed the necessary treatments, which were preceded by confession to the crime in the case of an illicit deed by the victim under some supernatural influence.

For the victims afflicted by water spirits as a result of their stubbornness to the biddings of the spirits, the initial treatment usually started with obtaining permission from the spirits to proceed with the treatment (Oral interview with Mrs. Agnes Ikem, 55 years, (Former Mammy Wata victim) at Uhuala village, Anambra State, Nigeria. 19/04/8. See was afraid to reveal more for fear of incurring the wrath of the Mammy Wata Spirit). This included; yielding the victim to the service and worship of the spirit, as in Mermaid spirits, or Agwu, owo mmiri, then proceeding with the necessary rites and sacrifices and subsequent treatments. Before this, the spirits would have attempted tormenting their victims to forestall any recovery as the state of the victims suggests below:

Such people are brought to his "healing home" by their

families. According to him, they appear as if they are in a trance and are able to talk only at certain times of the day; at other times, they will rush to try to jump into the nearest water (Salmons, 1977)

However, to forestall further torment and eventual death, the healing rites were quickly commenced by the traditional healer. In some cases, the rites included, the victim dancing round the village and market square carrying earthen pots and other symbol of the worship of such spirit in the company of other devotees and members of the spirit cult (Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer). Such dances in healing and spirit exorcism are common practices in many African and Asian cultures (Wright, 1980). Others included inhaling or drinking some herbal concoctions which in most cases resulted in momentary unconsciousness of the victim. If the spirit was a kind one, the victim might be free from every influence of the spirit after only that single ritual, but for the stubborn ones, the ritual might be re-enacted severally for days or months before the victim finally regained freedom from the affliction of the mammy wata or water spirits [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer)].

Nevertheless, the patient still had to be committed to the healing home of the traditional healer throughout the period of his recovery. This has some implications; first, it was believed that if the patient stayed outside the healing home he might attract the wrath of some unfriendly spirits who would want to inflict more pains and torments on the patient. Second, the patient was restricted to the healing home for fear that he might attract some strange vibes which might complicate or worsen the healing process [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer)].

However, most families of psychiatric victims oftentimes declined admitting their suffering relations into the healing homes for the fear of social stigma. The admission tantamount to admitting the insanity of their relations which could be interpreted in various ways; it could mean that the family had madness running in their blood. It could also mean that the insanity was a result of a heinous deed committed by the victim or his family and was paying for it or several associated interpretation earlier discussed.

Consequently, this stigma on the victim or his family could deny them of several social benefits. For the female victims, marriage became difficult as suitors and their families would not want to be associated with a family with a history of insanity. Similarly for the male, except those that returned to their feet and became prosperous materially, marriage for them could also be difficult. In any case however, for the male, they might not be able to attain positions or societal status, such as acquiring titles, or positions of authority in the society (Oral interview with Nze Livinus Njemenze, (titled Chief) 75 years)

In the contemporary times families are also reluctant to

allow their insane relations into healing home because of the exploitation and commercialization of the patients. The common practice among some of the traditional healers, most times among the quacks, was the use of the patients as beggars or in one form of exploitative enterprises or another. In this practice, the patients were lined up in chains reminiscent of the Atlantic Slave trade era. These patients were required by the healer either to perform traditional dances at the market squares where sympathetic persons or spectators threw money at them in sympathy or appreciation of their performances. At other times, the healer took them round many neighbouring villages or even nearby towns soliciting for arms.

Some of the healers have been so obsessed with the gains of this venture that in recent times they go out hunting for loose psychiatric victims who had either run away from their families or had been sent away by their families because they had turned wild, dangerous and intractable. While in a bid to attract psychiatric patients into their camps, some of the healers admitted the patients, free-of-charge. All these were means of enlarging the number of the inmates of the healing homes and increasing the propensity of such homes to generate arms.

### Conditions of the patients in the healing homes

Traditionally, the healing homes comprised many quarters mostly located at the back of the homestead, away from the family house of the healer. Usually the healer would have some young men who were either apprentices in the art or hired by the healer to assist him with the work. The jobs of these young men included; guiding and making sure that the patients were permanently kept under control when they were not under chain; gathering the required herbs and barks of trees, especially if the healer was unable to get them himself due to ill-health or age; feeding and generally caring for the patients, etc [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer). Oftentimes the young men were relations of the healer, in such cases, the fear of an outsider gaining knowledge of the art did not arise.

Inside the quarter, the inmates were kept in pairs according to their sex. Oftentimes they were unchained to allow them do the various chores assigned them by the healer; some times they were assigned the chopping of the herbs, mashing of tree barks or nuts, sweeping their surroundings and sometimes preparing their meals especially by those patients that were almost recovered [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer). However, cases and instances of various forms of abuses abound. Excessive use of force and torture on the patients were common place especially on the stubborn ones. Cane strips, bruises and wounds were not uncommon sights on the body of the patients but this was not the general situation. Similarly, cases of rapes of the female patients by their male co-inmates or even the young men employed to care for them

were also reported.

### Healing techniques of the Igbo traditional psychiatrist

In Igbo traditional psychiatric healing, there were healing techniques which were peculiar to the different traditional healers. However, the common ground was that these techniques involved procedures which could be classified as having bio-psychological and religio-psychological dimensions. The former emphasizes the medicinal values of herbs and herbal mixtures while the latter involves the use of incantations, invocation of spiritual forces, including pouring of libations, as well as sacrifices. Indeed, both of these techniques are complementary. Weinberg sees this dual interpretation or conception of illness as deriving from the African consideration of "illness or ill-being in polarity to well-being, so that it connotes not only physical ailment but also (on a temporal and psychological dimension), present and future personal misfortune, and finally, social deviation (Weinberg, 1964). Upon admission into the healing home, the healer after careful diagnosis of the causes and nature of the ailment decided on the technique to adopt.

In all, rest and sleep were of great importance [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer)]. Apart from keeping the patients away from restiveness and mischief, it was believed that sleep and rest especially in a serene ambience reinvigorated the patients and returned to them a minute level of rationality and logic [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer)]. While sleep and rest were considered important therapeutic agents, the role of music and drumming were no less important. Even in orthodox practices in the West, oriental traditional cultures and practices such as shamanism, Chakra-meditation and Taoism (Mastnak, 1993) music was considered a catalyst in the recovery process of patients. And according to Mastnak, its effects on the psyche are founded on a multifunctional process that includes "physiological, emotional, and cognitive factors as well as on anthropological, cultural and individual conditions (Mastnak, 1993).

For the Igbo traditional healer, music was of great aesthetic significance. Music was a way of not only making the patients happy, but also getting the patients involved in team work, a substance of sanity. About the influence of music, Mastnak sums it up this way:

In any case, music has various influences comprising e.g. altered states of consciousness, modification of behaviour (when acting as reinforcement), and integration of disordered personality (Mastnak, 1993).

However, the choice of music for the healer was as important as its usage. There were traditional Igbo songs with rhythmic, lyrical as well as responsive impacts. For the lyrical impact, the choice of soft songs with high aesthetic values; which exalt inner beauty of the patients,

their courage and positive sides normally had soothing effects on the patients [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer)]. By the rhythmic songs, the patients' senses of coordination were reinforced, while the responsive impact, derived from their logic or senses of reasoning were reinvigorated by the responsive nature of the songs [Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer)]. In such traditional practices the employment of music-therapy had been streamlined thus:

In order to apply music in a distinctly therapeutic way, the issue is to discover the complex interplay of individual enculturation, life-experience, physiological impact, interpretation and association, cathartic expression, and symbolic identification and creation, as a process of life-realisation. Their interdependence and significant balance are decisive for the result (Mastnak, 1993).

Similarly, the core of drumming, the complement of music, has equally been revealed by Lawrence, (1926 while McNiff, (1988) has demonstrated the nexus between the drumming and the inner being of man which he identified as the soul. These demonstrates the universality of music and drumming as therapeutic agents

### **Suggestions on integration of traditional and orthodox methods**

Since the goal of both orthodox and traditional psychiatric interventions is to achieve and maintain a satisfactory level of health care for a large number of the psychiatric patient population of Nigeria, the need for integration, in the form of assimilation, collaboration and complementarity cannot be over emphasized.

Recognizing the potential of traditional health practices in the health care system especially of developing countries, the World Health Organisation (WHO) as early as 1978 called for the development and promotion of traditional medicine and practice. However, while the opinion in some quarters is that the outright integration of traditional and orthodox healing methods would be too ambitious and practically impossible (Offiong, 1999) some others believe in their complementarity (Oyebola, 1981; Offiong, 1991; Warren et al., 1982). It is the opinion of this researcher that there should be integration of traditional and orthodox psychiatric practices in areas of proven similarity in form of assimilation, for further effectiveness and expertise, while in areas that remained intractably irreconcilable, there should be collaboration and complementarity. The example of theatre operation is apt for illustration, in an operating theatre, there will always be present; the consultant surgeon, the anesthetist, nurses, etc. everybody operating within the limits of his field of expertise, culminating in a successful medical care for the patient. The operation doesn't consist only of cutting open the patient and removing the sick part, but involves attending to the pre-surgery condition of the patient, killing the pains before the dissection, administering drugs

and injections and attending to his needs, etc. It is therefore the opinion of this researcher that the relationship between traditional and orthodox psychiatric practices in Nigerian psychiatric intervention and general health care should be like that symbiosis between medical personnel in an operating theatre, collaboration and complementarity. For just as successful surgery is not just cutting and removing the sick part of the patient, successful psychiatric healing is not just returning the sanity of the insane patient with drugs or concoction, but also involves empirical and spiritual treatments, which is holistic. In all these, mutual cooperation calls for respect for each other's competence as well as recognition for individual limitations and complementarity in the areas of limitations. In Nigeria, traditional psychiatric healing exists alongside orthodox practices. This is due to the proven effectiveness of the former. Though in some places the traditional health service remains the only source of health care for larger number of people, it would appear that in the contemporary times, patients patronized it not because of its availability or accessibility but more out of choice. Even the elite, who hitherto treated with contempt traditional healing practices, now patronize it secretly, while the orthodox practitioners have come to appreciate the growing need for collaboration. One of the traditional healers disclosed that orthodox practitioners secretly consult them in serious cases and in hopeless ones out rightly referred their patients to the traditional psychiatric healing homes (Oral interview with Mr. Bennett Nwagu, 56 years, (Traditional Psychiatric healer) at Uhuala village, Anambra State, Nigeria. 06/04/08). If this mutual inter-dependence has been established, and most Nigerians embrace these two healing methods as viable alternatives, the questions then is, why the secret relations or mutual contempt between the proponents or adherents of the two traditions.

It is the suggestion of this researcher that the Nigerian Government should come out with a health policy, which involves the following;

- Recognition and establishment of government-run traditional psychiatric healing homes alongside the government psychiatric hospitals.
- Encouragement of collaboration between the traditional psychiatric healers and their orthodox psychiatric counterparts in methodology and research.
- Government and the private sector should fund researches in traditional healing methods and remedies.

### **Conclusion**

Clearly, there are groups and cultures that neither comprehend ailments in a western sense nor use healing-rites in a functional way similar to western therapeutic treatments (Mastnak, 1993). The Igbo as demonstrated is one of these, hence it makes sense to investigate whether the Igbo traditional psychiatric practices could be

helpful in solving contemporary psychiatric problems. As this paper has attempted to do, the fundamental reasoning behind the attempt at transforming indigenous and traditional healing methods for modern psychotherapeutic purposes centers on how to reactivate those common human abilities and knowledge which are stifled within our rational and profit-orientated society (Mastnak, 1993).

More significantly, the challenges of modern medicine make it imperative that functional practices of more than one group of specialists, traditional or orthodox, and the resources of experts from many cultures and fields, be put together for the advancement of the medical field. Indeed, the Igbo holistic bio-psychological conception of illness permits the Dibia to employ two broad points of departure to therapy. The first is bio-medical, emphasizes the healing properties of herbs, veers toward quasi-naturalism and constitutes the specialty of the herbalist. The second is religio-psychological. It underscores the therapeutic force of propitiation, ritual sacrifice and incantation, and it is super-naturalistic, belonging to the specialty of the fetish priest (Simans, 1957). All combine to give the patient a holistic healing from within and without the body. This art of healing therefore has proven effective overtime. Just like the eastern healing art of acupuncture or stylostixis has been cleared of every suspicion by scientific investigation, so also should Igbo traditional psychiatric services be investigated for incorporation into modern psychological or psychiatric intervention and general health care system within and without Nigeria.

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