

Egwu Umunwanyi: Igbo Women’s Song Of Madness And Resistance At The Aro Mental Hospital

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Abstract

In the obscurity of psychiatric institutions in colonial Nigeria lies the Igbo women’s hidden experiences with madness and resistance while awaiting discovery. Established in 1914, The Aro Mental Hospital was a site of confinement and treatment for those deemed “Mad” by the colonial authorities. Thus, beyond the hospital walls, Igbo women’s voices whispered stories of survival, resistance, and resilience. This research seeks to uncover the silenced narratives of Igbo women’s encounters with psychiatry exploring how they navigated the intersections of culture, identity, and power through a critical examination of archival records, cultural, testimonies, journals, books, and oral testimonies. This study aims to amplify the “Songs” of Igbo women’s madness and resistance, revealing the complex dynamics of colonialism, patriarchy and psychiatry that shaped their lives.

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I. Introduction

The Aro Mental Hospital established in 1914 was one of the first psychiatric institutions in West Africa. The historical context surrounding the hospital's inception gives insight into the evolution of mental health services in Nigeria. At the time of its inception, Nigeria like many other countries faced challenges in addressing mental health issues, there was a lack of specialized treatment and care facilities for individuals with mental health conditions. The Aro Mental Health Facility emerged as a solution to these pressing needs, aiming to provide a dedicated space for the treatment care of those suffering from mental illnesses. The hospital's emergence marked a pivotal milestone in the recognition of mental health as a critical component of overall healthcare, which signified a shift towards a more compassionate and informed approach to mental health treatment, moving away from stigmatization towards understanding and support.¹

Over the years, the Aro Mental Hospital has played a significant role in advancing mental health services in Nigeria, it has also been a beacon of hope for individuals struggling with mental health challenges, offering specialized care, therapy, and support to those in need. The hospital’s presence also raised awareness about mental health issues and has contributed to reducing mental illness in the country. The hospital has been instrumental in training healthcare professionals in the field of mental illness, through providing education and resources and also building a skilled workforce capable of addressing the complex needs of individuals with mental health conditions. The hospital has also been involved in research and advocacy efforts related to mental health, by conducting studies, sharing knowledge, and advocating for improved mental health policies, the Aro Mental Hospital has been at the forefront of driving positive change in the mental health landscape of Nigeria.

The Aro Mental Hospital's inception in Nigeria during the colonial era reflected the broader colonial project’s influence on the health care and social welfare of the country, colonial powers including the British implemented several policies and institutions to have control and influence over the territories they ruled. The introduction of hospitals was part of colonial administration efforts to control and manage the population including those deemed mentally ill. Within the background of the broader colonial project, the Aro Mental Hospital served multiple purposes, which above providing care for individuals with mental health challenges but also functioned as a tool of social control and allowed the colonial authorities to discriminate and isolate individuals considered mentally unfit aligning with colonial ideologies of categorizing and managing populations based on perceived differences. However, the establishment of mental health institutions like the Aro Mental Hospital reflected the colonial attitude towards healthcare and governance, their approach to mental health was often paternalistic and focused on maintaining social order rather than prioritizing the holistic well-being of individuals, the hospital structure and operations were influenced by colonial policies and practices, shaping the delivery of mental health services within the broader framework of colonial governance.²

II. Belief And Practices

The Igbo cultural belief intersects with the practices of psychiatric discourse which provides a fascinating insight into the complexities of healthcare in Nigeria during the colonial era. The Igbo people with rich cultural beliefs and traditions had established indigenous methods of understanding and addressing mental health issues long before the arrival of the colonial powers, these traditional practices often differed significantly from the Western psychiatric discourse introduced by the colonial administration. Mental health was often viewed through a holistic lens in Igbo culture considering the interconnectedness of mind, body, and spirit, the traditional healers known as the "Dibia" or medicine man played a pivotal role in diagnosing and treating mental health conditions within the community, their practices were deeply rooted in spirituality, herbal remedies, rituals, and communal support systems. Mental illness was often attributed to spiritual causes, ancestral influences, or breaches of cultural taboos rather than solely biological factors.³

The arrival of colonial powers brought with it Western psychiatric discourse which was grounded in scientific and medical principles, mental illness was viewed through a biomedical lens, emphasizing the role of brain chemistry, genetics and environmental factors in mental health disorders by the colonial psychiatrists, the administration implemented the Aro Mental Hospital where Western psychiatric practices were administered often in contrast to traditional Igbo healing methods. The intersection of colonial psychiatric discourse with the Igbo cultural beliefs created a multiple landscape of mental health care in Nigeria. Traditional healing practices were viewed with scepticism and considered primitive and superstitious, this approach led to the segregation and suppression of Indigenous healing methods in acceptance of Western psychiatric interventions, as a course of this action, traditional healers faced challenges in practising their craft, and indigenous beliefs around mental health as they were stigmatized or dismissed by colonial health care systems.⁴

Regardless, over time a form of syncretism emerged mixing elements of Igbo traditional healing with Western psychiatric ideas, there was recognition of the value in incorporating cultural practices into mental health treatment by some of the colonial psychiatrists, acknowledging the essence of community support, spirituality, and holistic healing in the recovery process, this integration of practices and cultural beliefs into psychiatric care marked a shift towards a more inclusive and sensitive cultural approach to mental health in Nigeria. Despite the uprising between the colonial Psychiatric discourse and the Igbo cultural beliefs, there was mutual learning and adaptation as traditional healers sometimes collaborated with Western-trained psychiatrists, in exchanging knowledge and expertise to provide comprehensive care for individuals with mental health that honoured both indigenous wisdom and modern medical advancements.

III. Resistances And Survival:

The encounters of the Igbo women admitted to the Aro Mental Hospital provided a poignant and oftentimes overlooked in the history aspect of mental health care in Nigeria. The Aro Mental Hospital in Arochukwu, Abia state during the colonial era served as a crucial institution for the treatment of mental health disorders, including care for the Igbo women who were faced with unique challenges and experiences within the hospital setting, shaped by a complex interplay of cultural, gender, and colonial influences. For many Igbo women admitted to this facility their journey was often marked by stigma, misconceptions, and social isolation, mental illness carried significant cultural stigma within the Igbo society leading to the ostracization of such individuals particularly women who exhibited symptoms of psychological distress, the decision to admit a woman to the mental facility was sometimes fraught with familial and community tensions as mental illness was seen as a reflection of moral failing or spiritual affliction.⁵

Within the walls of the Aro Mental Hospital, Igbo women experienced a healthcare environment that was deeply influenced by colonial psychiatric methods, the treatment methods were purely rooted in Western biomedical models, which often clashed with the traditional Igbo healing approaches, tailoring a challenging dynamic for patients who were accustomed to indigenous forms of care, Igbo women found a way to navigate a system that prioritized psychiatric medication, psychotherapy, and institutionalization which was at the expense of cultural sensitivity and holistic healing approach, these women experiences also shaped the gender dynamics and power structures prevalent in both colonial and Igbo communities. Women were already marginalized in many aspects of Igbo culture and faced with additional vulnerabilities within the hospital settings. The intersection of mental illness, gender, and colonialism created a huge web of oppression and discrimination for female patients while influencing their treatment, autonomy and overall well-being.⁶

The Igbo women admitted to the Aro Mental Hospital navigated the colonial regime with a blend of resilience, adaptation, and cultural negotiation, within the facility environment, these women experienced a regimen that combined Western psychiatric practices with elements of traditional healing and community engagement, notwithstanding the challenges posed by unfamiliar treatment methods and institutionalization, Igbo women found ways to assert agency, maintain cultural connections, and seek support within the hospital setting and one of the way was through the preservation of cultural identity and practices.⁷ Despite the dominance of Western bio-medical models in the hospital, many women were attached to their cultural beliefs,

healing traditions and rituals, they incorporated elements of Igbo spirituality, community, familial, and support systems into their daily lives within the hospital.⁸ They also navigated the hospital regime by forming networks of solidarity and mutual support with other patients, in a setting where mental illness carried stigma and isolation, these women found companionship, understanding, and shared experiences with fellow patients, building relationships, sharing stories, and offering each other emotional support, the Igbo women created a sense of community within the hospital, fostering a space for healing, connection and solidarity in the face of adversity.⁹

Additionally, through navigating the hospital regime the Igbo women, were involved in active engagement with healthcare providers, caregivers, and support staff, notwithstanding the power differentials in the hospital setting, they advocated for their needs, preferences, and concern asserting their agency in decisions related to treatment, care and well-being, through communication, negotiation, and collaboration with hospital staff, Igbo women played an active role in shaping their treatment plans, accessing resources, and voicing their perspective within the health care system.¹⁰

Cultural practices and knowledge systems played a pivotal role as they served as a pillar of strength, resilience, and empowerment in the face of adversity this was the story of the survival of the Igbo women, from the pre-colonial time to the present day Igbo women have taken a rich tapestry of traditions, beliefs, and community ties to escape challenges, assert agency and uphold their identities in a changing world through examining how Igbo women cultural practices and knowledge systems support their survival and resistance. One crucial role of these cultural practices on their survival and resistance relies on the realm of spirituality and Indigenous belief systems, the Igbo cosmology with its intricate network of deities, ancestral veneration, and ritual practices provided a spiritual foundation that sustained women through hardship and upheaval through engaging with spiritual practices such as divination, masquerade ritual, and communal ceremonies, the Igbo women also connected with the divine, sought guidance from ancestors, and tapped into the sources of inner strength and resilience, even in time of crisis or oppression these spiritual practices served as a source of solace, empowerment and inspiration enabling the women to endure and resist the face of adversity.

Furthermore, the knowledge system of Igbo women system which includes oral traditions, sayings, and storytelling played a significant role in sustaining their survival, by passing knowledge from one generation to the next, women were able to preserve histories, cultural practices, and survival strategies that fortified their communities in times of struggle, oral storytelling in particular, served as a tool for passing down wisdom, sharing experiences, and fostering collective memory among Igbo women.¹¹ Through these recounting tales of resilience, heroism and resistance women preserved cultural legacies, and instilled values of courage and perseverance. Igbo women's role within kinship structures, community organization and economic activities were central to their survival and resistance strategies, as they were key participants in trade, agriculture, and social networks where women contributed to the economic stability and social cohesion of Igbo society, through their participation in market activities, craft production, and community governance, women wielded influence, developed networks and carved out spaces of autonomy within the patriarchal structures leveraging their positions as mothers, wives, daughters and community leaders, the Igbo women exercised agency, negotiated power dynamics, and resisted oppressive forces that threatened their well-being and livelihoods.

IV. Representation And Voices:

The experience representation of Igbo women in the Aro Mental Hospital records contributed a profound insight into the challenges and complexities faced by these women in the area of mental health care during the colonial era, these records represented a valuable historical archive, documenting the intersection of mental health, gender, culture, and colonial influence within the Igbo community.¹² These records also gave an insight into how the Igbo women's mental health was perceived through the lens of the Western psychiatric framework.

At the Aro Mental Hospital, the Igbo women's experiences were framed through the lens of colonial authorities which tailored to pathologize and medicalize traditional cultural practices as the colonial authorities saw the Igbo spiritual and healing traditions as primitive or superstitious causing the stigmatization of indigenous beliefs, and this had a great effect on the women who were bearers of cultural knowledge and custodians of traditional healing practices within their community. The representation of Igbo women reflected the colonial attitudes that marginalized African women's agency and autonomy in matters of health, the colonial discourse often depicted African women as passive recipients of care, reinforcing stereotypes of African women as requiring civilizing and enlightenment by Western medicine, this picture disregarded the rich story of Indigenous healing practices, and perpetuated power imbalances that disempowered African women in decision-making regarding their health and well-being.¹³

Furthermore, the Igbo women faced unique challenges in navigating the dual systems of healing present in colonial Nigeria, there was a clash between the Western psychiatric norms and the traditional Igbo belief system which created a complex environment and made the women misunderstood and misinterpreted

leading to continuous marginalization and disenfranchisement relegating them to passive recipients of care instead of contributing in their healing journey. African women's experiences were tailored not only by individual struggles but also by the broader societal structures that encouraged inequalities and reinforced colonial stereotypes, these representations at Aro Mental Hospital spotlighted the intricate interplay of gender, culture, and mental health within the colonial framework particularly those from the Igbo communities.¹⁴

Storytelling which has been a fundamental aspect of Igbo culture, a means of passing down traditions, values, and histories from one generation to another, can be a tool for Igbo women to share their stories, be it through oral traditions, written accounts, or digital platforms their voices could be heard. Their experiences validated, creating community-led initiatives, and cultural events, that centre on Igbo women's stories to express themselves, and share their challenges and triumphs, while contributing to a more inclusive and diverse narrative landscape.¹⁵ Integrating the stories and experiences of Igbo women into educational curricula, workshops, and public discussions about the unique perspectives and contributions of Igbo women to society can foster a deeper understanding and appreciation of their cultural heritage and lived experiences, and also by engaging community stakeholders and involving Igbo women in decision-making processes to actively shape policies, programs, and initiatives that impact their lives and communities.

V. Conclusion

By bridging the gap between the traditional healing process and modern psychiatric interventions, we can invent more holistic and culturally sensitive mental health care strategies that prioritize the well-being of individuals within their cultural contexts, integrating both by recognizing and respecting the cultural beliefs and practices of the Igbo people regarding mental health. The contemporary approaches to mental health care in Nigeria can become more inclusive and effective by incorporating traditional healers, community leaders, and cultural practices into mental indigenous healing methods this would lead to more comprehensive and culturally competent care for individuals experiencing mental health challenges.

Moreover, this research underscores the need for feminist praxis in mental health in Nigeria and globally. By acknowledging the unique experiences and challenges faced by women in accessing mental health services, we can develop gender-sensitive approaches that address the intersectionality of gender, culture, and mental health, feminist praxis in mental health care involves recognizing and challenging the systematic barriers that prevent women from seeking help, advocating for gender inclusive policies and programs, and empowering women to take control of their mental well-being. The insights gained can contribute to the decolonization of mental health care practices by challenging Eurocentric models of treatment and diagnosis, by centring indigenous knowledge systems, cultural practices, and community perspectives, mental health care in Nigeria and beyond can become more responsive to the diverse needs and experiences of individuals.

Decolonizing mental health care involves recognizing the historical legacies of colonialism and imperialism in shaping mental health policies and practices while working towards creating more equitable and inclusive systems that prioritize the autonomy and agency of individuals.

Endnotes

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