



## **Healing Insanity: Skills and Expert Knowledge of Igbo Healers**

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### **Abstract**

This paper gives insight into how Igbo healers of Southern Nigeria conceive of insanity and apply endogenous knowledge and expertise to heal it, contrary to the belief that cosmopolitan orthodox medicine only can provide efficacious cure for insanity. Resort to community support and culture remains people's widely shared way of dealing with insanity and related disturbances. While pharmaceutical drugs are being made available to health seekers, local herbal and ritual resources as well as communicational and bodily skills do constitute the asset for holistic healing. Although research shows tensions between the local, Christian and biomedical views, the paper argues that effective healing tends to be successful when the etiology and treatment include due ancestral compliance work in harmony with people's views, emotions and life-worlds. The paper offers an endogenous theory of symbolic release underlying a genuinely Igbo cosmological and epistemological strategy, side by side with the ritual of tying and untying for releasing the forces hampered by intrusion, and for achieving treatment based on culturally meaningful herbal and animal resources. To rescue the help-seeking individual and kin-group, as a first principle, the forces that tie the afflicted need to be rusticated before effective results can be obtained with treatment.

### **Résumé**

Cette communication expose la conception que les guérisseurs igbos du Sud du Nigeria, se font de la folie, ainsi que la façon dont ceux-ci se servent des connaissances et de l'expertise endogène pour la guérir, contrairement à la croyance répandue selon laquelle seule la médecine orthodoxe cosmopolite serait en mesure de soigner la folie. Le recours au soutien et à la culture communautaires

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demeure une des méthodes les plus consensuelles de traitement de la folie et des troubles connexes. Même si les médicaments pharmaceutiques demeurent disponibles, les ressources aux herbes et rituelles locales, ainsi que les moyens communicationnels et corporels constituent un réel atout favorisant le traitement holistique de la démence. Même si les recherches effectuées ont relevé des tensions entre les conceptions locales, chrétiennes et biomédicales, cet article soutient que les traitements thérapeutiques se révèlent efficaces, lorsque léétologie et la thérapie intègrent un savoir-faire ancestral, en symbiose avec les opinions, les émotions et les univers de vie des individus. Cette communication propose une théorie endogène de la libération symbolique, à la base d'une certaine stratégie cosmologique et épistémologique authentiquement igbo, qui s'accompagne du rituel consistant à attacher et détacher, dans le but de libérer les forces tourmentées par l'intrusion, mais également dans le but de mettre en place un traitement basé sur des ressources aux herbes et animales ayant une certaine signification culturelle. Pour venir en aide à l'individu ou au groupe de personnes apparentées, il faut tout d'abord extraire de la personne les forces qui l'habitent, avant de pouvoir procéder à un traitement efficace.

In Igboland, Southeast Nigeria, cosmopolitan biomedicine at first sight seems to be commonly perceived as the standard resort for health care. Indeed, Igbo easily consume pharmaceutical drugs. And yet, most people do rely on indigenous expert healers and folk remedies for more than half of their health needs, and most strongly in cases of lasting illness and when insanity, *ara*, is at the horizon. In these domains, Igbo culture does not fully espouse western modernity's compulsion to subdue 'unreason' to 'reason' alike the invisible to the visible, or to relate one's ill health to merely physical and/or intrasubjective states. For Igbo, health is something shared intercorporeally and intersubjectively, both in the this-worldly and other-worldly or the visible and invisible realms. A physical ailment or *disease* most often reverberates as sickness when it entails a social dysfunctioning and labelling. This may extend to a subjective experience of *illness* or misfortune in particular when its meaning is being defined in the canvas of (intergenerational) moral debts and bewitchment among kinsfolk. Likewise, a physical (biomedical, pharmaceutical) *cure* is to be paralleled by a community-based response and appropriate *healing* of the illness.

The paper draws on eighteen months, in the course of 1996-2001, of ethnographic participant observation, next to case studies and survey work, among healers and their patients in Mbano Local Government Area and neighbourhoods close to Owerri, the capital city of Imo State in Southeast Nigeria. My focus, on both communal health-seeking behaviour and emergent cultural meaning production, is especially indebted mainly to Ahyi (1997), Devisch (1993), Janzen (1978), Kleinman (1980), Lambo (1961), Last and

Chavunduka (1986), Turner (1987). My research findings go contrary to held views in Christian and biomedical circles, which seem to overlook the following state of affairs:

1. Local knowledge and action systems, folk or ritual healing, faith healing, and cosmopolitan medicine, as well as Western-type development programmes in Igboland, alike also the dynamics of migration to towns, seem to an alarming degree be developing in disconnected ways. These various dynamics seem embedded in different sociologies, i.e. they operate according to different aetiological, transactional and solidarity registers, and according to different views on (the origins of) good health, sickness or illness.
2. Systematicity in Igbo indigenous health care is to be found in the practices (proper to the afflicted family, the lay therapy management group, the healers, and the initiatory cults) rather than in a systematic body of expert knowledge or a quasi-science.
3. Literature on Igbo expert and folk medicine has all too much been swathed in half-truths. On the one hand, this literature entails a strong Christian if not dismissive bias defining Igbo indigenous medicine as antithetical to the faith of Christian or the healing churches. On the other hand, there is scant reliable information for setting up a formal public health policy in view of upgrading folk healing, and exploring or strengthening its complementarity with biomedicine.
4. The sociocultural and class differences between the great majority of people, on the one hand, and the State or Church authorities including the University trained elite, on the other hand, exacerbate the communication gap between indigenous medicine and cosmopolitan biomedicine at least on the institutional and policy-making level. Both systems fundamentally differ in their premises about the nature of health, disease causation, and remedy.
5. And still, Igbo folk and expert medicine is increasingly being relied upon and utilised by about eighty percent of the population. There is an important decrease of in-patients in psychiatric hospitals (such as, Mgboko psychiatric hospital in Obioma Ngwa Local Government Area in Abia State). The current severe socio-economic crisis forces the afflicted to rely more on local networks in their neighbourhood. Many formal urban organisations (linked with the State, paid labour, cash economy) are dwindling in favour of very personalised networks.
6. There is lack of scientific insight into how Igbo medicine is changing in orientation and in its response to current needs and demands.

7. Following the scope of our observations, Igbo medicine retains the thread of oral tradition and the local worldview in line with ancestral cults and with the coverage of biomedicine remaining low. Most practitioners of Igbo medicine emphasized that the healing, which they offer, has largely and strongly maintained its integrity vis-à-vis the consequences of the 19th century slave trade, the Christian hostility and biomedicine.

The above-mentioned state of affairs concurs to the rather desperate calls from a few Igbo scholars and elders (among others at the 1988 *Ahiajoku Lectures*), affirming that though Igbo people do possess precious medical resources, the latter remain too much devoid of scholarly attention. As Anezionwu (1988:40-41) points out, 'the body of traditional medicine in Nigeria has remained largely outside the culture of writing in any language. Why should this remain so? Is it because of doubtful monopoly of our medical secrets? We can demonstrate the authenticity, validity and verifiability of the system'. The fact is that these deeply rooted practices have been interpreted by many Christianised intellectuals as 'evil and devilish'. Hence, on their behalf, Igbo elders now refer to these practices as a matter of Igbo identity and a dignifying way of life that have to be recovered.

It is to be acknowledged that biomedicine and local healing practices, be they expert or folk ones, are of a very different, yet partially complementary, nature (Ademuwagun 1979, Feierman & Janzen 1992, Last & Chavunduka 1986). The expert healer's view on the body, his rituals and use of plants entail a proper symbolic approach regarding the co-shaping of the individual body, social life, and the life-world. Expert healing addresses the patient's body within the larger social field and world-making, in resonance with ancestral compliance. That means the cultural mode of healing effectively draws from and emphasizes obligation, alliance and respect to ancestors, descendants and community as a key moral tradition far beyond the biological analysis of parts of the human body. In this way, people owe their own lives and corporeal wellness to their ancestral fortification and community in addition to showing responsibility for transmitting forces that shape healthy balance of the individual and society in a highly culturally cohesive way.

### **Exploring health beliefs and practices**

The Igbo concept of good and ill health is eccentrically constituted: health is a sum, first, of the person's relations with the family and community members, alike with the invisible world of the medicine deity (*agwu*), the earth deity (*ala*), the ancestral cult spirits (*ofufe ndi ichie*). The ancestral spirit is the transmitter and guardian of one's family and personal genius (*chi*), and its power (*mmuo*). Good and bad fortunes are ascribed to *chi*. One's capacity

to live a quality of life is achieved primarily with the support of one's *chi* as well as, if needed, through proper ritual treatment in particular by *ofò na ogu* (key symbols to declare innocence, justify conscience, achieve retribution and justice, and obtain ancestral help). Forces, such as thunder (*amadioha*) or town and village deities, may be called upon to bring harm to targeted victims. Other extrahuman forces, such as *mami wota* (mermaid) or *ogbanje* (ghost or spirit children), may cause suffering and illness. Good or ill health is also the outcome of people's invisible and potentially harmful dealings with one another through evil eye, envy or jealousy, witchcraft (*ita amusu*) or sorcery (*nshi na aja*), curse (*ibu onu*) or the calling down of extrahuman wrath (*iku ofò na iju ogu*). Such aggression may cause physical injury or insanity, as well as the loss of property, a job, one's beloved ones, and the like. Offended ancestors and evil spirits (*ajo mmuo*) may cause debilitating misfortunes, illness and death. There are moreover social misfortunes, such as the inability to find a loving and stable marital partner, win social status and public authority in one's community. To sustain health and society, people and their invisible allies join forces and rely on competent healers.

### Extrahuman vocation and training of healers

Folk healing is open to every member of society, whereas expert healers, called *dibia*, cover a variety of major medical and societal needs requiring expert knowledge, healing skills and resources. A *dibia* is elected to this function by the great medicine deity, known as *agwu*. The extrahuman vocation and long initiatory training into the full art of healing are very demanding. A *dibia* is both a restorer and transmitter of life, a healer, medicine man/woman and priest. The healer is one who blows away and ties in maleficent forces and crises that disturb the individual and society. Healers engage in a great number of ritual and healing activities to address ailments, illness, social and cosmological disorder. A healer's fame rests on his level of training and the form of expertise.

**Table 1: Healers by training and expertise**

Level of training	Form of expertise
1. <i>dibia okpo, epum</i> : original, pioneer healer	5. <i>dibia afa</i> : diviner or doctor of secrets
2. <i>dibia ezumezu</i> : complete healer	6. <i>dibia aja</i> : priest or doctor of sacrifice
3. <i>dibia nkiti</i> : ordinary healer	7. <i>dibia mgborogwu</i> : doctor of roots
4. <i>dibia onye oha</i> : community healer	8. <i>dibia okpukpo</i> : bone setter
	9. <i>dibia omumu</i> : fertility healer
	10. <i>dibia owa-ahu</i> : surgeon

For example, a *dibia okpo*, is also called *epum* or *dibia ntu ala*, names signifying how much the call to the office of healer is considered as a highly particular and original, if not innovative one. Such calling is moreover endorsed by the lineage ancestral deity. Healers of this statutory category distinguish themselves as ‘apart’ or ‘sacred’ and they therefore live and stress the highest moral standard. They pride themselves by saying *abum dibia okpo, epu m*, meaning that one is an original or sacred healer. A *dibia onye oha* holds important ritual symbols for the community. He is a prestigious healer (such as, Nze Emeka Vernatius Iwu of Agbaghara Nsu) who may act as a king-maker. Such prestigious healers hold four *Ofo* or distinguished sacred symbols, namely *Ofo Ndi Ichie*, *Ofo Ezumezu*, *Ofo Kamalu*, *Ofo Agwu*. Among his co-healers, he is referred to as *dibia onye oha*, that is, a healer who embodies the collective health, productivity and strength. He may moreover be called on for cooling the land (*iji-ala*), rain-making (*iha na ichu mmiri*) and appeasing the thunder deity (*imezi ihe amadioha*). The following table shows how *ndi dibia* or healers are called according to their specialist domain of skill and care.

**Table 2: Healers and their specialist domain of care**

Appellation	Domain of care
1. <i>Dibia afa, dibia ogba aja</i>	Divination diagnosis
2. <i>Dibia aja, or nchu aja, or anya odo</i>	Priest, ritual expert
3. <i>Dibia onye oha</i>	Community matters, king making
4. <i>Dibia mgborogwu</i>	Root and herb expertise, herbalism
5. <i>Dibia ara</i>	Insanity
6. <i>Dibia ogbaokpukpo</i>	Bone-setting
7. <i>Dibia ogbanje</i>	<i>Ogbanje</i> healing, care for spirit children
8. <i>Dibia amosu</i>	Witchcraft healing
9. <i>Dibia mmanwu</i>	Masquerade guarding
10. <i>Dibia amadioha</i>	Rain and thunder matters
11. <i>Dibia omumu</i>	Fertility healing and attending
13. <i>Dibia owa ahu or okwochi</i>	Surgery related ailments
14. <i>Dibia owu mmiri</i>	<i>Mami wota</i> crisis
15. <i>Dibia anya, nti, etc.</i>	Cure of eye or ear problems

A healer may combine various specialisations. Most healers address the common afflictions, such as malaria (*akom*), aches and pains (*ahu mgbu na ikwukwe*), as well as fever (*oyi*). Most may also deal with infections, such as measles (*akpata*), HIV/AIDS (*oria amuma ahu*) in their own right; as well as lasting diarrhoea (*otoro*, lit., excessive looseness of the bowels). Most

healers are illiterate, and so learning and communication take on oral forms. A few are literate and note down most of the things of their profession, including deliberations in their association's meetings and businesses. It is, moreover, not easy to find out how healers operate on a daily basis and how their healing works, except through considering their initiation. This is what the healers, Lambert Opara and Sunday Iroabuchi told me clearly:

How could you see when your eyes are still the same? How could you perform a successful ritual when you have no insight and are not backed up with the force to do so? How could you sort herbs and roots, and mix them wisely, when you have not established good contact with the locality? How are you even safe to do so amidst forces surrounding an illness when you continue to interpret the facts in daily life in your own limited and unclear way?

This declaration suggests that healing entails a special sense and art at a core of culture that is out of reach for the uninitiated. Just as the healing of insanity elaborates on the central metaphor of tying (*ikechi*), as I will show, the same applies to aetiological examination and the relationships between patients, healers and clients.

### **Aetiology and implications**

Healers, unlike psychiatrists, rarely perceive insanity as incurable. A complex set of genuine aetiologies of insanity provides a framework of inclusive explanation of illness, death and misfortunes. Causes voiced out range from interpersonal violence to ancestral wrath. Insanity is viewed as a major impairment. It refers to behaviours at odds with the expected proper behaviour in the household and society. It hinders appropriate sensory interaction and thinking. People considered sane are meant to be able to carry on their usual daily cores, balance emotions, handle problems in a positive manner, develop self respect and show deference as well as take appropriate initiatives. Those trapped by insanity experience a significant impairment of thought, emotional instability, distorted perception, wrong orientation, and confused memory, even live with inability to meet the ordinary demands of life. Common warning signs of insanity are many and varied. A person may exhibit one or several symptoms of incapacitation, such as withdrawal from contact, chronic fatigue, confused or altered thinking, inappropriate expression of emotions, and loss of touch with common reality. Other such mental troubled signs include distorted ability to cope with challenges, inability to take care of oneself, one's needs, one's display of self, as well as insensitivity to violence towards self or other, and exhibition of delusive and hallucinating mannerisms. Stigma, through public ridicule and rejection, is the biggest derailment.

Insanity moreover signifies that society has failed to properly handle its inner conflicts and problems. Where that is the case, it is assumed that it thereby gives a hole for the evil forces to penetrate and derail the weakened person and his or her network, undo his or her identity and sense of responsibility, morality, and honour. This shows that insanity is largely an incidence onto which a community transfers its own weaknesses, paradoxes, difficulties, while at the same time using the insane to heal or recover.

### **Pathways to healing**

Paths and phases of aetiology and treatment of the insane involve many diverse rituals, as well as medicinal root and herbal treatments. First, divination involves going to ask extra-human forces considered wiser than human to obtain explanation. By way of questioning what has caused insanity, those concerned seek to understand what form of intervention is required, such as sacrifice, treatment with roots, and counselling, in view of attaining recovery and reintegration in society.

Ritual intervention, including incantations, concentrates on closing off the insane from the burden, as well as opening him or her to release, by the use of ritual keys (*igodo amuma*). Once this is achieved, the head of the insane is treated with roots, vegetal and animal concoctions rubbed into some seven parallel cut marks to disassociate and free the ill person from delusion bothering the heart and brain.

Tying and retying (*ekike*) are techniques that precede the forms of release in a symbolic way. Tying is not only skilfully employed to frame the problem, on the one hand, but also to define care in building the spaces of normality. In order to produce release, intruding forces are tied up cosmologically in a way that normality is restored between the subject, the gods and spirits, and the lineage community. It is to ensure that boundaries of life, crisis, obligation, responsibility and continuity are restated in an organized, culturally functional, and reciprocal exchange.

### **A theory of symbolic release**

Igbo medicine envisages the healing of insanity to result from what I define as a frame of symbolic release. This is an important attribute for controlling and healing insanity, whereby a release from the intrusive forces and circumstances of insanity may occur. It is crucial to our argument to address the question of what symbolic release is and why the term is appropriate for understanding the healing of insanity. It is to be noted first that a treatment is not primarily a matter of medicinal roots and herbs: It always begins with important ceremonies, which are meant to be therapeutic by alleviating the condition of the insane patient. It is this symbolic effect that I call symbolic



release. It is one which clears the way for the root and plant concoctions to effect change to the patient's body and life-world. The notion of symbolic release refers to both the therapeutic action and its connection with rituals and plant use in the management of insanity. Outside the symbolic release pattern, the use of drugs would alleviate the ailment only to a limited extent. And when symbolic release applies, threats on the weakened patient are hereby being eliminated so as to facilitate his or her recovery and the re-framing of kinship relations. The patient then stands a pretty good chance to get healed. When expert healers succeed in re-establishing the relationships that were shattered, they moreover, recover the patient's ecological givens and physical and social conditions for a definitive cure. Psychiatrists cannot achieve the same holistic embrace, and yet in their cases, instances of success are rare (Ahyi 1997:236).

The entire framework of symbolic release amounts to explain that the socio-psycho-cultural work of healing is also one, which is transposed to intentions and processes; and thereby one supposed to be, moreover, operative in the realm of the invisible. As to what happens in the various techniques of symbolic release, the practices of knotting stand to establish a means of dealing with barely localisable sources of disturbance. Disturbance in this case is located outside the victim's body or in-between the victim, his or her life-world and relevant others. Thus it must be drawn in the context of aetiological and therapeutic reasoning. Such a reasoning process always corresponds to why certain things happen in certain ways. The idea goes to point out why even some people ask for the reasons behind certain things they are told they did. For example, a patient might ask if it is true that he or she carried out a particular strange act. Realities of con-fusion exist and make people feel subtly doubtful of their inner selves and incapable of understanding what it is all about. The system of releasing a source of intrusion works as a sort of cover-up, which is manipulated, to shade off other realities. 'They are therefore there to mask other realities' (Ahyi 1997:227).

The operative force of this explanatory healing model is partly focused on the patient who has to be released. Its entirety, I would say, is based on the particular matter at hand disturbing the patient. Healing in this context means creating spaces and frameworks to combat the source of aggression and the affliction. It does not focus primarily on the patient and the symptom. It is to neutralise the force of the intentions or instigators in the disturbance. In summary, if the instigators are spirits, they must be blocked off through a framework of pacification. And if they happen to be mischievous spirits or genies of a particular location vamping distress factors, efforts will be made to placate them, shift them, or drive them out. They will be tied in. The

operative field of healing, in other words, is located in some other being, some other environment, within the group or in the spirit world (Ahyi 1997:227). The basic difference between such indigenous healing and the biomedical psychiatric treatment is that healers heal relationships by building or redynamising multilayered spaces of normality, whereas the latter basically cure only body and psyche. By curing bodies, I mean that patients are apparently on their own for their own defects for which they are given pharmaceutical drugs. This practice does not sustain consensus in-between the body and the social group and life-world, that should heal the patient through the power of re-vitalising relationships and re-ordering what Myss (1996:35-38) describes as memory of negative energy registered in the human body. In other words, according to the Igbo view human emotions impact physically our bodies. Connecting energies through the tying up of experiences and turning them back to make up the patient's emotional energy suggests that healing can convert experiences of affliction into a biological complex process of harming or healing.

The symbolic release model proper to Igbo and indeed most African healing entails the culturally shaped reliance on extrahuman forces and the power of symbols. Epistemologically speaking, it is important to recognise this. The entire heritage of the local knowledge system and its *modus operandi* (interacting process of culture, symbols and forces in function and sensitivity to mental, emotional and physical well being) is most important to the extent that psychiatrists in Africa unavoidably practice on the horns of a dilemma (Ahyi 1997:230). Clearly, the endogenous explanatory model, in reference to spirits, is a challenge and underlies a point for success contrary to institutionalised hospital psychiatric practice.

Another important attribute of symbolic release concerns the crucial issues of temporary alleviation punctuated by relapses and definitive cures. As Ahyi (1997:238) has observed, 'it is intriguing that while psychiatrists interpret fresh hysterical crises as relapses into illness, cult healers view them as new visitations from the spirit world'. When that becomes the case, healing is designed to reintegrate the patient not as one with the identity of sick person but as a messenger of the source originally of intrusion by some deity or spirit, which has to be refashioned accordingly. Healing is made to give a patient a new vision in life without having to isolate or discourage him or her. Patients are perceived as part of a continuing process of world-making that elaborates the paths to healing.

The symbolic release is therefore a systematic practice that, moreover, creates social bonds that last, and which all parties to the process of healing – the healer, patient and caregivers – obviously want to maintain. As a model

of explanation of the care process, it is essentially therapeutic and culturally dynamic in view of results, since the model discloses the endogenous elements that make up and bring about effectiveness to the reality of the insane. The point here is that, it is not the consideration of symptoms alone that decides what enters into what should be done. That is to say, healers are not primarily interested in symptoms. They show how symptoms are only indicators, and even so, many of the symptoms are not particularly useful. Given to this view, they rely on a system that holds the whole process together through information derived from plural investigative devices. In this way, ancestors and deities speak out and prescribe a workable healing layout. The assumption is that in order to cure insanity brought on by, say, emotional shock, an equally powerful and emotional release is needed to re-establish the lost balance. In other words, only because psychiatry has confined the meaning of insanity to mental disturbance, its practitioners have not considered the possibilities of its 'ecological management' through the help of other forces; use of roots and plants and other substances 'good to think with' so as to ensure systematic release of negative forces and regain balance in the life-world. Insanity in the Igbo healers' view is much broader than the term mental disturbance. Hence healing insanity involves the mind-body relation, as well as the social environment and the life-world.

For healers to be genuinely understood involves the understanding of spiritual energy dynamics, the divination and therapeutic alliance relationship they rely on. The symbolic release premise in healing entails so-called paranormal elements which are so important in daily life. Ahyi (1997:243) has, moreover, reported a case where telepathy seemed to have some material foundations, illustrating the issue in this hypothesis. It is about how a particular plant use remobilised a marriage relationship. To mark his marital commitment, the groom was invited to urinate on it. Later the partners quarrelled and separated. Yet in view of overcoming this rupture, the same plant was given to the bride to urinate on, whilst focusing her thoughts and wishes for her husband to return to her. It did happen. The case illustrates that healing may actually work via defined and pronounced intentions, and that is what healers devote the framework to achieve. Without adequate ears or receptive mood to understand experiences of ill persons and the explanatory models they display about them, knowledge systems continue to stay apart, thereby making one or the other a bunch of incomprehensible elements. Since people are hexed, tied in, or blocked, causing them untold hardships, they degenerate into emotional troubles such as hypertension, depression and sudden outbursts of violence, and eventually become uncontrolled, deranged, insane. Healing may entail going back to the actual root cause. The following

excerpt from Ahyi (1997:245) reporting a case, echoes very much what I also registered in the field:

Listen, we put two types of hex on him. First, we asked a poor villager to go beg him for one of his old seminary gowns. He gave it up as alms, and we used it to hex him. He had left his mark on the garb, so even though he wasn't physically there, he was present. We decided to do two things with his gown. We tied a piece of it to a pigeon, recited an incantation over it and let it fly. Pigeons are thought to have good memories. The moment the pigeon flew off with a piece of his gown, our man could no longer become a seminarian intending to be a priest (his career choice). He had a permanent headache and failed to cope with his studies. After handicapping him in this way, with incantation recited, the remainder of his garb was tied to a ram. Since then a permanent erection had occurred, triggering his chasing of women from dawn to dusk. With fear not to disgrace himself, being a former seminarian, all his time had been spent fighting the erection. So he had hypertension. Psychiatrists treated him for headache, cold, hypertension, etc. To cure him properly, two stakes buried for fourteen years as a link to his illness had to be dug up as a *first treatment*.

It is this expression of *first treatment* as in the above citation that would permit for the use of roots and herbs, and this is what I mean by the concept of symbolic release. That is, the first things done to clear the way for drug or herbal therapy are accompanied by those other releases that remobilise sound relations with the life-world, until a final cure is achieved. Symbolic release is shown as a factual explanation of how healing is tailored and points to the intricate ways in which realities are drawn with meaning to exist elsewhere. This sort of meaningful reality is in the invisible realm, imperceptible that one cannot see it with one's physical eyes or common sense perspective. Thus realities do not only entail the tangible aspects; they include also extra-sensory ones, some of which are referred to symbolically and in the belief world. It exemplifies that in the invisible domain, there is a lot of information sui generis awaiting discovery and tied in with phenomena we do not understand in our common discourse (Ahyi 1997:246). It is basic that in the healing of insanity, the ultimate aim must be to affect or alter the 'will' of the intrusive 'distress' forces. Increasingly, it is becoming obvious that therapeutic volition, although difficult to quantify, could be most decisive in determining the outcome of healing. Where therapeutic will is low the efficacy of sophisticated symbolic release, followed by the use of roots and herbs can easily be neutralised. High therapeutic will may somehow sharpen the potency of roots and herbs to effectively resist the evil forces.

### **Of trees and symbolic release**

African healing systems project the sensitivity of trees and plants into humans, as a way to understand the properties pertaining to more embracing non-human domains. Igbo healers summon the belief that certain trees can overhear and record conversations, sounds and signals, and therefore they conceive of them as dwelling places and domains of extrahuman forces. Trees and humans interact in rituals involving birth, growth, marriage, health, illness and death. Examples of trees and woods linked to life crisis rituals and defences of boundaries abound. Healers see trees as most vital symbols of life and eternity as opposed to graves as symbols of death and the fading of memory (cf. Zelter 1998:221-231). This is the dimension linking up ancestral knowledge and herbalism in symbolic release for the healing of insanity.

In addition to that, healers recall that trees are commonly thought by both specialists and common people to be repositories of the souls of the dead awaiting reincarnation. Trees are also made to hex the living with the earth and lineage. For example, the afterbirth (*alulo* or umbilical cord) of humans is very often tied to a tree or buried at its base. The Igbo call this 'a life insertion' into the lineage world. Such a tree (usually a palm tree) is called *nkwu alo*, and becomes the child's alter ego. The child sees himself or herself in the tree as well as connected with the ancestral life source. In numerous symbolic representations, metaphors and stories, *nkwu alo* connotes the life source and insertion containing bodily domains from afterbirth to the ashes of the dead. Trees are referred to symbolise the reproductive couple, that is, the human potential for regeneration. It is conceived as comprising both female and male principles. Some ethnographic information has been presented showing the occurrence of such symbolism in different cultural contexts (e.g. Bloch 1992, De Boeck 1994). The association between tree and personality is important for healers who see the continuity of the life-world and the community stability standing within trees. Some major trees trigger their usage for representing and healing broken boundaries. Trees express genealogical continuity and so help to shape our understanding of how others address, rank and organise themselves. In this way, healing insanity is strengthened by a culturally negotiated stability in the power and significance of trees and life-world.

### **Conclusion**

I have not only drawn out, but also referred to various strategies of tying ritual necessitating the use of elements so significant in Igbo culture. Such meaningful tying rituals are devoted to block or unleash sources of spiritual and sorcerous attacks that result in insanity. From the details, the strategies of symbolic release treatment are compelling to the forces and agencies

causing insanity. Once a level suitable for a patient's release is reached, the treatment moves on to the next stage involving roots, herbs, minerals, and animal substances.

As I have shown, Igbo medicine practitioners engage in a wide range of endogenous skills and practices to remobilise the resonance and re-empowering interconnectedness between the physical, social and cosmic bodies. Essentially, healing insanity entails necessary initiations into the medical practice, the reasoning and empowerment of the ancestral tradition, symbols and ritual objects. Healers, moreover, seek to address genuine causes of insanity and remobilise categories of meaning, healing forces, voices, moralities and ways of intersubjectivity. They show, moreover, how techniques are drawn from life-world scenes, ancestral forces, or the realm of water and forest resources. Igbo medicine deity, agwu, channels the selection of authentic healers and sustains their appropriate initiations and discipline to foster good health.

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