Home, Where Healing is Complete:
An Ethnography of Igbo Migrants in Germany and their Biomedical and Traditional Healing Experience

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To the memory of

Cajethan Ikenna Obi a.k.a. Zenga (1978-2003) - (brother)

Rachael Onyinye Obi (1980-2007) - (sister).

And **Pa Bernard Okoli Obianekwu** (1933-2019) - (father).

DEDICATION

She was always prompt with my correspondence to her each time I needed her the most. She left me with no doubt that my success in this doctoral programme was as important to her as it is to me. With great trust and confidence, she provided a comforting atmosphere for this research and academic work. She has been of great help and support right from the start of this work. Such a dedicated professor! Should I be in the position to choose again in my next academic life, of the same degree, I would definitely root for her. And if you must know who this admirable, dedicated, inspiring personality is, *das ist meine Doktormutter* – **Prof. Dr. Laila Prager.**

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ABSTRACT

When doctors in Germany are confronted with treating disease and sickness that migrants and refugees from diverse regional, socio-cultural, and religious backgrounds manifest, they do so finally, and if possible, within the framework of conventional assessment and along a hermeneutics of medical outlook while replacing them with Western biomedical concepts. But when cultural misunderstandings between the doctor and patients become so great, migrants transit to traditional healers and, if necessary, embark on an expensive and arduous journey back to their home country to gain access to healing rituals and reconnection with local spiritual and cosmological forces, all in the hope of achieving physical and emotional well-being. Given the above, I conducted an in-depth ethnographic study of Igbo migrants in Germany and Nigeria's Igbo region. Classical ethnological research methods, including participatory observation and semi-structured individual and group interviews, were used, enriched by old and current studies on Igbo and other African societies and cross-regional research literature from migration, medical transnationalism, health, dream, witchcraft, psychiatry, and ethnology/sociology. It inculcated the case histories as representing the overarching context of the Igbo ontology and the development of the concepts of illness and healing against the background of traditional ideas and values of cosmology. The focus on the relationship between humans and the environment and the role of the community provides valuable and compelling analysis and discussion about why Igbo immigrants still resort to local healing practices.

Keywords: Migration, Immigration, Transnationalism, Health, Illness, Sickness, Healing, Home, Biomedicine, Ethnomedicine (traditional medicine), Culture, Witchcraft, Dream, Psychiatry, Ethnography.

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INTRODUCTION

In Igbo culture, dreams are categorised as either *nrọ ọma* (good dream) or *nrọ ọjọọ* (bad dream). Bad dreams are subjected to serious interpretations, and the fate of those who hold dearly to this belief lies in their ability to overcome whatever such bad dream presents. Thus, for the Igbo[1] of South-Eastern Nigeria, bad dream encounters are signs of a bad omen and sometimes a revelation of what is already manifesting in the physical world. My key informant, let us call him Chika, an Igbo immigrant in Munich, Germany, faced a critical juncture after experiencing a bad dream. He successfully managed to evade the dream scenario. He shared his encounter thus:

> I woke up, feeling unpleasant, fatigued and restless in my stomach. And with sleepy eyes, I headed to the loo to answer the abrupt call of nature. At some point, I threw up. This nightmare went on and on at intervals till daybreak[2].

Chika had consumed food in his dream served by someone he considered an enemy. This dream experience happened in the early hours, in the middle of the week, in the month of June 2016.

> Now this is serious! I have to see my doctor. At around 4:30 AM, I called my closest friend to inform him of my predicament. Just before the birds sang, I was at the hospital waiting to see my doctor. It was my first time having such a horrible experience of unceasing blood flow as my attention was drawn to it by the elderly people, I met at the hospital who pointed at my jeans trouser soaked with the stains[3].

Chika was rushed into the intensive care unit by the nurses. After his consultation with the doctor on duty that morning, he was immediately moved to a more advanced hospital within the district, this time with an ambulance service to Klinikum Schwabing in Munich, where there are gastroenterologist specialists. Once Chika was admitted in the hospital, tests were

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1 ‘‘Igbo’’ is a term used to refer to the people, their language (dialects) and the place, i.e., *Alaigbo* or Igboland, located in the South-Eastern region of Nigeria. The Igbo society has its heterogeneity with different classes, genders, educational backgrounds, life experiences, etc. Hence, the term ‘‘Igbo’’ is to designate the opinions of – the majority of – my informants in Germany and Nigeria. I do not want to make a belief/assumption that the Igbo worldwide, and through time, are a homogenous group with only one opinion.

2 Interview with Chika, in Igbo language, on the 22.06.2016, at Klinikum Schwabing in Munich.

3 (op. cit. interview).

conducted. First, treatments were administered to curtail the blood flow while the physicians waited patiently for the lab test results that were in process, one of which was at an independent laboratory. Few days later, Chika was informed that both tests showed different signs of a high possibility of bacterial infection. Thus, inquiries like what food he ate in the evening before going to bed, what liquid substance he drank, what places he visited during the week and what supermarket he shopped at, were made. These 'necessary interrogations' were to ascertain possible contamination or transfer of infectious bacteria. Chika was discharged from the hospital two weeks later after showing signs of improvement. He was prescribed antibiotics. Two weeks after his discharge from the hospital, Chika found himself again lying at ISAR Klinikum, Munich, two days after regaining consciousness in the hospital sanatorium. Chika had slumped at his place of work. Thus, the nightmare of that fateful night marked the beginning of what became a long road to recovery.

''This is not an ordinary sickness!'' were words that resonated on the lips of some of the Igbo immigrants I met at various visiting hours in the hospital. The astonishment expressed by some of my Igbo informants who contemplated and wondered about the sickness and the dream, raised my curiosity. Nevertheless, at each instance that Chika narrates his sickness manifestation and plight, that sense of bemusement tends to overshadow the moments. *Na wa ooh!* (a Nigerian slogan used to express surprise at the occurrence of an incident) was a recurrent spontaneous exclamation which some of the informants who visited him at the hospital expressed with gestures of hands-and-fingers. This appeared to affirm my informants' adherence to the *nrọ ọjọọ* (bad dream) cultural narrative. To some of his Igbo brethren, Chika's experience was reminiscent of a similarly known encounter back home; and to others, an astonishment that such could also occur in a foreign land. Since there seems to be a strong correlation, in their opinion, between sickness and death, the central task of life was to preserve good health or to work for its restoration – in other words, to strive for physical, emotional or mental stability.

Unfortunately, the human body is never totally unclogged from contaminations that could lead to minor or severe illnesses. Some biological agents or biotic components referred to as transferable and contagious diseases ‘‘from person to person or from animals to humans’’ (Cookson 1969, Jedynska, Kuijpers, et al. 2019: 13), have been medically traced to ‘‘viruses, bacteria, fungi or parasites’’ (Moore and Hatcher 2019: 1). Non-communicable diseases (NCD)[4], known as ‘‘chronic diseases, tend to be of long duration and resulted from a combination of genetic, physiological, environmental, and behavioural factors’’ according to the World Health Organization Factsheet published on 23 April 2021. The above-mentioned causes of sickness are conventional within Western societies. The treatment or solution is more centred on biomedicine, using the biomedical model. The ‘‘biomedical model’’ is a strict, structured method used in diagnosing and treating sicknesses which excludes any form of psychological and cultural approaches, and ‘‘contrasts with sociological theories of care’’ (Karen and Shandell 2007: 24). This concept of illness (sickness) causality and its treatments is not aligned with the understanding of sickness in most non-Western societies. (Worsley 1982, Prasad 2005, Hahn 1995). A prime illustration of varying perspectives on the causality and treatment of illness is evident within the Igbo society of Nigeria. For the Igbo people, the etiology of illness extends beyond the differentiation of diseases into communicable and non-communicable categories. Thus, manifestation of sicknesses through dreams belong to the repertoire of ‘‘beliefs about the origin of a much wider range of misfortune including accidents, interpersonal conflicts, natural disasters, crop failures and theft, or loss, in which ill-health is only one form’’ (Adegoke 2008: 179). Such a belief implies that health conditions that result from this kind of sickness are attributed to both physical and spiritual factors. It is a sort of ‘mystery disease’ whose effects, my informants argue, are empirically evidential. This belief is based on the traditional Igbo cosmological outlook on health in which the causes and effects of sicknesses are not isolated. It is often explained from the perspective of a sender to

[4] The main types of NCDs are cardiovascular diseases (e.g., heart attacks and stroke), cancers, chronic respiratory diseases (like chronic obstructive pulmonary disease and asthma) and diabetes.

receiver through the process of witchcraft or sorcery (Winter 1963, Marwick [1970] 1982, Evans-Pritchard 1976). For most of the Igbo, health is all about understanding and acknowledging the existence of sickness and finding an appropriate remedy or solution to it.

The Igbos, including those living in Munich, are not new to biomedical ideas. They are very much aware of biomedicine which is also available within their cultural environment. They consult with the physicians in Munich for every kind of sickness. Sometimes biomedical treatments help, sometimes they do not. Chika's condition is one of those intriguing instances that are challenging because Germany has one of the best medical facilities and physicians around the globe, but it did not address his specific disease. But how could situations like that of Chika's become so problematic to the extent that he resorted to seeking ethnomedical solutions to his condition from his native homeland? Why was the ethnomedical process an alternative remedy? Did Chika lose faith in the biomedical model of disease diagnosis and treatments he had received in Munich? Or was that a new experience for the doctors who handled his health condition? Why is biomedicine as in the case of Chika, not sufficient, and why is 'home'[5] i.e., 'Igboland' considered a safer haven for Chika than Germany? What is the connection between home and a bad dream that manifested in a kind of sickness? Why are medical ideas different? In what other ways can biomedicine be sufficient in providing solutions and how can we go about it? The case of Chika has brought to light a practice referred to as "medical transnationalism," which is observed among Igbo immigrants in Germany and their country of origin.

Thus, this is another aspect of Glick-Schiller's 'transnationalism[6]', which focuses on the connection between transnationalism and medicine; a new idea that this work has developed

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5 ''Home/Igboland'' needs to be understood as being used in this work to be referred to their home country or home village/town or with family. A detailed analysis of ''home'' is presented in chapter 5 of this work.

6 A discussion on a new conceptualization needed to come in terms with the experiences and consciousness of the migrant population. Schiller et al. (1995) developed this new idea as transnationalism to describe the new type of migrants as transmigrants. This is based on one of the key elements outlined for new analytical framework on transnational processes and identity politics. Thus, it becomes important to investigate the ''values and beliefs with regards to health practices, consumption, and self-representation [...]'' (1995: 686). Also see (Schiller, et al. 1992b, Basch et al. 1994, Bretell 2003, Vertovec 2004).

which paid closer attention to migration and disease or what is called a ‘‘transnational process’’ in sickness and healing (1995: 684). There are other ideas connected to transnationalism which this work will discuss, and these will be in the context of the Igbo migration and emigration. These ideas will help us understand why a specific type of healing cannot be achieved in Germany despite the advanced medical system.

Thus, this dissertation seeks to bring together an extended field cases from two patients: Chika and Mrs Ola (presented as a second case study in the section, *Methodological Approach and Personal Role in Fieldwork*). Chika, Mrs Ola, and other Igbo immigrants in Germany, exemplified the broader context of Igbo ontology and the evolution of health concepts which are shaped by traditional ideas and values of Igbo cosmology. The thesis also explores their attitudes and experiences in the German clinical context and compiles a comprehensive literature review on health among Igbo Society in the key informants' home country and abroad. Furthermore, this work offers unique insight into the realities of ailing immigrants' lives in German hospitals. These experiences corroborate Shu's (1997b) point that fate in ethnomedical healing is principally ‘‘based on the assumption that traditional healers rely almost exclusively on magic, witchcraft and necromancy’’ (as cited in Okonkwo 2012: 69). To understand how the desired curative to sickness, especially the ones that are culturally defined, are attained, I conducted fieldwork among the Igbo migrants in Munich. According to the German *Federal Bureau of Statistics*, more than 56,000 Nigerians resided in Germany. In *Nigerian Refugees in Germany Among top Job Finders* of March 2017, Igbos were among these numbers (Piotie 2018). The active participant observation method was employed. I discuss this method in great detail in the section on the *Methodological Approach and Personal Role in Fieldwork* and in chapter 3 of this work. Other methods applied in the process were non-invasive; hence persuasive, semi-structured and unstructured qualitative, casual, and conversational interviews and open-ended interviews were employed. The primary segment of this ethnographic observation was conducted in Germany, specifically in

the city of Munich. The research encompasses various settings, including the hospital where Chika spent extended periods, multiple Igbo-majority churches, venues hosting Igbo social gatherings, public thoroughfares, and predetermined meeting sites within the Munich urban area. The interviews went beyond the Igbo immigrants to Nigerian and African immigrants within the Munich municipal area, neighbouring cities and some cities in Germany[7]. This was to ascertain if there are contradictory facts that needed to be pruned. Four hundred and fifty-seven participants of different age groups in Munich took part in the study. From among these groups of participants were individuals interviewed. This work defined the participants as women and men between the ages of 23 to 35 studying at various universities in Munich. Other participants were men and women between the ages of 36 to 65 who were long settled in Munich. None of my informants considered themselves as non-binary. It was not religiously centred, although most of the participants are Christians of various denominations and a few Muslims who were either Nigerians or Africans. None among the generations of immigrants' children, i.e., boys and girls who were 9 to 15 years of age or youths who were 18 to 20 years of age were among those interviewed because they were born and brought up in Germany. More so, they have limited awareness of the phenomenon being investigated and often could not acknowledge the possibility of sickness manifestation through dream encounters. The second phase of the fieldwork was conducted in the southeastern region of Nigeria, specifically in *Aligbo*, the ancestral homeland of our research subjects, Chika and Mrs. Ola, along with other participants who are Igbo immigrants. In the context of this work, to further explore the connection to their home of origin, I discussed the Igbo diasporic reconstruction of transnational identity, a ''collectively self-identified ethnic group'' that aided the fostering of oneness among them (Vertovec 2009: 4). Prager best describes such tribal identity reenactment as ''activities relating to heritage production that have acquired further

[7] Like Augsburg, located in the north of Munich. The nearby Ingolstadt and Freising town where I later had access to Igbo immigrants' settlers were plausible to this work. Other big cities like; Hamburg, Muenster, Soest, Hamm and Dortmund, were added since I had access to more Igbo, Nigerian and African migrants living there. Being Igbo, Nigerian and African, it was easy to access these migrants' communities at the various locations and cities. (See Chapter 3 for table and numbering of locations and participants).

dominance […] and are increasingly represented as embodying ancestors of the present nation state'' (2014: 11). The Igbos have taken proactive steps to assert their cultural identities by leveraging diverse platforms, including social media, to showcase their traditional rituals, cultural dance performances, and indigenous attires. This practice brings to life their cultural values and belief system transferred to their children through the reproduction of ritual ceremonies in Germany. The ''importance attached to such activities, which are considered, by the people themselves, as expressing their own identity can hardly be overestimated'' (Barraud and Platenkamp 1990: 103).

Further in this introductory chapter, I discuss the research problem, research objective and design, research question, methodological approach, and my role in the ethnographic research. The second chapter involves discussions of the "terms and meanings" of concepts used in this work. These include the definitions of 'health', 'well-being', 'illness/sickness', 'migration' 'culture-bound syndrome', 'biomedicine', and 'ethnomedicine'. The analyses of culture and the Igbo culture, Igbo diasporic construction of cultural identity, and the Igbo traditional culture amidst urbanization are discussed in this chapter. The third chapter presents additional information on the "research method and organization into the field of ethnography". Munich as the primary locus, healthcare in the German hospital context, the German hospital ethnography, ethnography across many sites, research questions/interview samples, the researcher as the caregiver and reflexive turn are the topics discussed in this chapter. The fourth chapter examines the "Igbo socio-political organization". Thus, a brief history of the Igbo people of South-Eastern Nigeria, their linguistics and sub-cultural areas, commerce and dominant migration myths, the colonial and Christian influences, worldviews and ethnic identity, as well as the Igbo socio-political structure, marriage, residence rules and kinship obligations are all explored in this chapter. The fifth chapter focuses on the discussion ''between home and migration''. It examines the Igbo migration dynamics, migration as a culture of prestige, waves of migration and kinship roles and remittances. Furthermore, it

analyses the various meanings of home, the Igbo concept of home, the Igbo practice of child's placenta interment after child delivery, the concept of life – *Ndu* and *Chi.* The sixth chapter centres on "Igbo health, between Germany and Nigeria". The Igbo migrants in the context of German healthcare, the Igbo perception of sickness, common diseases in the Igbo region of Nigeria, disease care in the Igbo cosmology, the emic and etic problems, the Igbo concept of health – *Ahu Ike,* differences between personalistic and naturalistic causes of sickness, and the genetic and environmental influences, are highlighted in this chapter. Furthermore, the mystical causes of illness: malevolent, malicious-evil spirits, the *Ogbanje* and *Agwu* spirits, marine spirits, human agency, witches and wizards as causes of illness are examined. The traditional interpretation of illness in the Igbo society, the natural, supernatural and spiritual causation are featured in this chapter's discussion. In the seventh chapter on Blame Games in Witchcraft, Dreams, and their Interpretations, the literary works of Mbiti (1969), Evans-Pritchard (1976), and Horton (1967) are drawn on as they pertain to these examinations. The etymology and definition of witchcraft, and an anthropological review of witchcraft are equally examined. In addition, this chapter examines the various fields of study on witchcraft, drawing on academic literature like Wilson's (1972) ''witchcraft and morality'', Douglas' (1970) ''witchcraft and social structures'', Ardener's (1970) ''witchcraft and economy'', Ashforth's (1996) ''witchcraft and power'', Nyamnjoh's (2006) ''witchcraft and development'', Bastian's (2002) ''witchcraft and public discourse'', and Willis' (1970) ''anti-witchcraft''. The prevalence of witchcraft in the Igbo society and witchcraft in contemporary practice, folklore or myth in illness, dreams definitions, the anthropology of dreams, and dreams interpretation in Igbo society in addition to African, Nigeria and Igbo psychiatry are all highlighted in this chapter. The eight chapter centres on "biomedicine and its application in the German Cultural environment". A brief etymological analysis, the historians' interests, biomedical analysis from a clinical perspective, and understanding biomedicine in transcultural perspective, are all themes explored here. More so, the argument on biomedicine

and ethnomedical disparity, and the challenges of biomedicine are presented. The nineth chapter examines the Igbo traditional medicine, ethnomedicine and its applications in socio-cultural environment. Various other themes and topics are discussed, including the etymological analysis and a historical overview; the discussion on the African traditional medicine; the Igbo traditional healing system; a case of Chika in the Igbo traditional healing; acts of divination; the Igbo societal interpretation of divination; the socio-cultural, economic and political consequences of divination; the Igbo diviner; the *Dibia*; divination in Igbo traditional religion; religion in the day-to-day life of Igbo immigrants; divination and the Christian faith; divination and the healing ministries; ethnomedicine in the context of public health; challenges of ethnomedicine; confronting 'sickness' in a foreign land; and finally, a summary and conclusion on ethnomedical analysis. The tenth and final chapter focuses on ethnology of healing, as well as the general summary of the thesis, summary of findings, and conclusion. Why is home vital for healing? This is an essential question answered in the chapter. The efficacy of *Ọgwụ* in diasporic discussion of healing, the construction of clinical realities, in which language barrier, confidence building in the clinical context and the construction of self in the healing context are discussed. Other subchapters examined include placing the self at the mercy of the *Ärzte*; the question of interpretation; ethnology of healing in Igbo interpretation; the role of personal behaviour in healing; emotion in sickness informants' experiences; ataraxis in sickness and healing; the Igbo interpretation of "completeness" in healing; and Chika, in health and sickness.

Since the literature in medical anthropology is vast in itself, this work refers to as many that are imperative to this dissertation's discussion and analyses of the different ideas, theories, concepts, postulations and arguments made. Socio-cultural and very few historical pieces of literature are also important for these discussions. Other scientific literature such as those from medical sciences and psychology are also consulted when it comes to specific subthemes in the various chapters. The vast majority of information included in this work is

based on the primary data collected from my ethnographic field research and participant observations. Above all and in consideration of the medical nature of this work, the arguments are anthropologically centred.

Research Problem

According to Taylor (1979: 1008) ‘‘there are different ways of being sick’’. Diseases and sicknesses are part and parcel of human existence. They belong to the common inevitable experiences shared by living beings such as humans, animals, and plants through infectious transmission or hereditary. Diseases are discernible as physical reality, Tylor argue:

> Disease is discernible as tangible evidence to the specially tuned senses of the physician. Extreme limits of anatomical variation, deformities, inborn errors, congenital anomalies, wounds, infections, infestations, and tumours are included. Disease is the most important area of medical categorisation because of the strength of predictions which derive from it, its independence from the testimony of the patient, and the rationality of treatment (ibid).

Király (2011:131) described sickness caused by disease infection as an ‘‘arbitrary, accidental and an unavoidable’’ time to time experience of human life[8]. The time and state of its presence, its effects, manifestation, and reactions on a human body may differ when it comes to sicknesses that have common and uncommon symptoms. Hence, disease transmission from person to person, animal to humans, place to place, or within a socio-cultural context or environment is constantly reinterpreted within the framework of classic diagnosis and along a hermeneutics of the ‘‘medical gaze’’ within Western biomedical concepts. In one of the key elements outlined for new analytical framework on transnational processes and identity politics, Glick-Schiller and colleagues pointed out the importance of investigating the ‘‘values and beliefs with regards to health practices and self-representation of migrants [...]’’ (Glick-

[8] Illness / sickness, therefore, is an experience or outright a danger to existence and its possibility, as well as a way of being that nobody has ever been and will ever be ontologically or existentially exempted from. So, it may well be “arbitrary” or “accidental” which disease affects which being or person, when and to what degree, in what way, etc., but it is factually unavoidable that during one’s entire life from its very beginning to its very end one would fall ill in some respect (Király 2011: 131).

Schiller et al 1995: 686). Thus, to the best of my knowledge, the discussions on migration, immigration, the topic of the massive and continuous influx of refugees and asylum seekers gained more momentum in Germany between 2014 to 2017 more than ever before. The media publicity, political debates, the role of the military, police efforts, the Red Cross, Caritas and other voluntary and non-profit organizations, individuals and citizens provided humanitarian assistance to refugees during these eras of what was considered a great wave of migration to Europe (Collier 2013, Eze 2016). Works like Mattson (1995) on *Refugee in Germany, Invasion and Invention*, Lewellen (2002) *The Common Perception of Refugees in Germany*, Connor (2007) *Integration of the Refugees into (West) Germany after 1950*, and Good (2007) on *The Legal Processes of Determining Asylum Status* all pointed to the same discussion. Other works are the *Risky Misadventure of Refugees through the Seas and Deserts* (Reckinger 2013, Hartman's 2019), and *Spatializing Inequalities; the Situation of Women in Refugee Centres in Germany*, and Kosnick's (2019) *New Year's eve, Sexual Violence and Moral Panics, Ruptures and Continuities in Germany's Integration Regime*, etc. Surprisingly, in the above literature on migration to Germany, the authors are preoccupied by two different methodological approaches. They either focused on migrants' personal accounts, or they made "cultural synthesis" of their story, identifying issues of cultural minorities succumbing to the "force" of the majority society during the process of social integration (Bhugra and Becker 2005; Eze 2016).

The roles of physicians during these processes are too many to enumerate. As a matter of fact, the provision of necessary medical attention at the point of arrival of migrants and refugees into Germany was not only due to the fear of disease spread, but because migrants were at a higher risk of illness due to the long voyage and poor living conditions in places, they had spent days and weeks in before arriving in Germany (Herare 2019). Extensive research has been conducted on the day-to-day experiences of migrants. However, there is a notable lack of focus on the internal struggles faced by culturally specific groups of migrants who have

settled in Germany. This represents an important area for further exploration and understanding within the field. The Robert Koch Institute which ‘‘regularly collects data on the health of people with migration backgrounds’’ in Germany asserts in 2021 that:

> The availability of data on the health of people with migration backgrounds is still inadequate in Germany. Often, there is a lack of detailed information, for example for certain countries of origin or age groups. However, the available data shows that the health, health-related behaviour and utilisation of healthcare services of people with a migration background differ in some cases from those without a migration background[9].

This dissertation constitutes a significant contribution to the exploration of health-related issues by delving into the experiences of Igbo immigrants in Germany as they navigate sickness and engage in transnational healing processes. This area of investigation is of paramount importance, given the persistent challenges encountered by immigrants in managing illness, necessitating the pursuit of alternative remedies within the context of unfamiliar and often difficult circumstances.

The prevalence of diseases of any kind in Germany from this work’s observation at least, is approached with the highest level of seriousness and diligence. This is based on the relentless efforts by medical scientists and social researchers of different calibres in providing medical information and solutions to these problems. Being a country that has hosted people of different continents, ethnic origin and gender, the challenge of coming into contact or having to experience more complicated forms of illnesses as manifested by immigrants is not unusual to hospital practitioners. In the medical field, every new day promises a new encounter to enhance the advancement of new understanding of illnesses that are in some cases, transcultural and as such, have different interpretations. Among the many immigrants in Germany are people from the African continent – in our context, Igbo migrants from South-Eastern Nigeria – who have had a fair share of the experiences of sicknesses with inconsistent diagnostics as shown in the introductory case study. However, such diseases are not beyond

[9] Robert Koch Institute (RKI) on ‘‘Migration and Health’’. At: https://www.rki.de/EN/Content/Health_Monitoring/Main_Topics/Migration/migration_node.html#.(Accessed :2.09.2021).

scientific explanation but required an in-depth biomedical, and even medical ethnographic study that is culturally sensitive. In instances where the treatment of a particular serious illness appears to be prolonged in achieving healing, Igbo immigrants tend to attribute it to metaphysical influences. On the other hand, scientific research into new causes and explanation of illness(s) are usually done from the perspective of virus or bacteria analyses. Researchers and scholars in Medical Anthropology, however – right from the time of its pioneers such as John Gillin (1849-1916), Williams H. R. Rivers (1864-1922), Henry E. Sigerist (1891-1957), Irving Hallowell (1892-1974), William Caudill (1920-1972), and works of Pedro Lain Entralgo (1968) down to Nancy Scheper-Hughes (1979), Arthur Kleinman (1980), Michael Taussig (1980), Ann Fischer (1959), Prager (2014), in more modern times – have provided a deeper social and cultural meaning and understanding to the root causes of illnesses. Their works have helped society deal with various complicated situations. Such works are still ongoing, and this dissertation provides an additional light to that cause. The dissertation explores the inclination that external force(s) must be responsible for certain types of serious sicknesses by way of causality.

An Igbo elder for instance, is likely to interpret the serving of food in a dream by someone who is a perceived enemy to be a sign of bad omen/defeat. Such a dream is seen as 'mysterious' when it appears to have some form of instant manifestation with symptoms like excretion of blood, weakness, stomach upset or vomiting, as seen in the case of Chika. Since there are collaborations between biomedicine or other medicine and traditional medicine, the sick person (even within the cultural environment) normally consults the former. In Germany, which is a different environment, the ailing migrant consults a physician. Thus, results are usually either bacterium or virus infection, e.g., in the case of Chika where the first 'laboratory result'[10] diagnosed a bacterial infection from food consumed. Due to persistence

[10] Some laboratory tests provide precise and reliable information about specific health problems while others may differ due to environment, hard weather condition as in this context or from contamination from food or drinks consumed.

of the sickness after two weeks of treatment, there was a need for further investigation. Hence, another sample of blood, urine and excreta tests were used to carry out tests in another laboratory facility to get additional information on the specific cause of sickness. This work focuses on the observation of the biomedical procedures applied and the migrants' responses to the treatments as a means of exploring the cross-cultural definition and interpretations of illness and healing regarding ethnomedicine and how it became that the migrants preferred the alternative method to healing of prolonged sicknesses.

Objective, Design and Research Question

This research was mainly focused on health as it relates to the Igbo migrants' experiences in Munich, Germany. Consequently, based on responses to research questions relating to the healing paths, there was an urgent need to pay closer attention to the shift from biomedicine to ethnomedical practice during medical treatments. This became particularly obvious through the empirical observation of the sudden and critical health condition of two Igbo migrants: Chika and Mrs Ola. The prolongation of the illnesses, however, elucidates our understanding of the shift from biomedicine being administered to ethnomedical suggestions given by men and women of the same cultural root: Igbos, Nigerian and Africans as an alternative form of remedy to such situations. Ethnomedical treatment which became an obvious preference was firmly linked to their Igbo homeland. Hence, the rationale to analyse the notion of ''completeness of healing'' (treatment) in relation to ethnomedical approaches became apparent based on the recurrent reference to their homeland. This notion dominated this research findings and as such generated some modification in interview questions. It is also important to understand why healing is not complete without the German system alone which this work discusses in the Conclusion section. It is on this note that the issue of reliability and certitude of the cultural healing-belief system was analysed. Furthermore, considering the circumstances surrounding the illnesses, this research attempted to expatiate on how the

ethnomedical practices have transformed in recent times and the effects they have on the Igbo immigrants and their culture. Accordingly, the following central questions informed the field research project and data collection and analysis: How does migration affect the perception, attitude, understanding and management of sickness/illness and disease as experienced by Igbo migrants in Germany, based on biomedical treatments received in relation to ethnomedical practices from country of origin?

This work, ab initio, set out to investigate and analyse 'migration and health' with case studies of Nigerian Igbo migrants in Germany. Hence, like many ethnographic experiences, I was faced with tougher choices to make, and particularities to consider the most when deciding on what aspect of the research questions were more vital to focus on. Such was the case of this work because of its actuality and relevance. Analysing migrants' health experiences (in narrative forms) and having to observe them first hand in their sickbeds in the hospital was both a privilege and an interesting adventure, a delicate life and death encounter that brought forth various "emotions in the field" (Davies and Spencer 2010)[11]. These encounters resulted in the reforming of the present dissertation topic. It brought forth some interesting ideas that stood out as a significant aspect of the research questions. To further explore the outlined questions and put them into perspective, I formulated the following questions:

- What are the common health issues associated with the Igbo migrants in Germany?
- How often do they fall ill and is the illness contingent with the change in the weather?
- What type of treatment(s) do they receive?
- What are their general or individual responses to biomedical treatment?
- Has migration affected how they perceive illness based on treatments received?

[11] Emotion in the field of anthropology is better explained in the works of Davies and Spencer (2010) *Emotions in the Field: The Psychology and Anthropology of Fieldwork Experience.* They discussed the importance of being attentive to, as well as reporting the feelings or reactions a researcher may experience in the field of research. It explores the idea that emotion is not direct and unequivocal to thought or reason, Thus, it is an unexploited source of insight that can give value to more familiar methods of anthropological research.

- What level of understanding and management of sickness, illness and disease have they gained based on the method of treatment?
- How would they evaluate the effects of biomedical treatments received in comparison to ethnomedical practice?
- Has there been any delicate situation that has prompted a regress to the traditional form of treatment and healing?
- Are health-related issues culturally tied to every occasion of illness?
- What are the ritual proceedings involved in traditional medical practice?
- Are there cultural implications or consequences of not performing ethnomedical (traditional) healing ritual? What may happen when such rituals are not performed?
- Are there social impacts based on traditional healing methods?
- Is this ethnomedical form of healing open to all irrespective of religious beliefs?
- How does it affect an individual who fails to adhere to ethnomedical advice based on religious belief?
- How popular and effective are the ritual practices among the Igbo tribe and communities – both in the home context and in migration?
- Are some methodological relationships between biomedicine and ethnomedical healing system possible?

The above questions were appropriately considered, and they established the basis through which the research process had its direction. Nonetheless, similar general questions relating to the health of Igbo immigrants were analytically reviewed before, during and after the fieldwork. Thus, it aided in the formation of the overarching research question as stated above. The usefulness of the data generated from this experience is of great advantage when viewed from the medical, social, economic, and political standpoints.

The Research Purpose

The purpose of this research is to analyse the effect or outcome of migration on health-related issues as experienced by Igbo migrants in Germany. To achieve the research goal, I set out by looking at how the said migrants perceived health, their attitude towards the medical structure available, their understanding of health implications and how they managed diseases and sicknesses experienced while making use of the accessible medical model. Building upon the research findings, its objectives then focused more on analysing the shift from biomedical treatments received in Germany in relation to ethnomedicine practiced in the homeland in South-Eastern Nigeria. The analysis as mentioned is based on immigrants' complex health issues which as this research observed, are prevalent within their socio-cultural context. A good number of the participants agreed to its existence, although German medical practitioners might not acknowledge the existence of such diseases that are not scientifically proven.

Methodological Approach and Personal Role in the Field Work

Against the backdrop of the delicate perception of illness among the selected ethnic group – the Igbo immigrants in Germany – this work opted for a qualitative, in-depth ethnographic research method within the framework of classical diagnosis, along with 'hermeneutics of the medical gaze' (Bernard 2006, Howell 2013, Hollis 2014, Prager 2015). In a transnational context of anthropological medical research such as this, and the sensitive nature of the fields of investigation, the researcher is to apply important ethical guidelines in his ethnography (Whyte 1991, Lee 1995, Backhouse 2002, Sin 2005). The research work attempts to identify and describe factors associated with illnesses that require biomedical reinterpretations. And in cases of cultural dissonance between the ailing person and the physician, we had, where necessary, poked into a sort for alternative folk-healing journey to my key informants'

ancestral homeland. The preferences in healthcare and treatment choices by the key informants (Chika and Mrs Ola), the ‘‘social-behavioural patterns which encompass enabling, predisposing and need factors’’, were used as tools of observations for this research study (Weller, Trenton, et al. 1997: 224). Still fresh in my memory is that urgent call from Munich in June 2016, by one of the Igbo informants, who knew about my new research area – on ‘the Igbo migrants’ health experiences in Germany’. While in the middle of the lake at Möhnesee Südufer in North Rhine-Westphalia state of Germany, during a canoe excursion with a group of teenagers on holiday camp, where I worked as a camp director for Berlitz Deutschland, I received the information about Chika’s health condition. Thus, that single act of service, which I also interpreted as a ‘call for help’ (to be explained in the latter part of the second case study), became an important contribution to my research. And just like Chika’s friends and tribal brethren, the journey to Munich to see him became a necessity. While in the hospital in Munich, the need to keep an eye on him in the hospital was crucial. That too was an opportunity for me to focus on this case study since my research on Igbo migrants’ health experiences in Germany was ongoing. Hence, I volunteered to be his caregiver while studying the healing processes and hospital experiences.

Given the nature of this research, ‘participant observation’ was inevitably a useful methodology. DeWalt and DeWalt (20011: 1) argue that ‘‘participant observation’’ enables the researcher to “take part in the daily activities, rituals, interactions, and events of a group of people as one of the means of learning the explicit and tacit aspects of their life routines and culture”. On these grounds, I diligently assumed the function of a caregiver by spending hours on a daily and weekly basis visiting Chika at the aforesaid hospitals.

The hospital automatically became his new temporary home and through my first visit and subsequent visits, I was pretty much considered a "brother"[12]. Thus, despite the emotion it evoked; observing Chika go through blood transfusion and intravenous injections, his face clouded with a mixture of sadness and despair, I considered my being there at such delicate moments of his life a privilege. Then, *im Geist der Brüderlichkeit;* 'in the spirit of brotherhood', it was a charge to keep I had. My ''participant observation'' therefore, was intensified by my role as a 'caregiver' and as a 'brother'. So fascinating also were how deep such moments reopened an aspect of my medical history as an adolescent that I was yet to revisit. More to that, I also considered myself an insider because, like Chika, I hail from Anambra state in the South-Eastern region of Nigeria and by virtue of my origin, I am an Igbo. But as a researcher, I was focused on carefully studying the processes involved in the Western biomedical model received by Igbo migrants[13] in Germany. So too, I dedicated time in carrying out 'a standard long-term ethnography among specific population' of Igbo in Germany (also see Eze 2021). This standard ethnographic method of participant observation was in two areas of understanding: Firstly, the symbolic and cultural meanings attached to ethnomedical practices as relating to the Igbo tribe; and secondly, who the Igbo of South-Eastern Nigeria are, in relation to their tradition and cultural features and how that has influenced migration. In addition, as a former victim of a similar health condition that transited from biomedicine to ethnomedicine, it evoked a sense of *déjà vu* as I contemplated the connection and relatedness of both cases. It was a gradual process of coming to terms with what it all meant to go through a traditional healing procedure after many trials of unsuccessful biomedical treatments. It is important to point out that my memory of the past in this context somehow portrayed Davies (2010: 1-24) argument on ''emotional sympathy'' in

[12] ''Brother'' in the Igbo, Nigeria and African society/context (aside from a blood brother), could mean acceptance, a friend, someone from your tribe who understand and speak your language (dialect), and shares the same socio-religious and cultural views. It also would imply another form of social relationship or connectedness. In Igbo context of migration (and before a foreigner), everyone is a brother and a sister.

[13] According to the Federal Bureau of Statistics, more than 56,000 Nigerians resided in Germany as of March 2017 (see Piotie 2018) *Nigerian Refugees in Germany Among top Job Finders*, and the Igbos are among these numbers.

the field in some sort. Thus, I would rather avow in line with Jackson (2010: 36) who described it as “insights that turn out to be personally useful and may also illuminate the transpersonal and interpersonal lifeworlds that one is seeking to understand”. To guarantee consistent and unwavering results and at the same time seeking not to disrupt the activities, this research made use of what Nwaogaidu (2017:19) described as a “non-invasive observation”. This method helped in avoiding any form of subjective influence on the objects/subjects being observed. Owing to the circumstances surrounding Chika’s health condition, which was such that required urgent attention, one may be tempted to be suggestive rather than objectively detached. But then, it presents the researcher as an unemotional being of which at the same time, the researcher was trying to be professional; not influenced by strong emotion and so able to be rational and impartial with observable facts.

As this is an in-depth qualitative research, I did not rely solely on asking questions to obtain as much data as I wanted, but I equally did so through spontaneous open-ended conversation at ceremonial gatherings and meeting venues on meeting days. In order to comprehend the setting of investigation, this work selected persons from smaller groups of Igbo immigrants in Igbo unions/meeting venues from among the larger group of Igbo informants shown in the table below, who shared experiences of that kind of sickness causality based on known facts, albeit of different degrees. This method also helped in being more specific. The research subjects consisted of groups of Igbo migrants (and at some point, Nigerian, from various meeting locations in Munich without consideration of their religious learnings. To that effect, participants were carefully determined as follows:

- Members of the group (women and men) who had once visited hospitals in Germany and had undergone biomedical treatments.
- Members of the group who had been treated using both biomedicine and ethnomedicine.

- Individuals who had participated directly in ethnomedicine without any form of biomedical treatment.
- Individuals who preferred both forms of medication; and
- Individuals who preferred one form against the other.

Selected Groups of Igbo Interviewers in Munich

Participants According to Groups	Approximate Number of Participants in Groups	Active Women (adults)	Active Men (adults)	Adult Participants from Groups
Igbo general meeting Munich	185 (Igbo)	31 (Igbo)	154 (Igbo)	21- women 55- men (all Igbo)
Abia state indigenous group Munich	55 (men only)	not included[14]	55 (Igbo)	22- men (all Igbo)
Anambra state indigenous group Munich	103 (Igbo)	4 (Widows: 3) (Divorced: 1) (Igbo)	74 (Igbo)	4- women 45- men (All Igbo)
Imo (Orlu) indigenous group Munich	65 (Igbo)	2 (widows)	63 (Igbo)	35- men (Igbo)
Enugu state indigenous group Munich	66 (Men only)	not included[15]	66 (Igbo)	31- men (Igbo)
St. Monica, Igbo Speaking Catholic church Munich	239 (Includes children: 103) (Non-Igbo: 4)	64 (Igbo adults)	68 (Igbo adults)	15- women 38- men (All Igbo)
St. Bonifaz English Speaking Catholic church, Munich	184 (Igbo: 35) (Nigerians: 51) (Others: 42) (Total of children: 56)	14 (Igbo adults)	21 (Igbo adults)	11- women 19- men (All Igbo)
Igbo/Nigerian Pentecostal Fellowship groups Munich	119 (Igbo: 36) (Nigerians: 51) (Others: 9) (Includes children: 23)	19 (Igbo adults)	17 (Igbo adults)	11- women 10-men (All Igbo)
Nigerian Community in Munich	548	36	79	36- women 79- men

[14] Because I had no direct access to women from Abia state (by marriage affiliation) at venues where I met the men. Abia state happens to be the state of origin of some of the women in the other groups listed. Hence, the table is according to states/cultural/religious organizations as seen in Munich. Furthermore, apart from general cultural festivities organized by states, it is difficult to have access to women whose absence are obvious. And while at such festivals, some are either nursing mothers, others with children, some so involved at the moments making it hard to conduct an interview or have clear conversation.

[15] (Op. cit 14).

	(Excluding children)	(Adults only)	(Adults only)	(Nigerians)
Mixed women adult Igbo (*Umuada*); not by group affiliation in Munich	25 (Adults only)	25 (Adults only)		25 (Igbo/Nigerians)
Total participants in Munich: Women = **123**. Men = **334**. W&M = **457**.				

Figure 1. Selected Groups of Igbo/Nigerian Interviewers in Munich

By using unstructured interview-technique, this study was able to engage persons in the above-listed categories in discussions that helped produce a balanced understanding in relation to the aforementioned research questions (Minichiello et al. 1990, Punch 1998, Patton 2002). As general as this research question may seem to a Western observer, from the point of view of an Igbo, it is in essence very sensitive. Personal health conditions are hardly discussed in an open gathering. At the same time, it is against medical ethics to reveal a patients' medical record to a third party or to unauthorized family member (Grinyer 2002, Graham 2007). Similarly, healers do not share easily sensitive details of their patients when it comes to ethnomedical procedures. For some Igbo informants, it is a "shameful private journey" while for others it is a "testimony" based on the outcome of their own medical life journey. However, I eschew from any form of persuasive interrogation as ethically required. Thus, the openness in sharing my personal health journey during one-on-one conversations became a motivating factor to free consent in the provision of needed information. The goal was to build confidence and also give my informants the ability to be more comfortable, trusting of me as a researcher, and fluent and coherent in speaking.

The above-listed categories of informants comprise members from the five Igbo community groups in Munich. They include the Anambra State indigenes, the Igbo General Meeting as it is called, the Enugu State indigenes meeting, the Orlu (Imo State) indigenes meeting, the Igbo in St. Bonifaz English speaking[16] Catholic community and the St. Monica Igbo speaking

[16] Also known as the International Catholic Mass Centre (at St. Bonifaz) because there are three other international Catholic communities under the same umbrella, like nationals from Philippines, India and Ireland.

Catholic community. Note that the aforementioned states are just three out of the seven states that constitute the South-Eastern states of Nigeria which are dominantly Igbo. These three are based on the majority of people residing in Munich, Germany. Hence, there are Igbos from the unmentioned states that are members of the general Igbo meeting and as well members of the above Catholic communities. Those who were not members of the aforesaid union/groups were basically not reachable. Since time was important for those I met on the streets, there was that need to catch up with them at football fields, restaurants, and sports halls. In order not to fall short of data sources I widened the scope of my investigation to as many as the Igbo migrants residing in Munich whom I met at different occasions or locations. I also engaged some Igbo men and women who are members of other Christian denominations like the Pentecostal churches. This was achieved through visitation to their various Sunday church services – as a result of my presence and participations, it was easy to gain access to discuss my research questions. My encounter with some I considered 'devoted members' of these groups of people was another ball game. In fact, the mere mention of 'medicine' not to talk about bio or ethnomedicine raised serious debates about falsified medicines; (for instance, the unfounded beliefs about vaccines to Africa and its hesitancy) and the need to focus on the "ultimate power of healing in the blood of Jesus". These, however, raised another category of questions such as:

- What do you mean by "ultimate power of healing in the blood of Jesus[17]"?
- How do you apply the "ultimate power of healing in the blood of Jesus" in a situation of health? Or rather:
- Do you fall ill and if yes, what actions do you take in such situation?
- Do you visit a physician, what about your child/children?

[17] ''Ultimate power in the blood of Jesus'' is a terminology mainly applied by members of the Pentecostal ministries/churches to analyse "healing by faith" through believe in the biblical miraculous works of Jesus and faith in God. While for the conservative Christians they believe in "faith and work" in the sense of the aforementioned analysis in addition to more physical actions like seeing a physician through whom God's healing promises are perfected.

- Do you take medication of any kind (biomedicine or ethnomedicine)?

There is no doubt that religious belief or the individual's "faith" in the healing process plays a role in the above debate and questions. On the other hand, I found this similar personal conviction interesting while having discussions about ethnomedical healing processes. What then is their psychology of understanding? This question will aid in understanding what influence and role their "belief system" plays in the healing process, be it traditional or religious. In the context of this dissertation, the 'how question will adequately explain in detail the limitations, difficulties and other forms of research methods applied during the fieldwork that enhanced the data collection process. In addition to data collection, to which I dedicate more detail in chapter 3, this work gives credit to anthropological medical works of literature and other pieces of literature on African traditional medicine made available by libraries of the University of Hamburg, Munich, and the University of Nigeria, Nsukka. Furthermore, the medical anthropological work of Prager (2015), as well as journals and articles that have examined related topics/issues were also reviewed. These were my first-hand sources and were mostly of importance to the formation of my research topic, questions and the theoretical and conceptual frameworks employed. It is also worthy to note that the research topic was best guided by my doctoral supervisors after discussions and constructive suggestions based on my master's thesis.

Unofficially, this fieldwork started in June of 2016 when Chika's illness occurred. Then again in March of 2017 when that of my second key informant developed. To put it into context, these fields of investigation lasted for approximately a year and five months. These were in order to obtain adequate data and ensure a proper process that helped establish accurate, coherent, and lucid analysis. Officially, I will argue that February of 2017 gave a sure hope as soon as the University of Hamburg accepted the proposal of my research topic. But prior to the official date as stated above, I was already in communication with some Igbo, Nigerian and African migrants within some cities in Germany such as Munich, Hamburg (through the

Igbo union), Soest, and Münster in North Rhine-Westphalia. Some of the difficulties I experienced was the constant journeys to these cities and access to as many migrants as I would have wanted. This was partly because of their different tight working schedules which interrupted the fieldwork plans and my inability to financially sustain my stay much longer when I visited – owing to the fact that my research was self-sponsored. Hence, the need to fall back on Munich[18], where I had already become a member of the Assembly of Anambra State Indigenes (AASI), and I had access to St. Bonifaz English Speaking Catholic Community. In addition, I have easier access to Igbo, Nigerians and Africans; thus, the coordination of mobility was much easier and less expensive.

Thus, while at the hospital with Chika as caregiver (which I voluntarily took upon myself) and as a participant observer, I paid closer attention to the areas of my research questions while at the same time taking observations of other happenings within the hospital sanatorium which I present in respective areas of discussions in this dissertation. I spent approximately five to seven hours daily from Monday to Friday – sometimes from 9 AM or 10 AM to 12 noon or 1 PM (for lunch) and return to the hospital after an hour or two till 4 PM. On other occasion, I went to Chika's house to pick-up one or two items at his request. When Chika was discharged from the hospital, I visited his house a few times in a week, and gradually at some weekends, I spent more time with him. All of this lasted throughout his admission in various hospitals between 2016 and 2017. The final phase of this fieldwork took place in Nigeria between December 2017 to March 2018. My meetings with the Igbo (Nigerian and African) immigrants were on a weekly basis because every weekend of the month, there is a union/group holding its monthly meeting. While in Nigeria, I spent some days with Chika as well as accompanied him to the traditional healing location on the days he was scheduled for treatments. From Chika's family house, we drove for about 25 to 30 minutes to the traditional

[18] Munich, being my former fieldwork location in 2014 to 2015 (i.e., for six months), when I voluntarily participated at the first reception camp of refugees and migrant in Bayernkaserne, and from the accumulation of empirical data my master's thesis of (2015) on *The Igbos and Migration Dynamics: An Anthropological Study on Igbo Asylum Migrants in Bayernkaserne, Munich Germany* was produced.

healer's house, and approximately 30 minutes' drive from my home village to Chika's village home. Notwithstanding the inconveniences experienced at various instances of movements clashing with my personal schedule for interviews with other Igbo informants, this second phase of active participant observation with the diviner was essential for this work's analysis as the data served as ethnographic evidence. Hence, like much research/fieldwork experiences, I was faced with tougher choices to make, and particularities to consider the most when deciding on what aspect of the research questions were more vital to focus on based on actuality and relevance. Let us delve into the second case study.

The Case of Mrs Ola

Another case study of an in-depth investigation was my one-on-one semi-structured interview with Mrs Ola (as I chose to call her in this work). She is a widow in her early 40s, who with her two children relocated from Nigeria to Germany to join her late husband. They spent ten years living together in Munich as a family before her husband's demise. Two years after her late husband's corpse was flown back to their 'ancestral village home' for burial (a concept I discuss in chapter three), she was making travelling arrangements for the purpose of continuing their building project in their village home in South-Eastern Nigeria. The building construction, she said, had been ongoing for over a year and some months before the sudden death of her husband. Like the first case study, Mrs Ola in another dream narrative saw herself in what she described as ''an abrupt fall''.

> I entered our uncompleted building to supervise its current state. While walking up the stairs, suddenly, I stumbled and fell, dislocating my right ankle. Since it was a dream and surprising as that, I prayed against it. I went to work later that morning like every other working day. On returning from work that evening of Thursday, March 9th, 2017, and as I opened my apartment door, I felt a sharp pain on my right ankle; similar to how it felt in my dream. I gasped at the thought of it with my mouth open to catch some air. I was in disarray, my eyes brimmed with tears[19].

[19] Interview with Mrs Ola, 19.08.2017, Igbo language, at Mrs Ola's residence in Munich.

Mrs Ola was helped into the house by her eldest child (15 years old) who heard her scream and ran out of her room in shock, as she noticed her staggering while calling for help. ‘‘Have some rest mama’’ my daughter said then went to get some icepack from the fridge.

> From the evening to daybreak, I was in serious back-and-forth pain. I rang my close friend and my late husband’s cousin who advised that I see an orthopaedist. My friend suggested the Orthopädisches Zentrum located in München-ost, where she said a thorough examination and x-ray can be performed to determine the cause of my severe ankle pains. But I was reluctant to see an orthopaedic surgeon in Munich[20].

Why so, I asked. Mrs Ola then reiterated the unfortunate circumstances that preceded the sudden death of her husband who did not show serious signs of illness and why she felt she was being targeted. ‘‘[…] It was beyond going for a Western diagnosis (or seeing an orthopaedic surgeon)’’ she revealed. Then went on to enumerate what she described as ‘signs of bad omen’ she witnessed that preceded her dream. In one instance, Mrs Ola noted, ‘‘my name was frequently called out during the day and mostly at nights while I was half asleep and unintended, I answered severally’’. Thus, faced with the seriousness of the pains she experienced, the thoughts of an ‘external force’ piloting and worsening her condition, aggravated by an outlook of such phenomena as emanating from the metaphysical domain (in Igboland/Nigeria, where everything is believed to be mystically controlled). At this point, while her pains worsened and hopes seemed to be so far, her emotions were overshadowed in ‘blind credulity’; and so, Mrs Ola was disposed to subscribe too readily to insinuations that there were more to the perceived cause of her pains.

> I managed it for a few days, gulped down some pain relievers, and ‘my Chaplet was soaked in deep water’[21]. I called in for sick leave from my place of work. I did not feel any better because I could barely walk and was always assisted by my eldest daughter and sometimes by friends that came to see me. I had a strong aversion to that experience[22].

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20 (op. cit. interview)

21 Chaplet is a garland or circlet for the lead, used by the Catholic church for prayer. *Ibanye Chaplet na mmiri;* ‘soaking Chaplet in deep water’ is a slogan fondly used by Igbos, in their dialect, to imply ‘a deep sense of prayer in hope for a positive outcome’.

22 Interview with Mrs Ola, 19.08.2017, Igbo language, at Mrs Ola’s residence in Munich.

Maybe a visit to an orthopaedic hospital and/or treatments would have reduced the pains you felt, I noted. No, she retorted, ‘‘it was not a hospital thing’’; moreover, I did not have faith in the ways some orthopaedic surgeons perform surgeries as some of these surgeries have rendered some Igbo, Nigerian and African migrants she mentioned paralysed. “But yours was not a dislocation as such”, I noted to further clarify her earlier argument on why she was reluctant to see an orthopaedic surgeon in Munich.

> Notwithstanding, I was convinced it was not ordinary. I spoke with an orthopaedic diviner in Nigeria[23] who my family members had connected me to, and he advised me to take the next possible flight back to Nigeria.

“Did you book a flight immediately?”, I inquired.

> Yes, I changed the date of my flight ticket for the following weekend, more so, I was already planning a trip to Nigeria towards the end of the year, of which I made an earlier deposit. But this time, it was for my traditional treatments[24].

“Why was travelling to Nigeria your preferred option (owing to the high cost of flight tickets) and did you not think going to the Orthopädisches Zentrum in München-ost as recommended, at least to determine the cause of your ankle pains, would have saved cost?”, I inquired.

> Obviously! she responded, but my fall was not ordinary and when it comes to saving a life, money should be the least of worries especially when it is handy […]. I barely could walk, my foot was stiff, and I thought I was already paralysed.

Thus, owing to her firm conviction about ‘external forces’ working against her, it was imperative then, that the impromptu plan to fly ‘home’ for ethnomedical treatments was inevitable.

Given her state of health, discussions became rife among close members of the Igbo community to which she belongs. Being a private health issue, I often wondered how that got into the public domain. This was possibly because of the traumatic loss of her late husband whose memory was commemorated within the Igbo communities and whose wake-keep/vigil ceremony brought together other groups like Nigerians and other Africans. Then again, as is

[23] It is a popular orthopaedic centre that is ascribed to ‘‘Ogwo’’ family of Umueze village in Amorka who had practiced ethnomedicine of bones/dislocation healing through decades. Amorka is a town in Ihiala Local Government Area of Anambra state, Nigeria. Located along the Onitsha-Owerri express-way. This orthopaedic centre is appraised for healing people across the nation.

[24] Interview with Mrs Ola, 19.08.2017, Igbo language, at Mrs Ola’s residence in Munich.

common or customary among the Igbo community, as I observed, information of this kind is conveyed during phone calls or general conversation. I have also concluded that this is sometimes an 'unconscious call for help'. This is the same pattern the Igbo Nigerians and other African unions use in soliciting monetary contributions towards urgent social problems; for instance, in the case of death that is announced on social media or group platforms like WhatsApp. Through a similar medium of information transmission, I learnt about Mrs Ola's predicament. I paid a visit later in August of 2017, when she returned from her healing journey to *Aligbo* (Nigeria) and obtained a report of successful healing. Based on her narrative and my observation, I can attest to her ability to walk properly again without the help of clutches which she used at some point in Nigeria. We talked at length about the procedures she underwent during the "traditional healing" process – I discuss this in chapter 9.

Furthermore, my identity as an Igbo was of great advantage in this field of study and just like other Igbo brethren, I was seen as an ''uncle''[25] by extension, and no longer as a stranger. Mrs Ola happened to have known me from a distance because I was in good rapport with her late husband's cousin and that helped in breaking down the ''normal communication barrier that exist[ed] between the outsider and the insider'' (Eze 2021: 5). In a qualitative study like these case studies, Conner (2019: 33) cited in (Eze 2021: 5) argues that ''researchers should acknowledge their own personality which of course helps to establish them as human assets especially in ethnography''. Thus, my identity as an Igbo is also an important asset and not a limitation to the ethnography because as one who is well socialised in Igbo culture, having access to Igbo unions as well as individual families is like a one-way ticket, in contrast to a non-Igbo ethnographer. Also, the use of Igbo language for interactions made it easier to

[25] The term ''uncle'' or ''*dede*'; (elder) in the Igbo context is used for many reasons, among which are: to show respect to an older person, acceptance, and it ushers in a feeling of connection (i.e., coming from the same tribe/ethnic group). More so, it is customary in the Nigerian cultures and has been orally transferred through generations and generally acceptable to do so. We grew up calling every elder male uncle and female aunt. It is a form of social relationship and friendship. Thus, in my ethnographic field of study, it is in no way an attachment to my object of inquiry. Hence, like Davies (2010:3), I assert that: "through systematic observation of available data, *notwithstanding my 'assumed connection' to the object of inquiry*, I seek to find hidden uniformities which could be translated into quantitative terms".

identify with their perspective, position, understanding, and as Eze (2021: 6) argues, ‘‘their jokes and other Igbo cultural representations’’. My ability to win trust owing to the sensitive nature and self-disclosure of personal health-related information stems from the backdrop of my personal relationship with Mrs Ola’s late husband’s cousin, who she held in high esteem. And in the case of Chika, through his closest friend who he considers a brother – sharing very private information with, having spare keys to each other’s apartments, adopting each other’s families as theirs, etc. As a result, there was no challenging hurdle to cross in accessing the field site. It was also valuable for me maintaining contact with key informants in Munich, and then in Nigeria through phone calls. Reflecting upon this ethnographic research process, participant observation which appears to have a greater advantage for the purposes of quality data collection, I realised can equally be achieved in different ways. For instance, despite my absence during Mrs Ola’s predicament, I made out time to visit when she returned from Nigeria; to empathise as well as obtain facts first-hand. Thus, being a passionate narrator as seen displayed in her personality, her style of in-depth analysis, and her gestures in several instances, gave a clearer grasp of her experience. The exclamations and traces of anxiety which I observed in different interactions, increased the sentiments of the moment. Then again, praises of gratitude expressed (in Igbo) to *Chukwu na agwo oria*; (the God that heals or cures illness), her ancestors and her late husband, whose names she simultaneously mentioned, shows her connectedness to cosmological forces. The advantage of such this kind of non-invasive in-depth interview is the ability to arouse willingness to freely communicate (Nwaogaidu 2017: 19). But no matter how hard I tried to be objective in my approach to the questions I posed, I could not dismiss my personal perspectives in some issues from a ‘‘subconscious level’’ which may have, in some ways, influenced her narration (Ferber 2006: 178). As presented in subsequent chapters, the results of this ethnographic research put into perspective ideas, theories, and concepts that this work examines given the Igbo immigrants’ phenomenon of medical transnationalism and ethnology. This study, therefore, is another

ethnography of medical transnationalism and, as Glick-Schiller (1992b) asserts, a new analytic framework for understanding migration. (See chapter 3 for organization into the field and research method expansion).

CHAPTER 2

TERMINOLOGIES, DEFINITIONS AND ANALYSES ON IGBO CULTURE

In this dissertation, some terms may appear similar; however, they have different connotations and meanings grounded on historical and scientific paradigm. While some words obviously would stand for what they grammatically imply, others carry within them different cultural interpretation and understanding. Therefore, to enable a clearer comprehension of this discussion, it is of importance to present the contextual meanings of some words as would be implied generally in various sections of this work. In the preamble, a note on the term migration and further analysis of ‘‘Migration and Transnationalism’’ in the Igbo cosmological outlook is of importance. Other useful terminologies like ‘‘health’’, ‘‘culture’’, ‘‘culture-bound syndromes’’, ‘‘illness/sickness’’, ‘‘diseases’’, ‘‘biomedicine’’ and ‘‘ethnomedicine’’ will follow suit.

2.1 Migration and Transnationalism

There is no generally acknowledged standard definition of the word migration in anthropological literature. Nevertheless, there are numerous anthropologically inspired monographs that are based on specific migration cases. For instance, to understand how anthropological studies on migration developed up to the mid-1980s, Kearney (1986) is a good inspiration. For a good insight into what was considered modern studies of immigration to North America based on historical dimension, Foner (2003) is a good reference. See also Foner (2005) on immigration and other bibliographies[26]. Dokos (2017: 104) asserts that

[26] Reed-Danahay and Brettell (2008) on migration in Western Europe and North America. Like Brettell and Hollifield (2008) was a more dated resource; an anthropological account that focused on a wider field of social sciences while analysing the role of culture in migration research. On the variety of ethnographic studies on migration especially in the Western Europe and North America, Reed-Danahay and Brettell (2008) is an inspiration. On the wider rage in the discussion of migration, Castles and Miller (2009) and in the aspect of international migration, Rosenblum and Tichenor (2012) are inspirations to the understanding of migration.

‘‘globalisation causes migration, and migration contributes to the intensification of socio-economic and political relations across borders.” I would add that migration today is attributed to global political conflicts, civil unrest, socio-economic crises, marginalization of disadvantaged groups, etcetera. Thus, migration of humans from one location to another is inspired by the quest to explore, expand, extort, conquer, educate and influence life. Migration in its simplified sense, according to Shaw (1975), is a ‘‘relatively permanent movement of persons over a significant distance” as cited in Kok (2017: 19). These terms ‘movement’ and ‘mobility’ usually appear in various publications as synonyms to the word migration. Although the disparity in meaning is not far-fetched, it has found that ‘‘they are mostly used interchangeably’’ (Parnwell 1993: 12). Mobility, Parnwell argued, is interpreted as the ‘‘ability to move from one area to another. It might be affected by physical constraints, cost, and psychological readiness” (ibid: 12-14). Thus, we cannot associate the idea of migration merely for any movement made by people without a particular destination in mind. And by any movement, we do not imply a brief kind of tour which migration by its very implication does not suggest because a short-term tour would mean not changing permanently from the ‘usual place of residence’ (Sharvastava 1994).

The Igbos practice migration within and outside Igboland; between states and within Africa and to the Western nations. Glick-Schillers et (1992a) describe such people as:

> ‘Transmigrants’ whose daily lives depend on multiple and interconnections across international borders and whose public identities are configured in relationship to more than one nation state.

The concept of ‘transnational migration’ became an intensified practice after the Nigerian Biafran civil war which took place from 1967 to 1970, ‘‘popularly known among Nigerians as a war of Nigerian unity’’ (Ejike 2010: 88). Transnational migration, however, Glick-Schillers et al (1995: 48) argue, is ‘‘the process by which immigrants forge and sustain simultaneous multi-stranded social relations that link together their societies of origin and settlement’’. Thus, transnational migration practice for the Igbo people was due to the need to improve

economic status in various migrated host communities that in turn fostered a constant remittance of money back home. The remittance practice helped them alleviate poverty, rebuild destroyed homes and schools and generally engage in communal projects without relying on any form of governmental help. Such remittances sustained the Biafra emancipation movement that has been ongoing since the call for cessation from Nigeria. In recent years, however, this movement has been intensified in every nook and cranny where many Igbo immigrants have settled, with constant alignment to *Chukwu Okike* ('God the creator'). They see God as their bedrock to regaining freedom, and through whose inspiration, they would recreate their homeland. It eventually metamorphosed into a socio-political movement with the continuous calls for referendum and protests in Nigeria and various parts of the world where the Igbos have migrated. These monetary donations are paid into accounts managed by official representatives of the Biafran agitation groups in support of political and security activities taking place around the Igbo homeland in Nigeria. These arguments are based on current facts but there is no academic literature to back it up except for some online videos and publications. Thus, having participated as an observer in some of their rallies organized in Hamburg and Bayern, I can confidently acknowledge its existence.

According to the *International Organization for Migration* (IOM), this dissertation defines migration as "reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons[27]." The Igbo have accepted and understood migration *ab initio* as an acceptable cultural practice. This can be attributed to the aftermath of the Biafra-Nigeria 1967-1970 (Forsyth 2009)[28] civil war, mostly based on the need for survival due to hunger and starvation. Among other factors, either promoting or

[27] "Migration". *International Organization for Migration* (IOM). Available at: https://www.iom.int/about-migration. (Accessed: 19.3.2021).

[28] In his book, titled: *The Making of an African Legend: The Biafra Story*. Frederick Forsyth, a war journalist who later became an author put into adequate documentation the flight of the Biafrans during the Nigerian civil war of the mid-1960s.

hindering their purpose of migration, they still maintain links to their homeland. Hence, 'migration' in the Igbo cosmological outlook still remains a necessary condition to socio-economic approach to rebuilding their homeland. This practice of migration in decades have improved lives and fostered development in Igbo homeland through financial remittances. Although it may in some sense seem unpersuasive to justify 'survival' as the main reason for their vast migration, it was the only possible option due to the huge hunger experienced in Igboland especially after the Nigerian Biafran civil war, according to my key informants. Nonetheless, it was and still is a necessary way out to meet social and economic needs in a fast-paced global economic development. The ''frequency of travels between countries, the ongoing relationships between household members going back and forth migrated locations marked by a constant exchange of funds and resources between host and home country, and the organization of activities across borders'' are part of global economic advancement (Glick-Schillers et al. 1995: 49). This represents a sharp contrast to the motive of the Turks labour migration to Germany in 1961; yet both are similar in that the latter too "dreamed of earning money and retiring to a small business and a secure life back" to Nigeria (White 1995: 12).

2.2 Health

According to the World Health Organization's (WHO) proclamation of June 2020[29], health is defined as ''a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity''. In another definition, health is a ''relative state in which one is able to function well physically, mentally, socially, and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living''[30].

[29] WHO on ''Health'' can be found at: https://www.publichealth.com.ng/world-health-organizationwho-definition-of-health/ (Accessed: May 10, 2020).

[30] ''Health definition'' can be found at: https://medical-dictionary.thefreedictionary.com/health (Accessed: May 23, 2020).

From an anthropological standpoint, health refers to an "overall sense of well-being" which has ethical and political implications (Glazier & Hallin 2010: 925). Based on the above definitions, this work looks at health as the total absence of any form of disease infection in the body. The concept of ''well-being'' has different meanings to different people in different contexts. Rapport (2018: 23) argues that well-being is ''something more subjective in its designation and evaluation, less accessible to technological intervention and objective measurement''. He further argues that ''well-being is existential rather than metrical, and other adjectives that seem to pertain include personal, momentary, sensorial, and variable'' (ibid).

> I might have a sense of well-being over and against the fact that I know myself to be dying. I have a sense of well-being but is it something of which I can be long assured? Will it abide? My sense of well-being might be connected to the fact that I know the world to be a purely material phenomenon without any supernatural warrant, significance, or teleology (ibid).

In the context of sickness, the sense of well-being implies freedom from any kind of disease infection and from all forms of bodily pain, weakness, or restlessness. Pa Enyenwa, 89 years old, one of my Igbo informant described Igbo cultural understanding of sickness as "that condition (i.e. body or mental) that deprives or alters an individual's ability to fully contribute or participate in socio-economic responsibilities of the kinship family, community, and immediate family, based on serious health condition." According to the Igbo, the gift of well-being comes from *Chi-okike na enye ndu*; (the 'God of Creation Who Gives Life and Well-being'). A common understanding of health and wellbeing among the present generation of Igbo children is that a general sense of well-being derives from the notion of 'good living' which entails the ability to have needed material and financial resources and being able to share with others (High 2013). Rapport sums it up with the feedback from the student participants as follows:

> The ‘good life’ is also progressive, where one increases the esteem in which one is held and can imagine moving further a field; also, where ‘pressure’ and the physical, mental, or social impairments it causes are avoided. Pressure may derive from the ‘bad mind’ (malicious intent) of neighbours but also from the ‘downpression’ (oppression) of those in control of society’s political and economic resources: government, big business, the police. Well-being is a matter of negative relationships as well as positive personal capabilities (ibid: 24).

2.3 Illness (Sickness)

Following Kleinman’s (1980) “Explanatory Model of Illness” (EMI) framework in medical anthropology, Young defines illness as the “individual’s perception and experiences of socially disvalued states, including but not limited to disease”. He defines sickness as “a blanket term to label events involving disease and

/or illness” (1982: 265). The concept of ‘*aru mgbu*’ (body pain), ‘*oria*’ (illness/sickness) in Igbo cannot be discussed in the absence of disease that is mostly the causality to it. Because it is as a result of illness through disease infection that a person feels sick. In this work, both terms (illness, sickness), are used interchangeably to portray one and the same anthropological meaning. Wikman, Marklund et al., described ‘‘ill health a person identifies themselves with, often based on self-reported mental or physical symptoms’’ (2004: 450). Furthermore, illness can also be labelled as a medical condition caused by an external factor (be it of disease or by an agent according to the Igbo argument) which when in contact with a corporeal being, keeps it in a state of total uneasiness. Depending on the degree of its presence in a body, it could last for as long as it’s not adequately treated.

In anthropology, one also conceptualizes illness based on a specific cultural worldview that includes perception, interpretation, understanding and the classification of what it means to be ill. Then to the healing procedures and methods of examination (diagnosis), to its prevention and finally the healer making these cures possible. Depending on the culture, this could have political, economic, religious, or social implications. In other words, more often than not, Igbos defines illness as a human condition of pain and suffering which affects not only the

members of one's immediate family, but the community and society, as Kleinman and Kleinman, asserted that ''perceive, live with, and respond to symptoms and disability'' (1988: 3). In addition, it is important to mention that illness is a rather broad concept just as sickness and it is interpreted by different people to mean different things.

2.4 Diseases as Causality to Illness

> Disease refers to "abnormalities in the structure and/ or function of organs and organ systems; pathological states whether or not they are culturally recognised; the arena of the biomedical model" (Young 1982: 164).

As already mentioned in our brief discussion on '*Illness'*, the concept of disease is examined in light of 'causality'. Glick (1967: 36) argues that "the most important fact about an illness in most medical systems is not the underlying pathological process but *the real or determinant* "cause" which in this case is associated with disease [emphasis added]. Disease according to the *Miller-Keane Encyclopaedia of Medicine* is ''a definite pathological process having a characteristic set of signs and symptoms. It may affect the whole body or any of its parts, and its aetiology, pathology, and prognosis may be known or unknown''[31]. Such infectious agents (pathogen) could be bacteria, parasites, or viruses that are scientifically verified and proven, and objectively measured. Thus, in line with the aetiology of disease, Foster 1976 et al. (1976) instituted three theoretical approaches to the understanding of illness: the personalistic, naturalistic and emotionalistic theories. For the purpose of understanding this term, I analyse the personalistic theory in a later chapter, while discussing the Igbo societal interpretation of illness/sickness with reference to the natural, supernatural, and spiritual factors.

2.5 Culture-bound Syndrome

The notion of ''culture-bound syndrome'' is better explained in the words of Guarnaccai and Rogler as presented in the *American Journal of Psychiatry*:

[31] *Miller-Keane Encyclopaedia.* On Disease definition: At: https://medical-dictionary.thefreedictionary.com/disease (Accessed on 18.08.2021).

> The term cultural-bound syndrome denotes recurrent, locality-specific patterns of aberrant behaviour and troubling experience that may or may not be linked to a particular DSM-IV[32] diagnostic category. Many of these patterns are indigenously considered to be 'illnesses', or at least afflictions, and most have local names. Although presentations conforming to the major DSM-IV categories can be found throughout the world, the particular symptoms, course, and social response are very often influenced by local cultural factors. In contrast, culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations (1999: 1322).

It is worthy of note that, based on the research findings, the latter part of the above argument on ''limited to specific society'' happens to be a belief system that cuts across most, if not, all African societies but interpreted in different forms (ibid). This was evident based on the data collection on the occurrences of sickness such as serious body pains, vomiting, high fever, dislocation of leg or hand, blindness, partial stroke, and sometimes mental instability experienced by people from other African countries and cultures living in Germany. One common thread among my Igbo informants was the concept of a 'force' behind every event, or a 'perceived enemy' even when there isn't any per se. In other words, someone or something must take the blame for every occurrence, be it good or evil. Hard work that results to success, for instance, is attributed to a higher being or deity, and so does illness/sickness. Disease or illness is similar to what Evans-Pritchard had described for the Azande, and is thus, never only destiny or random, but a causal occurrence. Thus, these Igbo migrants bear or carry within themselves, a 'cultural inclination' or a ''cultural-bound syndrome''[33] that emanates from a belief system that has been through generations (Bredström 2019: 352). Such manifestation is first given a traditional interpretation notwithstanding living in another cultural environment. This inclination can create a lack of confidence in cases where a migrant experiences a delay in medical diagnostics or healing process.

[32] The DSM-IV constitutes the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) created by the American Psychiatry Association also known as the APA. This is a classification system for psychiatric disorders, its goal is to diagnose, study, and treat these if possible.

[33] Culture-bound syndromes are syndromes that only exist within a certain, culturally defined, population.

2.6 Biomedicine

‘Biomedicine’ which can also be referred to as modern medicine, conventional medicine, mainstream medicine, or Western medicine is highly developed and practiced mainly in the Western societies. It makes use of what is known as a medical model or biomechanical model of health Giddens (2009). The medical model is a biological procedure used by the physician to identify the reasons behind a particular disease that causes illness, Geissler (2005). Biomedicine, no doubt has done a lot in terms of the discovery of infections and diseases through its studies, observations, samples, diagnosis, prevention and cures.

My discussion on biomedicine in this work is not focusing on the development and history of the specific type of German medication per se, but on the current practice in the German hospital settings. In other words, my interest is on how my Igbo key informants responded to the biomedical model of treatment they received, especially the ailing informants. I analyse how a physician who is the sole custodian of biomedicine went about his expert knowledge[34] in dealing with a complex situation as seen in the case study. The medications are given after a strict and careful laboratory diagnosis that is carried out within the German medical context to determine the cause of the sickness (Williams & Wilkins 2009). I focus on how my key informants responded to what I assumed was the ‘appropriate medications prescription’ (Aminov and Mackie 2007). I devote attention to the biomedical and traditional journeys to healing as experienced by the subjects of my investigation in line with their cultural, social and economic significances.

[34] German medical knowledge and experts is guided by the *German Medical Association* GMA; Bundesärztekammer, BÄK of 1947 founded in Berlin. The GMA represents the interest and regulates activities of professional nationwide. https://www.bundesaerztekammer.de/ (Accessed on 18.08.2021).

2.7 Ethnomedicine

This is a term used to describe what is also known as the ‘traditional or folk medicine, healing or indigenous medicine, or herbal remedy’ (Kleinman 1980; Gaines 1992; Nichter 1992). It is commonly associated with indigenous people; hence, for this thesis and context – the Igbo people of Nigeria, in West Africa. It has been in practice through the ages and in most cases has been handed down orally through generations and perfected through continuous practices. Thus, as culture itself, it is a dynamic institution. Singer and Erickson describe it as a practice which ‘‘examines and translates health-related knowledge that people inherit and learn by living in a culture’’ (2011: 381). Foster argues that in the discussion of traditional medicine, ‘‘it should be noted that religion and medical practice are almost inseparable’’ (1976: 773). Its goal typically is to translate traditional medicine into a common understanding and in so doing, ‘‘it seeks not only to understand the medical thinking of one group but to compare ideas across cultures for the region or global understanding’’ (Singer and Erickson 2011: 382). For this purpose, my goal is first, to understand the different notions cultures and societies have about health and illness in light of Baer, Merrill, et al. (1976). Secondly, how cultures are interpreted and acted upon when it comes to dealing with individuals’ healing that is individually centred or community based (Beals 1976). It is important to state that each society has its own medical-style or medical culture, in addition to their beliefs about the causes of illness and the remedies to it (Hahn & Inborn, 2009). Although there is interrelatedness between cultures within geographical locations and in some cases, a common language, there may not be one way of interpreting the causality to illness. Thus, Freidson adds that “there is no method by which the material is ordered save for focusing on knowledge about particular illnesses. Such studies are essentially catalogues, often without a classified index” (2017: 10). To better understand the Igbo Ethnomedicine rooted in the Igbo cosmology and culture, I shall shortly discuss what concept of culture I am referring to.

2.8 Culture and Igbo Culture

Approaches to the concept and analysis of ‘‘culture’’ vary between ‘‘academic disciplines, and sometimes even within them’’. The etymological analysis of “culture” is quite uncontroversial. But in the field of anthropology, the situation is much more complex (Minkov 2013: 10). An example of such complexity is seen in the definition by Kroeber and Parsons (1958: 583): “transmitted and created content and patterns of values, ideas, and other symbolic – meaningful systems as factors in the shaping of human behaviour”. An even less easily comprehensible definition was provided by White (2007 [1959]: 3) who avows that “by culture we mean an extrasomatic, temporal continuum of things and events dependent upon symbolling”. For Kluckhohn (1951: 86):

> Culture consists in patterned ways of thinking, feeling, and reacting, acquired and transmitted mainly by symbols, constituting the distinctive achievements of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional (i.e., historically derived and selected) ideas and especially their attached values as cited in (Minkov 2013: 10-11).

Hence, the goal of this analysis is to examine the Igbo culture and how that has modelled their lives, rather than prove one right perspective. Tylor in his *Primitive Culture* (1903 [1871]: 1), asserts that:

> Culture or civilization taken in its wide ethnographic sense, is that complex whole which includes knowledge, belief, art, moral, law, custom and any other capabilities and habits acquire by man as a member of a society.

Tucker (1931) analysed culture as simply a cultivation of human character – ‘‘It is a derivative of the verb *colo* (infinitive *colere*), meaning “to tend,” “to cultivate,” and “to till,” among other things. It can take objects such as *ager*, hence *agricultura*, whose literal meaning is “field tilling.” Another possible object of the verb *colo* is animus (“character”)’’ (Minkov 2013: 10). Worthy of note is that contemporary definitions of culture tend to highlight dynamic characteristics and the ability to adapt. Therefore, I take advantage of the above anthropological definitions in the context of this research. ‘‘*Omenala dibara na gboo”*

(‘‘culture or custom has been from time immemorial’’) is a common saying used by Igbo elders to portray or justify an activity, event or ritual ceremony performed. Boas (1904: 243) in *Some Traits of Primitive Culture* affirms that ‘‘in primitive life, religion and science; music, poetry, and dance; myths and history; fashion and ethics, appear to us inextricably interwoven’’. Thus, the Igbo culture – *Omenala* – involving traditional education, i.e., transferred by words through generation, values, ideas, customs, norms, myths, taboos, etc., cannot be separated from their religious beliefs (Cooper 1932, Hyman 1955). That is to say, the Igbo culture stands on equal footing with Igbos’ understanding and interpretation of metaphysical phenomenon which according to Agbasiere “gives meaning and sense of direction to their social life” (2000: 45).

The Igbo way of life, behaviour towards nature, ethos and morality are rooted in both tradition and religion. The ‘‘Igbo culture’’ consists of folklore, songs, dance, and marriage, the rite of passage from childhood to adulthood, birth, and death rituals and more. Family and kinship system, traditional rites (*Ozo, Nze* and other chieftaincy titles), and western education system (as later adopted) are inclusive in the Igbo cultural system which is a testimony to the processual understanding of culture by the Igbo and the researcher. This work, therefore, defines ‘‘culture as the share set of (implicit and explicit) values, ideas, concepts, and rules of behaviour that allow a social group to function and perpetuate itself’’ (Hudelson 2004: 345). According to my informants, the Igbo see the world from the lens of myths, taboos and proverbs. Accordingly, Nwoga argues that “the mythical stories and cosmological tales of the Igbo are good sources from which we can distil the Igbo conception of ‘ultimate causalities’, their culture and beliefs systems and the relationship between man and the other forces” (1984: 41-42). Other cultural practices of the Igbo people include respect and value of community living and collaboration.

In their practice of communal living, an '*endless chain of solicitation*[35]*'* – as I would denote it – is, in the words of Kühling, constant social "solidarity" practiced through a chain of exchanges (2005: 59). Radcliffe-Brown explained such practice as "interlocks" expressed through networks of genealogical relations. His arguments are of three types: "between parents and child, between children of same parents, and between husband and wife" down to extended families; father's brother(s) and mother's siblings as well (1963: 52). 'Kinship relation' Radcliffe-Brown argues "is a network of social relations, which constitute part of a total network of social relations called "social structure" (ibid: 53). As a system, it owes its rights and duties to one another as well; "rights and duties of relatives to another" […] which also implies that "whatever it is applied to is a complex unit or organized whole" (ibid: 55).

Furthermore, respect for morality, sacredness, as well as hard work and achievements are the easiest ways of attaining social recognition and status in the Igbo community setting according to my Igbo informant. Folklore in Igbo culture, Ezeigbo (2013: 3) argues, includes "fables, myths, tales of heroes, fairy tales and ghost stories" and they are integral. It was and still is a common tradition to narrate stories of different forms in the Igbo cultural setting, especially at night times – these are used to entertain and educate and inculcate societal values and ideas, according to my informants. Example of such a story is found in Achebe's (1985: 24-25) classical novel *Things Fall Apart,* which demonstrate clearly how important folklore is in Igbo society. Achebe portrays that:

> In Okonkwo's household each woman and her children told folk stories […] Ikemefuna had an endless stock of folktales. Even those which Nwoye knew already were told with a new freshness and the local flavour of a different clan.

Hence, folklore narrative varies from one community to another. Albeit, "folktales are communally owned; Ezeigbo argues that each narrator or performer imbues the tale with

[35] By 'Endless Chain of solicitation', I am referring to a situation whereby an individual who was helped by a kins' brother (or uncle as the Igbo would refer it) has same responsibility to perform without any plea to another kin's brother. By performing this obligation, he attains a status of respect and ancestral blessings from the kinsmen. So does the first uncle that happily reached out (Obi, 2015: 43).

his/her stamp or personality and there is variety in the embodiment of most tales" (2013: 4). In faraway societies, like Munich, in Germany, the Igbo migrant groups adapted their folk tales and are excited to display them in well-scripted performances through their children during a cultural activity like the General End of Year party. In such a performance as I observed, both the elders and children take the centre stage. It was interesting to hear their children speak the Igbo language in a foreign land.

It is, therefore, such mythology that migrants carry along with them as they set out to another cultural location. This, however, influences the way they see and interpret things. In many instances such as the festive events they organized in Germany, I observed some kind of connection or similarity they draw in discussions while referring to the traditional practices they observed from their host community. An example of such is the gun display before and after the *Ocktoberfest*[36] celebration that I witnessed in Munich, which is also similar to the gun display at the start and finish of Igbo ceremonies like funeral, new yam festival, etc. On another occasion, one of my informants, who accompanied me to the festivity argues that:

> I heard chicken and cow, and even hot drinks are used as a libation to honour the memorial of the marriage of the crown prince of Bavaria (King Louis I), to Princess Theresenweisen (Theres von Sachsen-Hildburghausen)[37]. This is the interpretation given to the *Ocktoberfest* celebration, in addition to the beer festival that it's popularly referred to.

Although his claims lack clarity, the acknowledgement of the importance of culture/traditional traits is worth noting. In addition to lots of other practices being displayed at the festivity, the attires, special kinds of traditional food(s) being served, music and dance, and so on, form part of the celebration. Migrants acknowledge in *Oktoberfest* that ones' custom and tradition must be held and respected because they have helped to shape today's society. This idea of acknowledgement of one's customs is put in parallel to one's own ideas and values. Aside

[36] Other traditions being observed in the southern part of Germany include: The Christmas Market in Nuremberg, Kiliani folk festival in Würzburg and Straubing's Gäubodenfest to the Kaufbeurer Tänzelfest, the oldest children's festival in Bavaria, etcetera.

[37] Extracted from my 2018 Field Research Experience. [Recorded: Friday, 28 September 2018, at Theresenweisen, *Ocktoberfes*t arena, Munich].

from the above cultural beliefs and practices, it is important to mention that culture also has an influence on people's social structural pattern. Chukwu (2015: 7) argues that:

> The traditional Igbo society was both theophorous and communal. These two traditional indices of the Igbo society namely, the religious and communal life traits were always expressed and represented in the building architectural designs of every Igbo society.

In view of the above analyses on culture and Igbo culture, let us take a step further to briefly examine the Igbo diasporic construction of cultural identity.

2.8.1 Diasporic Reconstruction of Cultural Identity

Deep within the process of integration and assimilation into a new socio-political and cultural environment is also the social arrangement that helps establish a sense of diasporic reconstruction of transnational identity that enables an individual fit into the culture through a continuous process of relation and negotiation (see Prager 2014). Notwithstanding the conflicts that may arise from intercultural interactions (like language barriers) or individual interference due to slight changes from familiar cultural production to something new to fit in immigrants of diverse cultural and religious backgrounds, and despite immigrants' memories of home or of 'historical scars', my informant noted:

> Once we feel welcomed in a new location, we integrate into the system and culture. We endeavour to keep up with the new ways of life, and we adjust to cultural differences. More so, we make lasting friendships and are open to inter-regional, tribal, and inter-ethnic marriage[38].

Another component of cultural reconstruction is seen in marriage, residence, family dynamism and language of communication. That is to say, after years of acclimating to the new environment, immigrants develop a way of bridging the gaps of loneliness or missing home and recreate the sentimental link to the place of origin. As I observed, the Igbo men and women I encountered and interviewed travelled back to their home of origin to get married. Later through family reunions, they brought their wives and husbands to Germany (see also

[38] Interview with group of informants, at an Afro (restaurant) shop in Munich, in Igbo language, on 13.04.2019.

Prager 2010). These families live in a home: *ebe obịbị or ulọ obịbị* in the Igbo dialect; this is seen in the German context which I discussed in the chapter *Between Home and Migration*. Against the backdrop of living among people of the same nationality or ethnic group, who have similarities in their concept of communality and culture, my informants noted that they feel somehow isolated not by their hosts' localities but because of the nature of urban living. In Germany, urban planning allows every family to occupy an apartment in a building that can accommodate up to ten, fifteen, twenty-five, to fifty families, depending on the size of the building/apartments. Hence, there are privately owned houses in more reserved locations in the cities that families occupy. Thus, the concept of home in Germany is more centred around the residential space they occupy. They consider it a temporary home because at retirement (as I witnessed with the send-off party of two Igbo men), they relocate back to their homeland/home country while leaving their adult children behind in Germany.

Within their residential space, we find a kind of spiritual connectivity to their ancestral home through their in-house settings and images of culture displayed. For instance, when you enter an Igbo (African) home, you are greeted by elements of cultural artefacts that are used in the interior design/decoration on the walls – these could be ceramic objects, works of art, and dried and preserved animal skins like those of lions and pythons, on tables, furniture, or on the floor as decorative foot mat.

On the tables (at some of my informants' homes) are *Eju*; 'small, adorned broken-like clay or ceramic pot' with *Ọrji-Igbo*[39]; 'kola nut ' (Cola acuminata and Cola nitida) (Wolfgang 1992) and *Ose Ọrji*; 'alligator pepper' (Aframomum danielli) (Hooker 1897 [1872]) and sometimes

[39] This specie of kola nut is typically called *Ọjị́ Igbo* because it is cultivated in Igboland and its neighbouring environs/states (localities). It is reddish and sometimes pinkish. This is different from *Ọjị́ Gworo*, which is yellowish, that are cultivated and exported from Northern Nigeria to other regions of Nigeria. The Igbo reverence *Ọjị́*. It is an item of prayer as much as it is edible and contains high bitter content. It somehow intoxicates when a high amount is consumed. The Igbos offer it to guests as a sign of welcome before offering food and drinks.

you find the *Nzu*[40] ('white chalk' used for prayer and incantation) inside of the *Eju*. Visible also are traditional herbs and other types of small baskets of medicines. The languages (Igbo, German and English) spoken within, the food they eat, the Igbo traditional music they play and the movies they watch give a sense of connection to the homeland. One such example of mixed languages spoken in their households was when I overheard my informant telling his eldest son in Igbo: *gaa wetere nwanne gi mmiri onunu ọzọ*, i.e., ''go get some extra water for your brother'' who at this point was standing closer to a brownish plastic table, holding a spoon that could barely enter his mouth while feasting on white rice and tomato sauce. In response, the eldest son repeated the statement in three languages at the spot – "Papa, you mean *kaltes oder warmes mmiri*"? This brings us to the discussion about a child's language acquisition in the family and the social fields. Eze (2021: 180) asserts that "the socialization of the child begins informally at home but continues in formal public institutions like schools and often churches". In the house with parents, the child is spoken to in their *Mutter Spracher* 'mother tongue'. In public with people who are yet to grasp the German language fully or who only speak German, the child communicates in English and German, which is also a second language; these I witnessed at various ceremonial activities. Within the educational context, the child learns and speaks German. In the context of immigrants who have nationalized in Germany, and even newly arrived migrants and refugees going through the process of integration through new language learning like German, my informants instil in their children their first cultural identity – *Erste kulturelle Identität* – which is their native dialects while being incorporated into the mainstream society. Such a practice, I presume, is conventional within migrant communities in Germany; hence, a distinctive one with the Igbos and can be found ingrained in most, if not all, Igbo diasporic households.

[40] In Igbo culture, *nzu* (white chalk) is a highly important component. It represents knowledge, tranquilly, purity, and a pure heart. It also represents supernatural abilities that can open doors to the spirit realm.

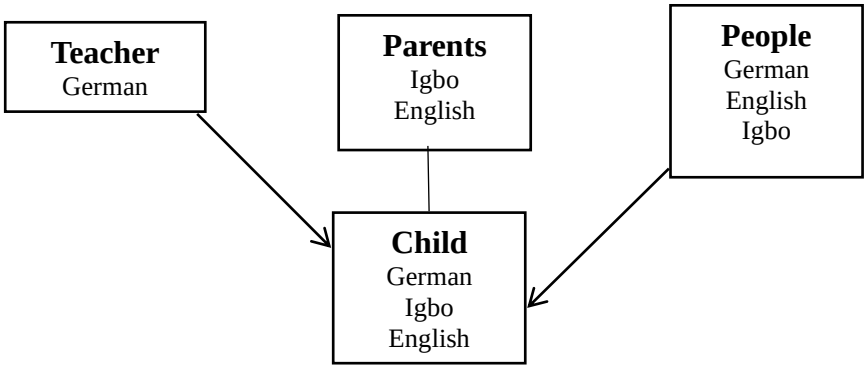

Figure 2. Graphics of languages spoken by the Igbo child in the German society.

Also, I observed a combination of the values of both cultures recreated in families. Examples can be found when cooking a portion of German food, putting on the traditional German dresses to attend *Oktoberfest*, and celebrating a child's baptism and a child's communion reception according to German church practices, accompanied by a celebration which is different from how it is practiced in their home country. Amidst the variety of dialects spoken, one of the things I found fascinating is the multiple languages their children grow up learning or speaking (see the sketch above). In view of the multi-languages spoken by my informants, the Igbo language was an appropriate means of communication for interviews within Igbo communities as would be analysed in the third chapter of this dissertation. To the Nigerian and few African informants, English and a bit of French and German languages were suitably adopted for the interviews. This was significant for comparative analyses in light of ideas, and theories that required cross-examination like the general knowledge about bad dreams, witchcraft/sorcery, traditional medicine, and their experiences of health-related issues in light of the Igbo informants' assertion.

2.8.2 Igbo Traditional Culture Amidst Urbanization

In Germany, according to my informants, they maintained their practice of social organization to a different degree. The aim is to balance traditional culture amidst urbanization and secularization as perceived in their new living environment. Geertz (1973: 5) describes such a move as ‘‘a set of techniques for adjusting to the external environment [...]’’. In other words,

to bridge the habitational gaps created by the housing structures that are different from the communal living setting in line with the lineage system, as practiced in their homeland, my informants sorted ways to interconnect by recreating the web of kinship and social relationship with one another (Platenkamp 2005a). To maintain a sense of brotherhood and connectedness, they formed Igbo General Assemblies and other indigenous unions/meetings based on the Igbo States they come from, in great numbers. Members of these groups are married couples, single men and women, and widows and widowers; this becomes their way of reenacting and constructing tribal identity (Prager 2014). Thus, as I observed on most meeting days, only married men were present, besides a few widows and single ladies. Their children are members by affiliation[41] because once a father registers, it is not only for himself but for his household. So too, family members are expected to be present at traditional ceremonies. When I inquired about the visible absence of their wives and children, my informants noted that their wives care for the children at home to avoid distractions at meetings. When a wife is working, the husband comes along with the children who need supervision or they stay at home with the children, while taking a formal excuse from the meeting. This is another instance of family dynamic in transnational context (Prager 2010). Excuses to be absent at meetings are allowed but must be cogent. For instance, in the Assembly of Anambra State Indigenes (AASI), when an individual travels or works on meeting days, this attracts a penalty of 5€ for failure to excuse oneself, 2€ for lateness, and a 10€ disciplinary fee in case of conflict between two members. Thus, respect for one another and concentration at meetings are highly recommended. These are some set rules they formed in view of their constitutions and bylaws, with the purpose of regulating excesses, unacceptable behaviours and for reminding each other of the importance of maintaining their traditional value system in the Diaspora (Michael Prager 2016). Recently in Munich, the

[41] In the Igbo cultural setting, men and women attend separate meetings. Secondly, due to difficulties conveying an entire family (husband, wife, and children) to attend monthly (Saturdays) meetings where crucial matters are discussed. Women and children are excluded. Hence, communication about meetings' discourse is made through their spouses. To bridge the communal gaps, an end-of-the-year party is annually organized that unites the entire body together.

women within their indigenous states formed a separate *Umuada-Igbo;* (Igbo daughters) assembly, where they deliberate on issues that concern them. According to my informant, is a platform to discuss family problems, support and encourage one another and help resolve individual family issues. There are also the Committee of Friends groups or social clubs exclusively for men and women of like-minds. In each state union/meeting, there are cultural music groups whose rhythms and dances vary according to where they come from. The women also have a separate cultural dance group, open to all *Umuada Igbo*.

In Munich, the Igbo General Assembly is a combination of the five states that constitute the Igbo States in Nigeria, as described in the discussion on the *Igbo people of Nigeria*. So too, is Nzuko Anambra Germany (NAG), an umbrella union uniting all Anambra indigenous unions in Germany. The Munich Igbo General Assembly is an umbrella union uniting Igbos from all five states in South-Eastern Nigeria, who reside therein. They also have some smaller mixed groups of Committees of Friends that are more inclined to financially support activities like the Crowns, Obinwanne, etc. Religious migrants like Catholic priests and nuns in Germany (some as students, church, and hospital workers) also have their collective assemblages. According to my Catholic priest friend, their formation is by dioceses within the German states, like Igbo Priests and Consecrated Men and Women in Germany. Today, technology and social media have made the connection possible through Zoom meetings, Facebook, and WhatsApp groups, etc.

The above descriptions of the Igbo immigrants' grouping are examples of extended kinship formation and transnational cultural identity formation amidst urbanization. These descriptions of tribal kinship and other group formation are said to be practiced in most countries where the Igbos migrate.

The Igbo immigrants[42] in Munich (registered and unregistered) are estimated to be over 3000 members, including men, women, and children.

Structurally, the Igbos elect members for various administrative duties within their assemblies. The aim is for proper coordination of their groups. This is different from the traditional leadership hierarchy in Igbo custom, where the eldest son of the lineage or clan automatically takes custodian of ancestral powers and acts as the physical and spiritual head of the family or kindred at the higher level, as tradition permits or demands. In the German context, any man found worthy of possessing leadership skills or qualities have the possibility of being elected[43]. Yet, elders and titled men among the group are respected and given such honours when it comes to performing traditional rites like offering prayers or breaking of *ọrji-Igbo* 'kola nut' (a concept I discuss in the latter part of chapter 9/10 (Uchendu 1965). Others also ascend to honorary status by mostly being elected or based on their moral and financial contributions to the union. Some of the advantages of being a member of these Igbo meetings, be it at the general or state levels, include:

- Staying connected through organized monthly meetings, social gatherings and social media.
- Financially, the Igbos support one another in times of celebration like weddings or at difficult times like death (through wake-keep/vigils, organized to raise funds for funeral preparations), and ill-health, through monetary donations.
- The Igbos play active and financial roles during a member's child's baptism, naming ceremony, Catholic holy communion or graduation from school, etc.

The Igbos appoint members to convey the remains of a diseased member back to the home country and the village and take full responsibility of the finances, through donations. They

[42] According to the Federal Bureau of Statistics, more than 56,000 Nigerians resided in Germany as of March 2017 (see Piotie 2018) *Nigerian Refugees in Germany Among top Job Finders*.

[43] Currently, I serve in the office of the Secretary for Nzuko Anambra Germany (NAG) since June 2022 till date and also as the Assistant Secretary of Assembly of Anambra State indigenes Munich (AASI) since February 2022 to date.

also have a way of connecting with the family of dead members for the reception of the corpse at the airport. Although in rare cases, some are buried in Germany and some cremated, Igbo immigrants prefer returning the remains of a deceased member back to their home of ancestral origin – for a discussion on "Burial Culture in Transition", see Prager, Hofmann et al. (2017). When a member's parent dies, the Igbos send representatives from their unions, especially during the final burial rites, if that member happens to be in Nigeria at the time. Other ways the Igbos enact their transnational cultural identity amidst urbanization include the following.

- The Igbos help in house search for a new arrival to the city and provide urgent accommodation in extreme cases.
- The Igbos assist (and) or provide guidelines for navigating the bureaucratic process in the city and help in job connection or job search.
- The Igbos also work voluntarily as language translators for new members.
- The Igbos mediate during marriage rites ceremonies taking place in Germany or when there is a family crisis.
- The Igbos organise parties that bring families of every member together at the end of every year or summer grill parties.

Within the Igbo community, church, meetings/unions as discussed in chapter 3, my informants fondly use the Igbo language in conducting their activities. Hence, I found some things they have in common at these assemblies: their sense of communion, cordiality, exchange of native foods, enjoyment of traditional music and dances, traditional attires, and the use of the Igbo language (dialects) in addressing each other.

CHAPTER 3

RESEARCH METHOD AND ORGANIZATION IN THE FIELD OF ETHNOGRAPHY

Marcus (1995) opened the discussion about traditional ethnography and multi-sited research, and some anthropologists followed in his direction. In this dissertation, I also have opted for multi-sited ethnography. But let us first understand this debate that Candea (2009) has summarised and formulated as the procedure for conducting ethnographic fieldwork in multiple locations and secondly, the intricate and ongoing methodological debate that has developed around Marcus (1995) use of the term ‘‘tradition anthropology’’ (i.e., a single sited anthropology). In *Ethnography through Thick and Thin*, Marcus (1998: 79) argues that:

> The most common mode preserves the intensively-focused-upon single-site of ethnographic observation and participation while developing by other means and methods the world system context […]. For example, working in archives and adapting the work of macrotheorists and other kinds of scholars as a mode of contextualising portraitures in terms of which the predicaments of local subjects are described and analysed. (Also see Marcus 1995: 95-96).

The practice of multi-sited ethnography, nevertheless, has been in existence long before Marcus’ involvement in traditional ethnographic research. As Candea (2009) asserts, Malinowski’s (1978) *Argonauts of the Western Pacific* was compiled as a narrative of travel and movement, following a convoluted economic system from one place to another with accounts of various cultural and social structures encountered in his multi-sited journeys. Another instance is Malinowski and Frazer’s (1978) *Expeditions between Kiriwina and Kitava*, and even Benedict’s (1934) *Patterns of Culture*, and Fortune’s (1963 [1932]) *Sorcerers of Dobu*. Furthermore, Pritchard’s (1940) *The Nuer* is another tale of multi-sited ethnography as he presented numerous encounters with informants from various locations. Throughout much of 20th century ethnography, the arguments that the ethnographic fields should be a specific location, i.e., “the field” where ethnographers can go, and return was in view of (Marcus 1995) traditional anthropology. Hence, the latter arguments of 1980s like that

of Thornton (1988) about the linguistic parlance of single-sited universality, or Appadurai's (1991) "globalisation" i.e., the increasing concern with global interconnectedness, be it in the form of an obsession with flow or movement, or the Neo-Marxist critics who believed that only understanding the "world system" or "global political economy" could give meaning and political relevance to the local, had undermined the 'traditional' understanding of anthropological knowledge as well as the foundations of ethnographic authority (Wallerstein 1979, Wolf 1983, Mintz 1985) as cited in (Candea 2009: 485). In response to collapsing the ambiguity in normative terms, i.e., "traditional anthropology" and "multi-site ethnography", Marcus (1995) proposed these terms as a 'name' for research methods that blur the line between the local site and the global system, thereby:

> Challenging the traditional division of labour that places the ethnographer's "field site" under their purview while the economist's or political scientist's "context" requires the use of different tools. The multi-sited ethnographer must be willing to leave the field site's boundaries and follow individuals, stories, metaphors, or objects as they move between locations and media in order to identify "systemic" realities in "local" settings and study the global system first-hand (as cited in Candea 2009: 486).

Inspired by the challenges for a willingness to leave the field site's boundaries and follow individuals' stories, this dissertation pursued the cause of in-depth analyses with the case studies and embarked on national and transnational movements between fields of investigation – multi-site ethnography. By so doing, it presents ''a new language of relevance and a new form of authority for ethnographic knowledge'' (ibid) on the one hand and offering pertinent information for interpreting the social dynamics of wider global society (O'Connor 2015: 75).

3.1 Entry into the Social Field – Munich: The Primary Locus

Here, I explore Munich as a social field and the primary locus of this ethnography. This is accomplished solely as an illustrative analysis. To an extent, I adopt Wilkinson's (1970) concept of "community as a social field" and Bourdieu's (1985) "social space and the genesis

of groups" as theoretical frameworks for this analysis. To start with, I provide an overview of some actualities about Munich. Later, I lay emphasis on one area of its twenty-five districts which are entirely different in geographical and architectural designs but are similar in the sense of social organization. I provide a fair glimpse of the scenery, the perseverance of nature amidst urbanization and residual settings and how it is incorporated into objective reality – suiting both the Bavarians and the multi-regional immigrants inhabitants – in the continuous process of cultural reproduction and formation of a social community. The "field", according to Eze's (2021: 167) assertion in light of Postill (2008) is:

> An inherently neutral term with in-built resistance to the kind of normativity that has rendered emotive notions such as community or nation practically unusable as theoretical concepts.

Therefore, by exploring this concept of "social field", I dwell on the idea of "social organization" not in reference or comparison to traditional culture as would be shown in the Igbo social organizational pattern, which is inscribed in every traditional society and culture. But in light of Munich's structural setting, as having a distinctive existence and coordinating what this study describes as a form of structural community of social networks. Thus, Munich as a "social field" as this study acknowledges is a community of people in continuous social relationships and social exchanges, promoted through social institutions, which are commonly thought of as fundamental to the concept of community building (Wilkinson 1970, Bourdieu 1985, Platenkamp 2000a). This allows an examination of the empirical reality of this particular social process or situation. For it is in such social spaces that human existence flourishes, and regardless of location, there must be social interactions between people of like minds and interests. Anderson's (1991 [1983]) *Imaginary Communities* depict nations as socially (politically, religiously, culturally, and even psychologically) constructed communities imagined by those who perceive themselves as part of a group. Against the complicated history of the social field, which is not an area of interest in this analysis, I pay attention to ideas of social relationships and human interactions amidst urbanization. Thus, let

us begin with a glimpse of Munich, for according to Calvino (2013 [1971]) *Die Unsichtbaren Städte,* "you take delight not in a city's seven or seventy wonders, but in the answer, it gives to a question of yours". This social field – Munich – unarguably gave me an opportunity of a lifetime in my academic career, and whether it was by luck or by chance, I consider it an honour. Thus, if I count the numerous and delightful tales of this beautiful and landmark municipal city – Munich or *Minga* (in Bavaria dialect), they are too many to enumerate. Worthy to note however, is that Munich is the third largest city in Germany after Berlin and Hamburg. The capital and most populous city of the Free State of Bayern (Bavaria) with a population estimated at 1,625,246 according to the *World Population Review*[44] of April 2023. The black and yellow strip flag of Munich is usually seen flying alongside the blue and white strip flag of Bayern, adding to the beautiful splendour of Munich city. The slogan "*München mag Dich*", i.e., "Munich Likes You" originated from the 2006 18th FIFA World Cup or the ''*Mia san Mia*'' slogan fondly expressed by Bayern Munich Football Club now adopted as its motto, which is the Bavarian variation of the German, "*Wir sind wir*" or in English, "We are who we are", gives a sense of the pride people of Munich feel about their city and concomitant "Bavaria identity". This is synonymous with Munich's (Bayern) rich history, unparalleled achievement and champion mentality, unwavering drive to succeed and a tough winning mentality that is confident enough but not arrogant. ''If you want to win'', they argue, ''you have to work hard to earn it''.

Munich is the home of ancient kings and kingdoms, torn apart by World Wars and rebuilt into what appears today as the Renaissance art city. It remains one of the world centres for arts and culture, science, technology, finance, innovation, business, and tourism (Wille 2021; see also Schmitt 1953, Beck 1989, Hughes 2013 for other interesting details). Munich has a very high quality of life and is considered one of the most liveable cities in the world. Munich is regularly ranked as one of the most expensive cities, in terms of property prices and rents. In

[44] World Population Review At: https://worldpopulationreview.com/world-cities/munich-population. (Accessed: 09.04.2023).

2021, 28.8% of Munich's residents were foreigners, and 17.7% were Germans with an immigrant background from abroad (see *Statistisches*[45] *Amt München* published on 31 December 2022).

Among these immigrant communities of Turks, Albanians, Croats, Serbs, Greeks, Austrians, and Italians, are other African, Asian, and North American, and ethnic minority communities like the Igbo of South-Eastern Nigeria. Munich's economy is based on high-tech, automotive, the service sector, IT, biotechnology, mechanical engineering, and electronics. It is one of the most economically powerful German cities and has the lowest unemployment rate, i.e., of all German cities. Munich is home to many multinational companies such as Allianz SE, BMW, MAN, Munich Re and Siemens. In addition, Munich has two research universities and numerous scientific institutes (Boytchev 2018). Munich boasts of many architectural and cultural attractions, sporting events, exhibitions and the annual *Frühlingsfest*, *Oktoberfest*, the world's largest folk festival that attract a considerable number of tourists[46] (see appendix II for maps).

Thus, Munich's structural setting, having a distinctive existence and coordinating a form of institutionalised community of social interactions, is analysed in place of McCloskey, McDonald et al. (2011) *Principles of Community Engagement*. It describes the four most relevant ways to think about the community and they are 'systematic perspective', 'social perspective', 'virtual perspective' and 'individual perspective'. As an overview, I analyse only the first two perspectives, using the Laim district, because it was the place from which I set out daily to meet informants at hospitals, homes, churches, restaurants, game clubhouses, recreational fields, and shops. Within its district as Auer (1981) *Laimer Chronik* portrayed, its population growth amounts to about 28.3%. It contains traffic areas with buses and subway routes linking to various parts of the city. The land use of 5.29 square kilometres in size, with two longest streets; Landsberger Strasse and Fürstenrieder Strasse, associated with open

[45] See Munich Statistics at: https://stadt.muenchen.de/infos/statistik-bevoelkerung.html (Accessed: 11.04.2023).
[46] See Munich Tourism at: https://www.muenchen.de/en/tourism. (Accessed: 11.04.2023).

spaces and 1% of this is devoted to habitation, 0.1% operational area, 5.5% for recreational areas and about one-third of which are sports facilities (7.45 hectares). Laim, the 25th district according to the population statistics (*Migrationshintergrund in den Stadtbezirke*[47]) is predominantly a residential area of a total number of 55,881 in total landmass as published on the 31.12.2021 (also see Brauer 2010).

Amid this urban setting lies the institutionalised socio-political, cultural, and religious structures set up to bring people of multi-regions residing in Laim district together at various times of religious, socio-cultural, and political events and in many different ways, such as accommodating university students through the student hostels and temporary refugee shelters built in the district. By so doing, a social community is built. This community, in view of (McCloskey, et al. 2011: 5) 'systematic perspective', "comprises different parts representing specialized functions, activities, or interests, each operating within specific boundaries to meet community needs".

To address the seeming isolation for immigrants coming from rural or traditional living settings, the city council provided them with Interim Theatre at Agnes-Bernauer- Straße, a community meeting place where regular cultural events take place[48]. Also are extensions of the Munich library, Munich adult educational centres, the New Rex cinema, farmers' market, numerous supermarkets, local and international shops like the Afro and Asian shops, hospitals, banks, post offices and delivery services. Educational institutions prioritise teaching and transportation to move people and goods; businesses prioritise enterprise and employment; religious institutions prioritise the spiritual well-being of people; and healthcare organisations prioritise the prevention and treatment of illnesses and injuries (McCloskey, et al. 2011), also see Henry 2011). These are elements of social networks, and each represents specific niches, passions, or interests and operates within predetermined limits to serve the needs of the

[47] *Migrationshintergrund in den Stadtbezirken* At: https://stadt.muenchen.de/infos/statistik-bevoelkerung.html. (Accessed: 11.04.2023).

[48] See Laim Historika at: https://www.laimer-historiker.de/index.php?cid=179&pid=179 (Accessed: 18.03.2023).

people in the community. In these, a community of social interactions, exchange and social relationships are continuously reproduced (Plalenkamp & Schneider 2019a). It is through comprehension of these networks that connect people that critical planning efforts are made with the aim of improving socio-political, religious, and cultural ties among individuals and aiding in engaging leaders to identify the community's behavioural patterns (McCloskey, et al. 2011: 5), described as ''social perspective''.

This is what living in Laim looks like: a vast array of white, ash, and yellow buildings, a blend of ancient and modern architecture, with numerous chimneys releasing white smoke in the mornings. Trees bloom and wither with the seasons, dotting the landscape in front of homes, gardens, and along streets. The aroma of fresh bread and cakes from bakeries, alongside taverns, game houses, and ice cream shops creates a sense of contentment. Occasionally on Saturday mornings, a rare car horn announces that a local woman is to wed a man from another part of town; their families celebrate with gift exchanges and social gatherings. The district is kept vibrant by the sound of church bells ringing hourly from 7 AM to 7 PM, the bustling autobahn with its flow of traffic, buses servicing residents, extensive tram lines, and the frequent sirens of police and ambulances. Nearby lies Westpark in Munich – a mere six-minute walk from where I stayed during my ethnographic research – a sprawling park featuring exquisite landscaping designs including hills adorned with lush grasses. It boasts an artificial river as well as venues for entertainment and cultural events that draw crowds throughout the year but particularly in summer. At Westpark during annual events like grills or vigils for lost loved ones or various cultural celebrations by different Igbo unions – I encountered many informants. Munich caters to all who seek to immerse themselves in its community life; it has long been an attraction for tourists as well as immigrants seeking refuge.

3.2 Healthcare in the German Hospital Context

This analysis of healthcare in the German hospital context is based on my ethnographical observations within the various hospitals where Chika received treatments. These observations spanned between eight months to one year (during his sickness and recovery phase), and at various other intervals. Certainly, the hospital system as practiced in this context – was and still is – an intriguing experience for first timers, especially immigrants. Among the many physical characteristics of these hospitals are the wide, beautiful architectural designs, vast hospital departments, and hospital staff, in addition to many private rooms for patients. The sense of hospitality and sensitivity displayed by the staff I observed, certainly varied and sometimes were determined by the individual's moods. These mood swings I presume, could have resulted, or been influenced by successive incidents happening within the hospital environment as one would expect. Aside from these instances, there was that sense of luxurious hospital experience which felt quite different from that of the hospitals in Nigeria in general and in Igboland specifically. But aside these observations one might have encountered at various times, it is important to point out that, patients, like my informants testified, received the best possible treatments offered in the German hospitals. Another interesting aspect was the cultural variations between the Igbo traditional model and the German model of sickness diagnosis which this dissertation will discuss in the coming chapters.

3.2.1 The German Hospital Ethnography

The hospital, Van Der Geest and Finkler (2004) assert, "is not an island but an important part, if not the 'capital', of the 'mainland'". Existing works on medical ethnography suggest that hospital life is a world unto itself, a culture quite different from the 'real' world, even an inversion of natural life (Colson & Selby 1974, Inhorn & Brown 1990, Deitrick, Capuano, et al. 2010). For Coser (1962), clinics are 'cramped little islands'. Goffman (1961) describes

hospitals as closed cultural institutions. The WHO describes "hospitals as an essential part of health system development[49]". Thus, there is no easy access to the field of medical anthropology in massive facilities like the ones I experienced in Munich – the Klinikum Schwabing and ISAR Klinikum. The ISAR Klinikum[50] for example, was founded in 2008 and has a 30,000 m² area, comprising fifteen different specialist departments as well as different local practices. It has more than 600 staff including doctors, 250 beds, 40 private rooms, three suits, 18 intermediate care beds and intensive treatment section, etc., as at the time of this research (see note[51] for more details on hospitals and appendix for picture).

Among the many challenges medical researchers face are ethical encounters and strict rules guarding hospital sites. There comes the difficulty of close encounters between the ethnographer and human suffering, which sometimes compels one to consider their own moral and ethical principles and even their sanity. Bello and Hiemstra (2013) describe such an encounter as a 'messy' process. In my view, I would describe the hospital as a place where ''strangers enter and become friends'', the "space where change can take place", and the middle point of transition into the world of no return (Nouwen 1975).

Let me briefly walk you through the bustling hospitals, the multiple sites of this work's ethnography. The entrance is caught up by the sight of ambulance sirens, coupled with the police and the firefighters escorting ailing person(s), or accident victim(s). The hospital doors automatically slide open and close. The paramedics are on the run to retrieve the gurney while the nurses in white and blue coats wait to welcome patients into the hospital. The paramedics walk alongside – giving situation reports. There comes the doctor in a white coat, who walks straight into the surgical or emergency ward.

[49] Hospital at: https://www.who.int/health-topics/hospitals#tab=tab_1. (Accessed: 25.03.2023).

[50] ISAR Klinikum is directed by Andreas Arbogast, who started his career at ISAR Klinikum in 2008 as an in-house lawyer and has been managing director of the clinic since 2010. Prof. Dr. med. Eckhard Alt is the Chairman of the Supervisory Board and there are hosts of other official managements.

[51] ISAR Klinikum. At: https://www.isarklinikum.de/ueber-uns/geschaeftsfuehrung/ (Accessed 15 October 2020).

There are hospital codes[52] with "*No Entrance*" written on the floor, an indication of the type of emergency therein, usually in Yellow Code. On the other side are visitors with "get-well" cards and flowers, there also are patients awaiting treatments. A priest (hospital chaplain) walks out of a room, and a nun (a nurse) walks in through another entrance, she is also a hospital staff. At the centre are hospital staff in dark and light blue, orange, and pink scrubs – I presume these colours differentiate their various duties in the hospital. There are different ward sections, with long and spacious walking areas, as well as receptionists and security at the entrance to every ward. The cleaners are busy. On the walls and doors are clipboards, inscriptions, and directives. Patients that require similar care and treatments are grouped or assigned to single-, double-, triple- or four-bed wards. IV bags and stands are visible through glass windows and doors, with frightening blood, cuts, bruises, pus, tissue tears, and plaster casts. The breeze from the *Heizung* (i.e., heater) in winter or the *Klimaanlage* (i.e., air condition filter) in summer reminds the visitors of the medical context therein once the automatic doors open. The whiff of Dettol, spirits, and cedar antimicrobial items in the open air makes it even more severe. The aroma of fresh bread, meat, soup, mashed potatoes, pudding, and oatmeal, indicates what food is served to the patients. I wouldn't forget the little coffee and tearoom by the side. Also are beverages and bland meals from vending machines that visitors can buy from. The blood-stained beddings, platters, puke, and sweat, are hardly spotted. Individuals speaking softly give the ghost a whispering feeling. Amidst the sound of silence, are intercom calls, the sound of the keyboard, soundless TV, and low-voiced

[52] To inform staff of emergencies or other events, hospitals frequently utilise code names. These codes can be communicated to staff members immediately using pagers or over a hospital intercom. Codes enable skilled hospital workers to react swiftly and suitably to different circumstances. Using codes can also assist reduce worries or panic among hospital patients, visitors, and anybody else receiving care there. There are "colour codes" within the hospital environment known as *Krankenhausfarbcodes*. Although their use is not standardised internationally, in Germany the most popular hospital codes are Code Blue, Code Red, Code Yellow and Code Black. Their common usage according to Truesdell (2005) are: Code white: evacuation. Code yellow: catastrophe. Code Silver: active shooter. Code brown: severe weather. Code green: emergency activation. Code violet: violent or combative person. Code Orange: Dangerous Goods or Spill. Code Pink: Child Abduction or Child Abduction. Code Blue: Cardiac alarm, patient needs immediate CPR.

individual phone conversations. The squishy noise of wheelchairs and the sorrow of the bereaved are felt. Thus, the hospital is a busy world.

3.3 Ethnography Across Many Sites

Marcus (1995: 99) asserts that, "the move towards multi-sited ethnography might give rise to three sets of methodological anxiety", among which is the "concern about testing the limits of ethnography". On this, he avows that:

> Ethnography is predicated attention to the everyday and intimate knowledge of face-to-face communities and groups. The idea that ethnography might expand from its committed localism to represent a system much better apprehended by abstract models and aggregate statistics seems antithetical to its very nature and thus beyond its limits. Although multi-sited ethnography is an exercise in mapping terrain, its goal is not holistic representation, an ethnographic portrayal of the world system as a totality (ibid).

Thus, given his latter argument, ''any ethnography of a cultural formation in the global system is an ethnography of the system as a whole'' (ibid). More so, it cannot be understood solely in terms of the traditional single-sited *mise-en-scène* of ethnographic research, assuming that the cultural formation under study was produced in different locations rather than just one location (ibid). This would justify the importance of my ethnographic research across many sites that were: (a) ethnically centred in a country like Germany, (b) that focused on a topic that has common agreeable traits with people of the same global region within Germany, and (c) the researcher's ability to gather adequate data from various national locations of immigrants from the research group. The statistics of informants interviewed comprise the Igbo migrants in some parts of Germany where this study had access to them. Some aspects of these interviews went beyond the Igbo migrants, Nigerians, and other African migrants within the Munich municipal areas for comparative analysis. Having arrived in Munich on the second week of June 2016 after receiving the call about Chika's health condition (detailed in *Methodological Approach and Personal Role in the Field Work*), I started making accommodation arrangements for possible relocation to enable ease of mobility within the

Munich municipal city, to be able to schedule meetings with other informants and groups and to be present at the hospital locations. Nothing good comes easy, and so were the various discomforts experienced, but I had to do what I had to do to sail through the ethnographic fieldwork. The village of Mering in Augsburg, i.e., located in the north of Munich, the nearby Ingolstadt and Freising towns were neighbouring sites at the outskirts where I later had access to Igbo migrant settlers.

Other ethnographic sites for data collection and opinion samples were big cities like Hamburg, where the university for my doctoral programme was located, and Muenster, where my master's programme took place between 2013 and 2015. The beautiful Soest city, where a survey was carried out in 2016 with some African migrants, and Hamm, a transit city between Soest and Muenster. There, I had access to a community of Igbo immigrants and refugees, as well as other Nigerians and African immigrants. In Dortmund city, through the various student union subgroups, I was able to access the majority of Igbo (Nigerian) and African students. These locations are very familiar to me, having lived in North Rhine Westphalia State for four years. Statistically speaking, the city of Munich, my primary ethnographic site, got the highest number of migrant informants (as shown in the table in *The Methodological Approach and Personal Role in the Fieldwork).* The second table below shows Hamburg as the second largest city, followed by Dortmund. The city of Soest was the fourth in line because of the university located therein, in which this work gained access to both Nigerian and other African students and refugees. Muenster city was the fifth because access to informants was influenced by the population of Igbo, Nigerian, hence, African students and other migrants living within. Note that participants were not only students in these locations. Thus, it is vital to mention that students were easily accessible and approachable. Many immigrants and refugees live in various locations scattered within these cities. The difficulty of meeting some participants was overcome through mobile communication. Ingolstadt was the lowest, followed by Hamm and Freising. These last cities had fewer refugees/migrants, and it was

convenient to meet a good number of them, who were living in apartments within the period of my visits. Group meetings with them "produced quantitative information, qualitative data were also collected through answers to open ended questions in the interviews" (Bryman 2016: 60). Recently, I met with some Igbo immigrants from Aachen, Berlin, Dusseldorf, Frankfurt, Mannheim, and Stuttgart through the 'Nzuko Anambra Germany' (NAG) delegate forum (i.e., an umbrella union of Anambra State Immigrants in Germany). There were a few students from universities located in Berlin, Bremen, Deggendorf, Heidelberg, Kiel, Konstanz, and Fulda. My means of transportation at these times included trains, trams, buses, and sometimes private vehicles of my informants who dropped me off to train stations.

Table of Multi-sited Ethnography and Participants in Germany

1. Across Many Sites (A-Z State)	**Female**	**Male**	**Total Number of Participants**
Augsburg (Bayern)	**19** Igbo 8. Nigerians 6. Africans 5.	**23** Igbo 11. Nigerians 8. Africans 4.	**42**
Dortmund (NRW)	**36** Igbo 9. Nigerians 8. Africans 19.	**29** Igbo 11. Nigerians 8. Africans 10.	**65**
Freising (Bayern)	**11** Igbo 4. Nigerians 3. Africans 4.	**14** Igbo 6. Nigerians 5. Africans 3.	**25**
Hamburg (Hamburg)	**39** Igbo 19. Nigerians 9. Africans 11.	**46** Igbo 20. Nigerians 8. Africans 18.	**85**
Hamm (NRW)	**15** Igbo 6. Nigerians 6 Africans 3.	**23** Igbo 8. Nigerians 5. Africans 10.	**38**
Ingolstadt (Bayern)	**14** Igbo 11. Nigerians 3.	**23** Igbo 14. Nigerians 7. Africans 2.	**37**
Munster (NRW)	**23** Igbo 7. Nigerians 6. Africans 10.	**29** Igbo 10. Nigerians 4. Africans 15.	**52**
Soest (NRW)	**36** Igbo 13. Nigerians 9. Africans 14.	**40** Igbo 19. Nigerians 11. Africans 10.	**76** **Total in Group: 420**

2. Nzuko Anambra Germany (NAG)[53] (only Delegates)	Female	Male All Igbos	Total Number of Participants
Aachen (NRW)	Yet to be accessed (YTA)	**5**	**5**
Berlin (Berlin)	YTA	**5**	**5**
Düsseldorf (NRW)	YTA	**5**	**5**
Frankfurt (Hessen-Nassau)	YTA	**8**	**8**
Mannheim (Baden-Württemberg)	YTA	**5**	**5**
Stuttgart (Baden-Württemberg)	YTA	**5**	**5**
			Total in Group: 33
3. Students from these University Locations:	**Female**	**Male**	**Total Number of Participants**
Berlin (Berlin)	**24** Igbo 5. Nigerians 8. Africans 11.	**25** Igbo 9. Nigerians 7 Africans 9	**49**
Bremen (Lower Saxony)	**35** Igbo 7. Nigerians 9. Africans 19.	**28** Igbo 7. Nigerians 10. Africans 11.	**63**
Deggendorf (Bayern)	26 Igbo 8. Nigerians 6. Africans 12	**21** Igbo 7. Nigerians 6. Africans 8.	**47**
Heidelberg (Baden-Württemberg)	**11** Igbo 7. Nigerians 4.	**18** Igbo 11. Nigerians 4. Africans 3.	**29**
Kiel (Schleswig-Holstein)	**27** Igbo 7. Nigerians 9. Africans 11.	**17** Igbo 5. Nigerians 7. Africans 5.	**44**
Konstanz (Baden-Württemberg)	**19** Igbo 3. Nigerians 7. Africans 9	**14** Igbo 5. Nigerians 4. Africans 5.	**33**
Fulda (Hesse)	**11** Igbo 9. Nigerians 2.	**17** Igbo 12. Africans 5.	**28**
			Total in Group: 293 **Total number of all the participants: 746**

Figure 3. Table of multi-sited ethnography in Germany.

To start with, these groups do not overlap as they are all different people. And since the Igbo society has its heterogeneity with different classes, genders, educational backgrounds, and life

[53] Nzuko Anambra Germany (NAG) is the umbrella organization for Anambra state indigenes' assemblies, unions, and meetings in Germany. It operates as a non-profit secretariat and meeting point for these groups, each with its registered name across various states and cities. NAG's executive coordinators are members from unions across Germany. Five delegates are appointed to represent their union in NAG. They collaborate with the German government on culture, commerce, and tourism matters. It is the link to the Anambra state government in Nigeria.

experiences, etc., it was important to sample the opinions of the majority of my informants (Igbos, other Nigerians, and Africans) in Germany. I did not want to assume that the Igbos, Nigerians, or Africans in Germany are a homogenous group with only one opinion. The first part of the table above is the number of participants across the various cities in Germany, which I visited for interviews from 2016 to 2018. The participants therein are a mixture of students, singles, and married couples between the ages of 20 to 59. The second table on NAG (the umbrella union) comprise the newest group of participants between 2022 and 2023. They represent the various Anambra State branch unions from those cities listed – from ages 40 to 65. The third table represents students from universities across Germany (2019 to 2022), who were willing to participate in the interviews – from ages 21 to 42. Beyond these descriptions are many immigrants (Igbo, other Nigerians, and Africans) who do not identify with their tribal meetings, churches, or social groups. The second row would have been more advantageous, but the umbrella (NAG) union is still new, and at the time, only delegates from these unions listed were accessible – and I am one of them. The majority of the student participants from the Igbo ethnic group, Nigerians and Africans listed on the third table are individuals I met at conventions, workplaces, and social gatherings from whose generosity I was able to get hold of other individuals who linked me up to the appropriate admins of African student unions across these cities. Through phone calls and WhatsApp messages, I reached out to the above number of students throughout the years of the fieldwork. This does not represent the total number of students in these specific universities. Some students in these groups declined to participate due to time constraints, unavailability and having no interest in the topic at the time. The chart below shows the overall spread of interview participants throughout the German cities as indicated in the section *Research Methodology* in the introduction section of this dissertation.

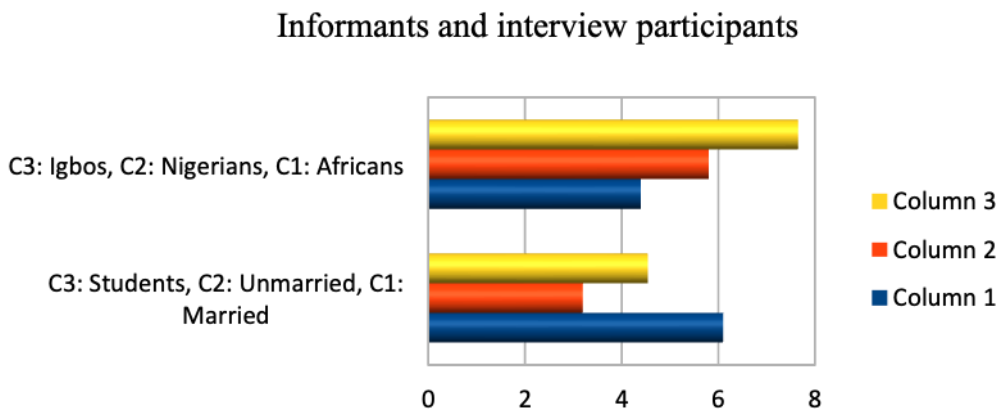

Figure 4. Research Graphic on Informants and Interview Participants.

The second part of my fieldwork was conducted in the South-Eastern part of Nigeria, precisely in Anambra and Imo States. Other one-on-one interviews were conducted in communities like Isekke, Uli and Amorka towns. The traditional healing of Chika took place at Umuhu Okabia, the diviner's home village in Orsu West Local Government of Imo state. While travelling to these places in Germany and Nigeria, I observed the ''concept of home'', whose goal is to maintain cultural identity and sense of belonging in solidarity with tribal/ethnic men and women and as a way of savouring the diasporic experience and sharing a sentimental affection with the homeland.

These were the various settings from which the data used in this work were generated. On the other hand, this work does not ignore the limitations of already acquired knowledge of Igbo society and cultural practice. Against any preconceived notions of the said culture, this work consulted several kinds of Igbo literature to back up similar or confusing arguments. Mindful of the various constraints and limitations, this study applied inductive and deductive methods of investigation. The inductive method was guided by patterns, actions, statements and observations of comments and actions displayed during the fieldwork interactions. It further confirmed claims with some outlined questions that were imbibed through the deductive method during the empirical part of this study. Hence, the principle used in the process of analysis and presentation of data was a recursive abstraction. For a smooth open-ended survey,

this work prepared questionnaires distributed to Igbo migrants in the field sites. The responses and results from observations were subjected to analysis. The survey questionnaires were given to all levels of Igbo migrants within specific research contexts: adult women and men, single, married, and unmarried, Christians, Muslims, and non-religious worshipers (between the ages of 20 to 65). Fair to argue that this research had an undertone of religion, culture, economic, and socio-political aspects. The goal was to accumulate different samples of viewpoints without restrictions, sentiments, or preferences. While this was in place, this work applied a close-ended, structured interview method. The analysis was part of the results of the questionnaires. The Igbos aged between 55 and 75 were from the Igbo immigrant group. The samples generated from these locations and groups of informants provided diverse responses on the research topics. It was crucial for this study to reach out to as many participants as possible for interactions/interviews.

3.3.1 Structured Qualitative Interview Questionnaire

This study is in line with Kleinman's (2009) Explanatory Model of Illness (EMI), which provides valuable information about the significance of illness and how the disease is experienced in individuals who do not subscribe to biological factors of illness causation but believe that illness is socially constructed, influenced by the cultural understanding of it and its experience. This investigation came through sets of targeted questions proposed by Kleinman, which were ''important tools for facilitating cross-cultural communication, to ensure informants' understanding of what this study was trying to get out of the research and to identify areas of conflict that needed to be investigated in future research'' (2009: 217). This questionnaire only served as a guide and did not necessarily require any form of writing. However, some informants took it home to read through and schedule another time for quality discussion.

Questionnaire

Thank you for sharing your health experiences since arriving in Germany and other information about illness/sickness, diagnosis, and healing methods experienced in Germany and your country of origin. Please, feel free to provide as much detail as possible, including using a voice recorder or the back of this paper. Your input is valuable.

1. How important is your health to you: physical, psychological, or emotional well-being?

2. What illness/sickness experiences have you had since you move to Germany?

3. Based on your illness/sickness experiences, what do you think the causes might have been?

4. What sign or symptom did you experience before realising the nature/seriousness of sickness?

5. Have you had an experience of being carried to the hospital by ambulance?

6. How severe is/was your sickness, and how long have you been sick/admitted to the hospital?

7. What kind of treatment did you receive? Do you think you should have been treated differently?

8. What are the most important results you hope to receive from this treatment?

9. What are the problems your sickness has caused you?

10. What do you fear most about being sick?

11. Have heard about mystical causation of illness? (if yes)

12. Are you conversant with terms like witchcraft, sorcery, revenge or malicious-evil, (the Ogbanje and *Agwu* spirits), the Marine spirit, witches and wizards, as mystical causes of sickness?

13. Have you had any personal illness encounters with either of the mystical forces you indicated?

16. Is there anyone within your kindred, village or locality that you would like to point out who had experienced such?

17. Do you think that such mystical cause of illness can also occur in a foreign land?

18. What is your position on returning back to your country of origin to treat certain illnesses?

19. Why do you think such illnesses cannot be treated here in Germany?

20. Are there other factors hindering certain illness treatments in Germany you would like to discuss?

Additional Note:

Figure 5. Interview Questionnaire.

3.4 The Researcher as a Caregiver

Van Der Geest and Finkler (2004) proposed three possible ways for an ethnographer to maintain their presence in hospital wards: joining the hospital staff, interacting with the patients, or visiting on a regular basis. Hence, I volunteered to join the patient as a caregiver. The Igbo custom justifies such a decision or act of service by arguing that *onye na elekwa onye oria, na aria oria*; ‘‘One who cares for the ailing is indirectly sick as well”. This indicates that being in the hospital atmosphere, assisting with personal tasks, and enduring prolonged stays can take a toll on a person. While some may view my frequent visits to the hospital as routine, I prefer to be acknowledged as a caregiver for a patient who is also a focal point of my ethnographic research. This role is much more involved than simply being a typical hospital guest. In my personal experience at hospitals in Munich, Germany, and the healing centre in Umuhu-Okabia, Imo state, Nigeria, I learned that caregiving is far from an easy task. It requires exceptional concentration, patience, and understanding. Although it may be a stressful experience, it can also be incredibly fulfilling for researchers who need the data for academic and socio-political analyses. For loved ones, caring for a sick family member is a gratifying way to demonstrate care and concern. In my capacity as a researcher, I ventured into the realm of social research to conduct this ethnographic research. I was not a trained healthcare professional with experience in caring for the sick.

The practice of participant observation encompasses a wide range of approaches, and one must always exercise caution. Given the inherent risks involved, I was apprehensive about the project I had undertaken. On the other hand, gaining constant access to this domain was not an adventure I thought could happen. I was motivated by empathy for a ‘‘brother’’ in patrilineal terms that such circumstance of sickness required. My key informant, Chika, was single, and considering the situation at hand, he needed assistance, especially with external hospital arrangements. My physical presence certainly provided him comfort and made his transnational medical voyage coordination easy. He did not go through these phases of

sickness and healing alone. I was encouraged by the tenacity and resilience shown by my mother, who provided care to my late father, during his pathological condition up until he took his last breath. It was equally during these said years (2009 to 2019 of my father's sickness), that Chika's sickness manifested, lasting from 2016 to 2018. I recall asking my *Chi* (ancestral spiritual guide) to use my sacrifice – caring for Chika – as a reward for my ailing father and strength for my mother, his caregiver. Going further into caregiving while conducting research, I often wished that I had first-hand experience as a caregiver rather than combining it with my role as a researcher. It proved to be quite a challenging task. However, I found comfort in the therapy sessions provided to both the patients and their caregivers amidst the hurdles. This selfless service was of double advantage, providing care for Chika and the opportunity to study the hospital as a field site.

3.5 The Reflexive Turn

The urge for self-reflection comes in different shades. As I put forth post-ethnographic research investigations from these fields of study, I am challenged by the anthropological ethics to balance my writings and presentation as an ethnographer who is studying his own culture. In this context, an insider, less I ''go native'' as Tresch (2001) asserts, notwithstanding the ''justification by the benefits it brings''. Starting from the 1970s and continuing to the present day, Starfield (2013: 1) argues that critiques have increasingly questioned the researcher's idea as "a completely neutral and objective outsider, especially in ethnographic work". It has been suggested that to understand a research field, the researcher must be aware of their own "assumptions and biases" (Pillow 2010: 272). The researcher's socio-historical and political background must be acknowledged rather than viewed as a contaminant (Rampton 1992). Anthropologists and ethnographers have responded to this change, known as the "reflexive turn", by positioning the researcher as a member of the research field and including their voice in the text. Examples are Clifford & Marcus (1986) and van Maanen

(1988) as cited in (Starfield 2013: 1). Thus, time and again, I was conscious of ‘‘the danger of assuming knowledge’’, most especially as an insider (Aburn, Gott et al. 2021: 24). As Alvesson and Sköldberg (2009: vii) argue:

> Reflexivity, however, plays a critical role in steering the inquiry when the researcher is familiar with the empirical setting, while engaging in a continuous process of ‘interpreting their cultural interpretations’.

Given the contexts of this research, which were clinical, sociocultural, religious, and traditional, coupled with in-depth interview methods applied and analysing data and associated literature, I was challenged by the four difficulties with data collation which Aburn, Gott et al. (2021: 24) identified, in line with O’Connor (2004), Blythe et al. (2013), and Byrne et al. (2015):

> Power imbalances in interpersonal relationships, controlling your feelings while conducting research, the danger of assuming knowledge and the chance that participants will reveal too much because of their shared experience.

During this process, I recognized moments where I empathized with the subject of my research and confronted an aspect of my past traditional healing experience that I had not previously discussed. Through these ethnographic studies, I gained a sense of connection to others in a shared human experience. This has allowed me to reflect on my own limitations and be more aware of my ethical responsibilities as an ethnographer. I learnt the steps towards managing stressors and maintaining a positive attitude in such situations. I learnt how to take each day at a time and accept situations I cannot change. I overcame the fear of staying close to ailing persons who are not familiar. The panic attack I get at merely being within a hospital environment as described in the section *Hospital Ethnography* and hearing the sirens of an ambulance were overcome. The sound from the heartbeats machine and the drop of blood infusion or drips were no longer scary things to observe. I unconsciously developed a firm spirit like the nurses, caregivers and doctors who performed these jobs daily.

CHAPTER 4

IGBO SOCIO-POLITICAL ORGANIZATION

This chapter discusses salient topics, including 'Igbo society, history and culture', 'Igbo people of South-Eastern Nigeria', the Igbo in respect to 'linguistics and sub-cultural areas', 'Igbo commerce and emic views on migration', 'Igbo colonial influence and religious interference', 'Igbo cultural characteristics', 'Igbo social and political structure' and 'Igbo kinship system'. These themes aid our understanding of the background of my field of study and the group of migrants being studied.

4.1 The Igbo Society, History and Culture

Humans in every society are characterized by patterns of social relationships between people and individuals who share a distinctive geographical location and space. They constitute a unified and distinct entity – through the formation of institutions, groups, organizations – in the quest to achieve common objectives and goals (Frisby and Sayer 1986). Such a distinctive cultural environment embodies socio-religious, economic, and political ideas, attitudes, behaviours (social norms) and values that guide and model lives. The Igbo society is not an exception to this. It is, among others, one in which the above elements are wholistically present. As a society, the Igbos also developed their own ''folk psychology'' that patterns the ways in which they ''think and behave that appear normal and natural'' (Gottlieb 2004: xvii). This idea, Bruner (1960) maintains, bears a semblance to the role culture plays in influencing learning and cognitive processes; the backdrop of which his vision of '''cultural psychology'' that aimed to put the psychology back into anthropology and culture into psychology'' was grounded (ibid). Accordingly, between home and migration, to put the Igbo perception and interpretation of illness or sickness and the pattern of healing practice into perspective, it is central to understand the Igbos' attitudes to life and living as originating from their ''inherent

culture'' – the idea that an individual's behaviour is guided by 'nature' through birth and growth, dictated by family and 'nurture', influenced by adherence to *Omenala* – customs, *akara* – symbols, *Ọdịnànị̀* – norms, traditions and practices of socio-culture and religious rituals, or the dialectics of culture (Goodman 1967, Geertz 1973, Schneider 1987). Their knowledge of culture resulted from pattern of thoughts and behaviours that transcended generations (Keesing 1975, Lee III 1988, Feinberg 2007, Assary et al. 2018). Despite the collective decision-making practice in the Igbo culture, it still gives room for 'individual choices' which are sometimes influenced by one's 'social status' and strategic agenda (Bourdieu 1989). In other words, according to my informant, despite inherent cultural values, an individual is also free to contest existing norms and values that do not align with a particular idea that can help improve a situation. Bourdieu described this as ''generative principle of regulated improvisations'' (1978: 78). Nevertheless, the community is the ''guardian of the individual, and so the rights of individuals are always in relation to the obligation they fulfil to the community'' (Onwubiko 1991: 14-15). It is in that spirit of inquiry that this chapter explores some of the necessary areas of their existence that would smoothen the comprehension of why things are the way they appear. In so doing, we would also come to terms with why it was important for my informants to pursue this course of affairs in their path to healing. The goal as well is to get a peek into the context and background on which the final part of this research investigation was based and the circumstances that aided the production of the data presented. Thus, I start off with a brief ethnographical description of the Igbo people of South-Eastern Nigeria as it is delineated in ethnographic literature.

4.2 People of South-Eastern Nigeria

The traditional home of the Igbo is situated in the South-Eastern ‘‘geopolitical zone’’[54] of Nigeria. Created during the regime of the late president General Sani Abacha (1993-1998), the six geopolitical zones in Nigeria were carved out based on geographical locations, for proper political governance and fair distribution of national wealth and based largely on states with similar ethnic groups and common socio-cultural and political history and interest (Eze 2021: 18). Popularly referred to as people from the ‘‘East of the Niger’’ due to the notable landmark of the River Niger which ‘‘through a network of tributaries, divides the Igbo land into two unequal parts: the western Igbo and the eastern Igbo. The western Igbo are only one-tenth of the total, whereas the eastern Igbo constitute about eight tenths. The rest of the Igbo are scattered in other parts of Nigeria and the world (Edeh 1985: 8-9, Eze 2021: 17). From an insider perspective, the Igbos refer to their region as the ‘‘Bight of Biafra’’[55] (Hugh and Garvin 1926, Lovejoy 2011, Folala and Njoku 2016). The Igbo geopolitical zone is made up of five states: Abia, Anambra, Ebonyi, Enugu and Imo. In addition, there are Igbos in other states like Rivers State (in areas like Ahoada, Eleme, Elele and Etche).

In Delta State, Igbo indigenes are popularly dominant in Asaba, Aniocha, Agbor and Kwalle environs, as well as Akwa-Ibom State where Igbos are also found in great numbers. In Benue state, Igbos are also found in minority[56]. Thus, based on the three parts division of the Nigerian landmass by the two largest rivers in West Africa – on the left is the light greenish River Benue and on the right is the yellowish River Niger, which meets in a Y-shaped structure formation (confluence) at Lokoja in Kogi state, Nigeria – from which it flows before

[54] The six geopolitical zones in Nigeria are: North-West, North-East, North-Central, South-West, South-East and South-South.

[55] BIAFRA: The Igbo people till today still see themselves as Biafrans. This has been the name they adopted on May 30, 1967, when the Eastern region of Nigeria separated themselves from the rest of Nigeria due to political marginalization and imbalance that led to many killings and political tensions that led to the Nigerian Biafra civil war. Thus, the name Biafra is held high in the hearts and minds of the Igbo people while in the Nigerian context, it is seen as a political aggression and less use to refer to the people.

[56] Externally, (Forrest 1994: 272) affirms that a great number of ethnic Igbo dominated the Southern purlieus of Cameroon, Gabon, Equatorial Guinea and in Liberia they formed a third largest ethnic group, Mwakikagile Godfrey (2006).

emptying itself into the Atlantic Ocean. Allen (1848) *A Narrative of the Expedition sent by Her Majesty's Government to the River Niger, in 1841,* described the River Niger, as the third longest river in Africa.

Figure 6. The Niger, Benue Confluence: Two Great Rivers in Nigeria (Source: https://www.bing.com/images/search?q=the+niger%2c+benue+confluence+two+great+rivers+in+ni=1&disoverlay=1. Accessed: 15.02.2021)

From the river division, the Igbo in the East constitute one of the three major ethno-linguistic groups in Nigeria, alongside Hausa (Fulani, Kanuri and Nupe, occupying the North) and the Yoruba in the West (see appendix for maps). Nevertheless, there are other ethnic minority groups bordering these regions, whose languages are the same as their tribal names. Thus, within the South-Eastern geographical territory which at this point can be referred to as *Ala-Ìgbò* or Igboland, the native or ancestral home of the Igbo and distinguished as an ethnic group, occupies a terrain of great symbolic, socio-religious, economic, and cultural importance, as my informants described.

The Igboland is often characterized as densely populated. In terms of their numbers, Ekechi argues that "the Igbo tribe are being [sic] estimated to be over 27 per cent of the total population of Nigeria" (1989: 68). The population census of 1921 had a record of about four million. By the end of 1963, they were estimated to be around ten million and the number rose to thirteen million as of 1983 (Edeh 1985: 9). In recent debates, the population of the Igbos is said to have risen to about 30 to 45 million (in and out of Nigeria, registered and

unregistered) see note for current information on the Nigerian's population statistics of 2020[57] The fact remains that the Igbo states are densely populated despite counterarguments in regard to their exact numbers worldwide (Steel and Fisher 1956, Kimble 1960).

4.2.1 Linguistics and Sub-Cultural Areas

As a people and culture, the Igbos speak the Igbo language which in itself is very diverse with numerous dialects[58] (Williamson 1966, Pei 1970, Oluikpe 1979). There is an estimated thirty-four of these dialects spoken within the Igbo regions. These vernacular variations within the Igbo language are resolved by the development of a central language pattern known as *Ị̀gbò-Izugbe* – officially written, spoken, and understood across towns and villages within the Igbo states and the neighbouring states. Thus, it is the meeting point of Igbo dialects, which is why it also referred to as *Ị̀gbò-Etiti* i.e., Central Igbo. Despite the numerous dialects, they still see themselves as 'one-big-family' of people with a common heritage and ''cultural values'', ''tradition and language'' (Chukwu 2018: 1). Thus, the traditional Igbo society has been described as being based on "humane living", sharing linguistic ties, commercial and social activities with neighbouring localities and states (Ifemesia 1979: 16).

On the geographics of Igboland in light of its surrounding neighbours, Edeh (1985: 8-9) argues that it:

> Lies between latitude 5 to 6 degrees north and longitude 6.1 to 8.5 degrees east. It covers approximately an area of 16,000 square miles, having borders on the east with the Efik, Ibibio, Anang, Ekoi people. On the west, it is bounded by Bini, Esan and Warri, Isoko, Urhobo people. The Igbo share their northern boundary with the Idomas, Tiv, Igede and Igala, and their southern boundary with the Ijaws and the Ogoni people.

[57] Nigerian *National Bureau of Statistics*. At: https://nigerianstat.gov.ng/download/1241121 (Accessed: 02.11.2024).

[58] The Igbo dialects include: Arochukwu, Ngwa, Nsukka, Enuani, Nkwuani-Anioma, Ukwuani, Ozara, Ogba, Umuezeohaka, Ekpeye, Ikwerre, Ezaa that constituted (Izii, Ikwo, Mgbo), Ikwo, Ika, Ohuhu, Owerri, Agbor, Ibeku, Isuama, Afikpo, Ohafia, Izugbe, Idemili, Orlu, Egbema, Onitsha, Ibo-Oka (Awka), Bonny-Opobo, Eche, Mbaise and Ibo – Nwaozuzu (2008), Blench & Williamson (2106), Onwukwe et al. (2016).

These neighbours constitute significant linguistic and cultural interfaces with the Igbos. Eze (2021: 18) argues that perhaps as a result of such interfaces, "one observes the various dialects of the Igbo language as well as a diversity of cultural expressions as one moves across the many border-areas of Igboland". Internally, there were various misconceptions by early ethnographers based on the diversity of dialects Igbo people spoke back in the day, along the lines of towns and villages, across the Igbo sub-cultural areas (Obichere 1982). Seconded by the "characteristic distinctions in terms of the ecological diversity, architectural and agricultural patterns across Igboland" namely:

> (Three vegetation zones have been identified namely, Mangrove Swamp Forest, Rain Forest and Derived Guinea Savanah), with the attendant variation in architectural and agricultural patterns, have led some scholars to propose a classification of the Igbo along what has been termed 'ethnographic' lines'' (Eze 2021: 18).

These made early colonial anthropologists like Talbot (1926 [1969]) to codify the Igbo people into thirty sub-tribes. This classification was not a welcome idea as that was vastly criticised as geographically centred rather than ethnographically studied. Meek (1950 [1937]) *Law and Authority in a Nigerian Tribe* and others[59] gained reputation as clearer ethnographic work that was culturally specific in Igboland and mainly a critique to Talbot's earlier divisions. Successively, ethnographers like Green (1947) *Igbo Village Affairs* and Jones (1949) the Welsh photographer and anthropologist, who were colonial administrators in Igboland, took upon themselves to study – *Dual Organization in Igbo Social Structure.* Later on, Forde and Jones (1950) in their text, *The Ibo and Ibibio-Speaking People of South-Eastern Nigeria*, categorized the Igbo cultural area into five sub-cultural groups based on the fact that ''the Igbo land is not a homogeneous entity but characterized by subcultures with significant differences among them'' (Amadi and Agena 2015: 3). Forde and Jones' (1950) classification were as follows:

[59] Some of Meek's Works in Nigeria include: The Northern Tribes of Nigeria. An Ethnographical Account of the Northern Provinces of Nigeria together with a Report on the 1921 (1925). Ethnography Report on the People of the Nsukka Division, Onitsha Province (1930), Land Reform and Concepts of Ownership in Nigeria (1957), etc.

- Northern Igbo or Onitsha Igbo which includes towns like Awka, Udi, Enugu, Enugu-kwu, Nsukka, Aro Ndizogu, Onitsha, Agukwu Nri, Igboukwu, Nanka and Ihiala precincts.

- South or Owerri Igbo, which includes towns like Aba, Umuahia, Owerri, Ahoada, Okigwe and Orlu purlieus.

- Western Igbo which is the part of Igboland in Delta State and includes towns like Asaba, Agbor, Kwalle, Ilah and Aboh areas.

- Eastern or Cross River Igbo, which includes towns like Abam, Ohafia, Afikpo, Arochukwu and Abriba localities.

- North-Eastern Igbo, which includes towns like Ezza, Uburu, Okposi and Abakaliki. It is ‘‘a comparatively small cultural area that originally had less interactions with other cultural groups. But the situation has massively improved with the availability of good roads and communication networks, as cited in (Eze 2021: 19).

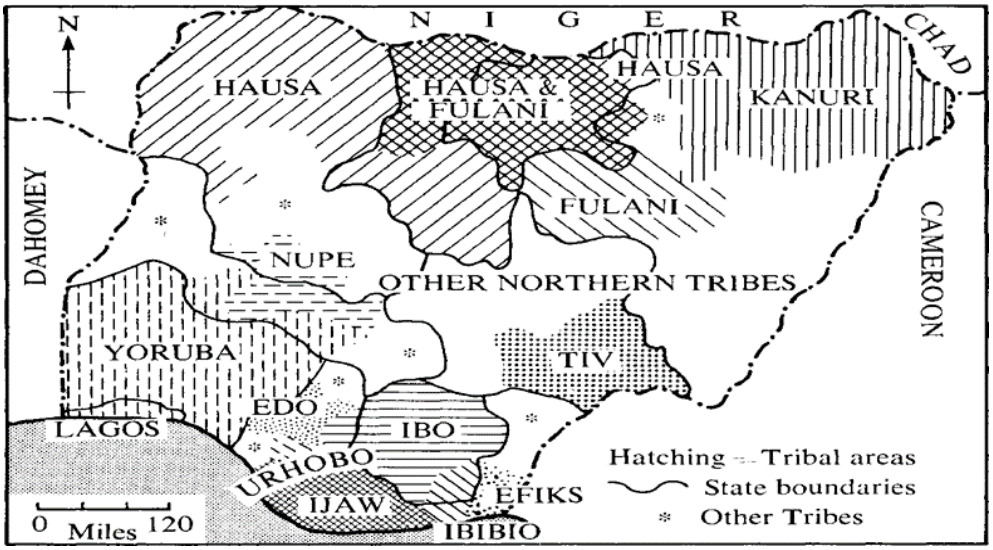

Figure 7. Map I. Map of Nigeria showing ethnic and language groups (Source: https://www.bing.com/search?PC=NR01&FORM=NRSBDL&q=map+of+nigeria+showing+major+ethnic+and+language+groups. Accessed: 10.03.2021).

These cultural sub-groups of the Igbo cultural areas inspired further ethnographic research on the Igbo people that spanned various areas of life.[60]

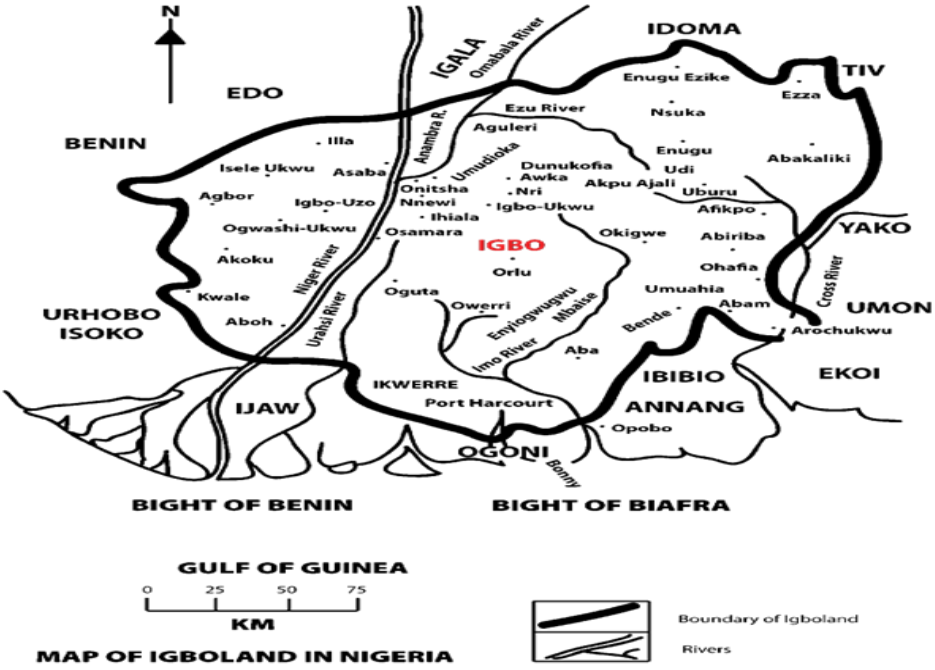

Figure 8. Map II. Igbo region, major towns and neighbouring ethnic groups (Source: https://www.bing.com/images/search?q=map%20of%20igbo%20regions&form=IQFRML&first=1. Accessed: 10.03.2021)

4.2.2 Commerce and Original Migration Myth

Another symbolic aspect of the River Niger is its importance to commerce and culture throughout much of the West African countries, from its long flow of about 4,200km from the

[60] The outcome is seen in works like: Jones (1961) Ecology and Social Structure Among the North-astern Ibo. In which he further argues that their social 'structure are a modification' of the more typical Igbo structure, that came about because of 'new environmental conditions'. By so doing, he made comparison of the respective pattern of territorial expansions, residential, land tenure and agricultural systems as a reflection of their relationships – kinship, marriage, social and political organizations. (Uchendu 1965) The Igbo of Sourtheast Nigeria, describes the typical Igbo traditional local political organization as ''an exercise in direct democracy'' (1965: 41), see Goltzsche (1976) and Harneit-Sievers (1998) for a review on society and politics of the Igbo around the 1900 and Igbo traditional rulers and chieftaincy. Isichei (1976) History of the Igbo People, Ifemesia (1978) Traditional and Humane Living Among the Igbo, from a historical perspective, analysed the Igbo worldview from a humane outlook of kingship, democracies in the village socio-political structure, secret cults, village age grade/group system and social status recognition or hereditary leadership positions. Then again, Jones (1984) The Art of Eastern Nigeria, appraised as a representation of a specific, independent, ethnographic material that embodies a qualitative intellectual and artistic work formation. These ethnographies, no doubt, aided in reshaping how these sub-groups and cultural areas were ethnographically studied.

interior to the Atlantic. It also served as a key route during the Transatlantic Slave Trade (Allen 1848). Furthermore, commercial activities within and across states especially along neighbouring towns and villages was solidified through dialectical mixtures as discussed above, from which we have what is also known as ‘‘common parlance’’ in languages spoken around these areas. The Igbo maintained a greater sense of cordiality with their neighbouring states and localities according to ethnographic evidence. As people living and sharing the same geographical space, conflicts like land disputes among neighbouring villages or among brothers of the same biological parents, were often a ‘‘natural issue’’ to resolve (Ayozie 2018: 3; Amadi and Agena 2015). The Igbos have maintained economic relationship with their neighbouring communities and states and such a gesture has sustained their exportation of goods and services such as the palm oil, assorted food condiments and artifacts to neighbouring states and even countries like Cameroon, Ghana, Benin Republic, etc. Today, their exportation of goods and services has expanded to Europe, Australia and America (Ajayi and Buhari 2014). Food produced in Igboland exported by commercial traders and individuals are found in African shops – Afro-shops – all over cities and commercial centres (markets) in Germany for instance. Therefore, in the absence of the Igbo myth of origin, which has been a subject of speculations, and hence not necessary for this narrative, I would argue from an insider perspective, against the opinion of Nwafor-Ejelimna, who asserts that:

> What has remained constant and incontrovertible is that no study has been able to provide proof of the migration of *Ńdị́ Ìgbò*[61] from anywhere on this earth. And whereas every other ethnic or linguistic group or tribe that inhabits Nigeria today, can trace their source of migration or origin; the Igbo arguably were the only group that were there before other (2012: 5-6).

No ethnic group in Nigeria can assert that it has not migrated from elsewhere to its current territory. Despite various postulations of the Igbo origin myths, Isichie (1976: 463) noted that ‘‘indeed, no historical questions arouse more interest and disputation among the present-day scholars than the inquiry about where the Igbo people came from.’’ Particularly,

[61] *Ńdị́* is a group of people. *Ńdị́ Igbo* means ‘the Igbo people’ in the Igbo language and dialect.

archaeologists like Wlliams (1974), Willett (1983), Herbert (1984), Honour and Fleming (2005), Garlake (2002) and others had interest in this subject. Notwithstanding, if there exists a pervasive sentiment of alienation or exclusion from contemporary Nigeria, arising from the turmoil that precipitated the Biafran-Nigeria civil war, I will attribute the feelings of the Igbo to the persistent neglect and marginalization they encounter within the Nigerian political landscape. As one informant from Anambra State told me, ‘‘Of what benefit would that be even if we were to have originated from anywhere else?’’[62]. Nevertheless, one thing remains quite clear with the Igbo myths of migration origin and that comes from the traits stemming from the many traditional religious rituals the Igbo tribe practice which correspond with the mainstream Jewish practices[63] (Asher 1873, Baynes 1878, Schauss 1950). The prevalence of arguments regarding the similarity between the Igbos’ and Jewish practices has been on the rise, propagated by Christians, but not supported by traditionalists; a trend I attribute to the influence of Christian religion in Igboland.

4.2.3 Colonial Influence and Christian Influence

It is also possible that the Christian religion came along with ‘colonization’ (Alimi 2016). Christian missionaries brought religion and education to the Igbo people (Okorocha 1987). Christianity was received by the Igbo communities because ‘‘it initially appeared peaceful and quiet” (Achunike 2002: 54). However, with the settlement of the colonizers who tried to reorganize the political customs and traditions of the Igbo people, the colonizers ended up becoming a mechanism of ‘cultural disintegration’ (Achebe 1958, Meyers 1969). For instance, legal institutions, namely the British court system was imposed on Igbo people, and this was against the customary way of settling disputes among kinsmen which was headed by the

[62] Interview with Dee Enyenwa, aged 80, ‘‘on the Igbo origin postulation’’, Igbo language, 15.022018, at Ikenga Village, Amorka in Ihiala Local Government Area, Anambra State, Nigeria.

[63] Like the circumcision of a male child that takes place eight days after birth. The separation of men and women during menstrual days. Presentation of a new-born child, welcoming the child and mother home, the naming ceremony, etcetera.

eldest in a patrilineal clan. Achebe[64] puts this in context in Obierika's conversation with Okonkwo when he said:

> Does the white man understand our custom about land? How can he when he does not even speak our tongue? But he says that our customs are bad; and our own brothers who have taken up his religion also say that our customs are bad. How do you think we can fight when our own brothers have turned against us? The white man is very clever. He came quietly and peaceably with his religion. We were amused at his foolishness and allowed him to stay. Now he has won our brothers, and our clan can no longer act like one. He has put a knife on the things that held us together and we have fallen apart. (Achebe 2017: 176).

This new legal system that was instituted of course, denies the existence and validity of the customs and morality of the Igbo people with the imposition of court messengers who were said to be corrupt and brutal, and judges who presided over cases in total ignorance. Another aspect of such colonial influence is the practice of a child's dedication which involves the presentation of a new-born child after eight days of birth. It became deeply ritualised in the Christian religion just like the baptism of a child (Nwabude 2008). However, some Igbo scholars argue that the 'European Christian name giving', for instance, that is performed on the day of a child's baptism was a distortion of Igbo traditional religious ceremony that was already in practice. Udeolisa argues that:

> Before the coming of the 'white man' with the Christian faith, there existed among the Igbo the rite of giving names to the newly born babies. Usually, names given reflect the event of the time and the meaning well understood. Names then carry with them some historical facts which are passed unto generations as long as the name lives. So, names in Igboland are not given arbitrarily. They bear with them reasons for such names. The Christian faith and its propagators; the white men, actually may not have come to change baptism into naming ceremony or erode the Igbo man system of giving names. They came presenting only what they know how to; 'baptizing people into the new faith'. To make things easy for themselves, (since the Igbo names were difficult to pronounce) they chose to give to the Igbo man the names they (the white man) can pronounce like: Bernard, Frank, John, James, Anthony, Grace, Mary, Irene, etc. (2010: 115).

[64] According to Achebe (1956) *Things Fall Apart*, a novel that gave a clear narrative of Igbo socio-cultural and political organization before the advent of Christian missionaries, described Obierika as a strong man, who was level-headed. He hailed from the same Umuofia village as the novel's protagonist – Okonkwo. These two were great men and friends, notwithstanding their complete opposites characters and approach to life and were often known to challenge one another.

Hence, Igbo people became totally engrossed in the white colonialist practices that they lost grip of their original way of life through generations, believing and linking its origin to the Jews. This background of the colonial influence and religious interference can help us come to terms with the group of Igbo people who seek for an identity that is linked to the Middle East. In that regard, Prager's assertion:

> Of the […] contemporary Bedouin self-representation that are much more geared towards articulation of particularistic perspective where contrasting tribal identities come to the fore, usually linked with diverging claims for territorial rights and the assertion of one's own distinct tribal status and historical importance. *This assertion can also be applied to this group of Igbo origin claims* (2014: 12).

Nevertheless, despite their thought pattern and life adaptations, one thing binds them in common among their internal and external migration myths, and that is ''mobility". In these debates, there is an element of early migration from one location to another. That implies that the idea of migration, be it internal or external, is not a new phenomenon for the Igbos of Southeastern Nigeria. Notwithstanding, the Igbo origin and history still remain a controversial issue because, according to Oforchukwu (2010: 18) it was "transmitted by word of mouth, from generation to generation." Sociologists, historians, archaeologists, and others agree to the fact that "men have been living in Igbo land for at least five thousand years, since the dawn of human history" (Isichei 1976: 3). When authors like O'Connell (1962: 67) refer to the Igbo people as ''a people of their own with centuries of cultural development'' we can understand what he meant by this statement. Thus, with the inculcation and adaptation of Christian religious practices into the Igbo culture, I conform with Prager who asserts that ''ad hoc explanations of these developments, such as referring to the commodification of ethnicity, 'Ethnicity, Inc.' (Comoroff and Comoroff 2009), do not help to understand the variety and complexities of these new conceptualisations of tribal identities'' (2014: 12). Like any group of people today, ''they are anxious to discover their origin and reconstruct how they came to be and their experiences'' before and after colonialism (Edeh 1985: 13). Since Nigeria gained its independence, the Igbos have persistently pursued independence and autonomy of their

own, a quest that continues to define their aspirations to this day. This has opened for them the ‘‘reality and importance of their group identity which they now want to anchor into authenticated history’’ (Afigbo 1975: 28). In light of the above analysis, let us, therefore, examine Igbo worldview and identity.

4.3 Worldview and Ethnic Identity

According to Nwala (2010:41), ‘‘worldview is defined as the practical philosophies of life of a people’’. In line with this definition, Eze (2021: 53) adds that ‘‘it includes the overall picture they have in common about reality: the universe, life, and existence [...]’’. Mbiti (1999: 2) in the context of African philosophy, portrays worldview as ‘‘the understanding, attitude of mind, logic, and perception behind the manner in which Africans think, act, or speak in different situations of life’’. Furthermore, ‘ethnic identity’ brings to consciousness the question: ‘What makes an individual a member of one group as opposed to the other?’. ‘Ethnic Identity’, Keefe (1992: 35-36) asserts, encompasses the perception of and personal affiliation with ethnic groups and cultures. She further avows that:

> The term ‘ethnic identity’ is ‘‘often used interchangeably with ‘ethnicity’ as an umbrella category bringing together discussions of such diverse topics as ethnic boundaries, ethnic traits and culture, the ethnic group and ethnic community, ethnic conflict, ethnic labelling, and acculturation and assimilation as well as other processes of sociocultural change among groups (DeVos and Romanucci-Rose 1975, Royce 1982).

I add that developing an informed understanding of the Igbos is acquiring their knowledge of perception and interpretation of the world they interrelate with and how they see themselves in it as a people. Thus, I lay emphasis on how my informants conceived of themselves. Therefore, if going by the ‘‘traditions claiming autochthony’’[65] of Igbo origin claims as Afigbo (1989: 1&3) argues that the Igbo ‘‘originated in the area of present Igboland’’, then

[65] Afigbo (1989) in *Traditions of Igbo Origins: A Comment,* presented three claims of Igbo origin postulation which are: (a) Traditions of oriental origin. (b) Traditions of origin from neighbouring ‘‘great’’ states. (c) Traditions claiming autochthony.

one can also argue that the Igbos have a history as of its own. They are a unique people with specific characteristics. According to Forde and Jones, the Igbos are ‘‘generally held to be tolerant and ultra-democratic […]. They dislike and suspect any form of external government and authority that does not favour them. They have a practical, unromantic approach to life’’ (1967: 24). They are characterized by a ‘‘hard-working, enterprising, and progressive nature’’ (Edeh 1985: 13). To my question of how they perceive themselves, my informants responded that they perceive of themselves as adventurous and aggressive in the manner in which they go about searching for success in life. Thus, Ejelinma-Nwafor had argued that ‘‘although the Igbos are by nature very adventurous people, they were never nomadic’’ (2012: 6). They are famously successful in business and known to have developed a high ‘survival instinct’ coming from their experience of starvation during the 1967-1970 Nigerian Biafran Civil war (Jervis 1967, Parker 1969). Besides some post-war developments, the Igbos have been known for their high skills for exploration through trading. However, their exploration of other possibilities to boost not only economic gains in trade, but also general livelihood, apparently presents what Platenkamp (1992: 75) described in his analysis of the Southern Tobelo district’s trade exchange practice, as “other features to indicate that these were not ordinary market transactions.” In view of this, the Igbo pattern of trading serve as a medium for the exchange of ideas, knowledge transfer, exploiting new possibilities to enhance life, satisfying needs and wants and further encouraging competition and innovation. Rural Igbos were much more involved in craft making, agriculture and hunting in the rainforests and green vegetations within their surrounding localities. To boost sales of their harvested products, they practice what Lancaster and Lancaster (1999) referred to as ‘‘many other economic activities in addition to the subsistence economy – to obtain food and resources’’ (as cited in Prager 2014: 11). Egbujie described the activities of the Igbo as having ‘‘copious supply of versatile common sense and the unique capacity for improvisation’’ (1976: 190). They are risky explorers in the sense that they are found in the rarest parts of the world where ordinarily,

their presence is least expected; for instance, the war-stricken parts of Pakistan[66] and Afghanistan. Hence, an Igbo saying goes: ‘‘if you arrive in any country or area and you find no Igbo person residing there, that means, it is a difficult place to survive in’’. The Igbo survival technique is mostly through hard work in commerce, and hence, they are acknowledged as ‘very successful in businesses’ (see Eze 2021). Many are well-travelled people, and they are found in almost every part of the world for basically two major reasons: for business and for educational purposes. They would help build their newfound business location, make it a temporary home while integrating themselves into the culture and environment of the host society, thereby, making lasting friendships, connections, and sometimes marriage relations, as the case may be (see Prager 2014). Because of their enthusiasm in taking advantage of possibilities within any cultural environment, they have produced among them, world-recognized personalities in political, economic, social, educational and religious spheres in Nigeria and overseas[67].

In the traditional Igbo society, children were and are educated in light of cultural norms and customs: what is forbidden, and what is traditionally and morally acceptable. This form of education was pre-colonial. Post-colonial influence, however, ushered in Western kind of education such that families, clans and even communities contributed money to sponsor their sons and daughters to universities within and outside the country. Onwughalu described this postcolonial practice as the result of a “collective responsibility” in the education of Igbo

[66] To confirm this claim, I asked Aysha Khan (23 years old) my then colleague and friend at the Institute of Ethnology, University of Muenster, Germany in 2015; to confirm from people she knew who reside in or around the war-stricken areas of Pakistan, her home country. On her return from Pakistan after the Summer holidays, she gave a positive affirmation to the claims. ‘‘I was also informed the Igbo-Nigerian people are very good at pharmaceutical kind of business in the localities they settled in’’.

[67] Someone like Dr. Nnamdi Azikiwe (1904-1996) was the first Nigeria President, educated in the United States. Olauda Equiano (1745-1797) was acclaimed the first Igbo graduate from the British University and thus an eighteen-century sea merchant and writer of African descent precisely from Essaka, near River Niger the present Anambra State of Nigeria. Dim Odumegwu Ojukwu (1933-2011) a military governor of the then Eastern Region of Nigeria in 1966 as well, the leader of the Biafra war. Chinua Achebe (1958-2013), the first Nigerian novelist, poet, and a professor. Francis Cardinal Arinze. Blessed Iwene Tansi. Ngozi Okonjo-Iweala, the Director World Trade Organization (WTO), Chimamanda Adichie (Novelist). Fascinating to mention, is that these people were all product of migration and external influence by virtue of education acquired in universities in foreign lands. Others are those in today politics across the world who can be found in the British, Canadian and America political offices.

children (2011: 13). Members of the immediate and extended family take it upon themselves to educate their sons and daughters once he or she shows serious intellectual acuity and interest in education. For the Igbos, a child is not only a parents' responsibility but a responsibility of all community members, because, in the long run, they would all benefit from whatever the child becomes/achieves. In turn, the child is taught to carry their siblings along in their efforts to succeed in life. This ends up shaping the Igbo child's a cultural identity and worldview.

4.3.1 Igbo Social and Political Structure

The term ''structure'' refers to some systematic arrangement of parts. For instance, a structure can become a building when the necessary materials (piece) and components are arranged in an orderly manner (Michael 2021). Equally, society has its structure and that is what we refer to as ''social structure''. Thus, the components of social structure are built on humans who occupy positions in society. The concept of ''social structure'' has been a subject of various definitions. The lack of lucidness and agreement in the interpretation of terms and application has been more controversial among sociologists and ethnographers. Spencer (1896: 17) in his analyses of the theory of social evolution in *The Principles of Sociology*, argues that ''social structure experiences gradual changes, from simple to complex form; from social changes, and that a society, is ordered on the same system as an individual." Radcliffe-Brown (1952) in *Structure and Function in Primitive Society*, distinguished between ''social structure'' – 'real' – concern with the arrangements of persons and ''social organization'' – 'ideal' – as relates to activities arranged between two or more persons. He was more concerned about the existence of actual relations at given moments from persons to persons. Firth (1954) in *Social Organization and Social Change* was more concerned with the pattern of relationships between the elements of society and the temporality of the things of nature that are affected

by constant changes. Ginsberg (1958: 205) in *Social Change* reaffirmed Firth's concern about social change and added that ''the term social change must include changes in attitudes or beliefs, in so far as they sustain institutions and change with them.'' For Nadal (2007 [1968]), social structure is the network of a social relationship created among people as they interact according to their social standing in social patterns. In a loose sense, the Igbo 'social structure' can be reckoned as the 'foundation' – that unifies, solidifies, and provides spaces for every human connectedness, through consistent and productive interactions, which paves the way to cordial relationships and from which socio-structural organizations, are formed.

Achebe (1959) gave a perfect explanation of the typical traditional Igbo village, kinship and family structure and obligations in his *Things Fall Apart* novel about Umuofia Village. No wonder everyone is a ''brother or sister[68]'', as such expression is commonly used to address known and unknown persons who share the same cultural space. Thus, the traditional Igbo social structure is formed from the following: the family, the kinship (kindred), the village and the community or town. To start with, the smallest unit of the Igbo social organization is the *Ezinụlọ* – 'family household' with the father as the head. The largest family unit is the *Ụmụnna* – 'kinsmen' (or kinship) made up of male heads of families and extended families, with claim to a common descent or ancestry also referred as patrilineage relations (Amadi and Agena 2015: 19). Nowadays, as seen practised in Ihiala district of Anambra state and the neighbouring areas of Oru and Orlu in Imo state, mature males, married and unmarried, partake in *Ụmụnna* meetings. The family being the centre from which all other segments of Igbo social structure draw strength, the wife taker or in-law, *Ọgọ*, (in Igbo language) is considered part of the family in the wider sense, i.e. through marriage affiliation (Platenkamp 1990). A village is formed from an assemblage of different *Ụmụnna* units and clusters of

[68] In an extended level, be it in the village community or a foreign land, the words father, mother, brother, sister, uncle, and cousin are commonly used to address people who are not biologically related but closely related in culture or community understanding. More so, it is a sign of respect and authority the father figure embodies. Culturally, it is the obligation of this 'father' or 'mother' to protect and guide these affiliated sons or daughters. They consult them for words of advice and explanations on cultural/traditional confusing issues.

kindreds and clans and is headed by the eldest or the most senior kinsman by order of birth. This collection of different village unit is called – *Ogbe*. The community or town – *Obodo* – is formed from the alliance of various villages which is the highest autonomous political unit. It is headed by the *Igwe* – the village traditional ruler and elders in council, with attachment to land – *Ala* or *Ani* as common unifier (Meek 1930, Forde and Jones 1950, Ardener 1954, Chinedu 2014). Although the Igbo social structure has undergone some political changes since the colonial era, its characteristic nature is still maintained (James and Gibbs 1965, Lindfors 2007).

Figure 9. The era of colonial masters, Igbo tribal men child. (Source: https://nigerianscholars.com/tutorials/pre- colonial-political-systems/igbo-pre-colonial-political-administration/. Accessed: 20.08.2021).

A detailed discussion of the Igbo socio-political structure, accordingly, must begin with the family, the kinship, to the village and to the town. As an example, let us look at Ikenga village in Amorka, found in Ihiala Local Government Area in Anambra state, Nigeria, as characteristic of the structure that is also visible in many Igbo societal structures. Borrowing from the words of Chinedu (2014: 234), it is a ‘‘fascinating maze of traditional structures of relationships and different modes of interactions that make up the social, political, and democratic institutions’’ of the Igbo society. The Igbo village as earlier stated, is a socio-political structure formed from complex and extensive group settings comprising family, kinship, lineage and clan, Lloyd (1972). In a cross-cultural similarity, Platenkamp (1990: 75)

described it as ‘‘consisting of households formed by nuclear families that are joined sometimes by the families of one or more in-married children’’. Thus, in light of the typical Igbo village special division, Chukwu (2015: 7) presented it as that which has:

> Two distinct discernible areas; the public quarters (*ama*) and the kindred (*ezi*). A Public quarter (serves as the village meeting square) and houses the assembly building and the shrines of the various deities of a village. Other parts of the village are kindred, and within a given kindred, there are individual compounds. The number of houses depends on the number of wives married by the man in kindred. These houses increase by the number of male children who bring in their wives. The fathers’ house then becomes the ‘main’ or ‘big’ house.

The Igbo village special division also explains the organization of the three-lineage segments (Meek 1970) classified as follows: the *minor segment*, the *major segment*, and the *maximal lineage*. The ‘minor segment’ is seen within the *Ụmụnne* – children of the same mother section of the monogamous family that forms a single compound within a kindred in the village. The ‘major segment’ is found within the first and second stages of household formation of *Ụmụnna* – children of the same father, which covers the larger segment of a polygamous family (Ekwunife 1990). These two segments, the minor and the major, occupy a section of the village, own and share common lands for housing and farming. The maximal lineage, however, is of symbolic importance. It plays a role in the marriage system by prohibiting brothers and sisters from the same village to engage in sexual activities or marriage (Talbot 1967).

The Igbo village is not a politically advanced unit; although, some minor politics in the struggle for a social status play out among the Council of Elders who desire to become chiefs and village rulers (Obi 2015, Eze 2016). The Igbo village units are small scale as they are co-ordinated groups with no political power. Thus, Ottenberg says that ‘‘the possibility of enhancing status and prestige is open to virtually all individuals except descendants of certain types of slaves and those who are not restricted members of particular lineages, class or other social unites’’ (1966: 34). However, some Igbo “traditional rulers” in various towns ‘‘do not hold their positions by mere accident or birth’’. They grow up to earn it especially in towns

where leadership positions are rotational from one village to another. In other towns, leadership is inheritable from father to son. The Igbo traditional ruler equally knows that ‘‘he does not possess absolute knowledge (power). He rules by consultation through the village assembly’’; in the council of elders who are vested with political power (Eze 2015: 13). In the council of elders, LeVine (1966: 33) added that ‘‘some men are more influential than others and are highly responsive to the popular will’’. Despite the struggles for social recognition, it is comparatively more progressive in nature (Isichei 1976). A town is formed from a combination of villages[69] and a typical example is that of Amorka in Ihiala Local Government Area of Anambra state, my hometown, which is spread across roughly 35 square miles. It consists of a socio-political unit and its sum total comprises of about 35,000 to 40,000 people[70] who share the same belief system, customs, values, ideas, rivers, markets, churches, town halls, schools, etc. They have their age-grade meetings (for men and women born within two to three years different from each other) and peer groups (Ndukwe 2015). These groups of age grades work to promote unity, foster moral and social responsibility, encourage, and support one another in personal and collective development (Agozino and Anyanike 2007). As regards keeping the equilibrium of the social sub-system, ‘hospitality’ quickly comes to mind; it is another area of discussion that is rich in all forms of ‘gift-giving’ and ‘gift exchange’. On another note, is the aspect of tussles and rivalry among persons struggling for social status. As Uchendu (1964: 47) argues, ‘‘some are design to shame rivals, or build a large fellowship, whereas others are meant to satisfy kin obligations’’. But the modern term of such village rivalry is the emphasis on group achievement on communal projects like schools, hospitals, health centres, maternity homes, churches, college and town hall, roads, and

[69] The villages in Amorka are: Umueze, Umuezike, Ikenga, Umunakwa, Umuokparaoyia, Umuejim, and Umuezeala. Towns and inter-towns in the Igbo society have between 8 to 29 villages within. Some of these larger villages divide into autonomous communities (inter-town).

[70] No official data is published so far. This census estimation is like the type of crowds seen in festivities in German cities like Soest ‘All Saints Fair’ (*Kirmes*) in North Rhine Westfalen. Up to 35,000 to 40, 000 thousand people are usually in attendance. The same estimation of up to six hundred thousand are seen in ‘Amorka Day Celebration’ that takes place, on the 1st to 3rd of January yearly.

electricity The security of these community infrastructures is part of their socio-political obligation (Uchendu 1964: 47).

In Amorka town for instance, where the second phase of this research was centred (between Amorka, Isseke and Umuhu Okabia), the people live in an uninterrupted environment. They build houses along ‘‘patrilineal family segments”, and it is easy to notice people of the same ancestral lineage because each segment is surrounded by *Ụbi,* meaning farms, and this farm is guarded with *Ufọ,* dried palm branches used in making land demarcations. Nowadays, these demarcations are replaced with brick fences (Isichei 1976: 7). As an extension of the village land, the bushes, which are a bit far away from the household areas are “covered with secondary vegetation where farms lie fallow” (ibid). Some of the Igbo villages are plane landed, some areas are mountainous, while others are affected by gully erosion. Their soil types included ‘‘clay, an admixture of clay and sandy soils, and a combination of loamy, sandy and humus soil’’ that are mostly red in colour (Chukwu 2015: 8). This landscape has faced a series of changes in past years. Presently, urban infrastructures like hotels, hospitals, banks, and modern house structures are gradually taking over the said rainforest that used to beautify the village environment with its splendid green vegetation.

4.3.2 Marriage, Residence Rules, and the Kinship System

At the village level, one encounters the kindred, a group of kinsfolks who reside within a specific geographical area, co-own hereditary farmlands, lead a communal life, and are readily identifiable while traversing Igbo villages. The Igbo social structure is underpinned by a complex network of social relationships, starting from the family unit. It is primarily rooted in the interconnections between parents and their children within a nuclear family, extending to and encompassing the extended families. This bond is the foundation of every other

relationship that builds up the Igbo kinship structure (Aniche 2017). Nzominwu (1997) describes this kinship relationship as follows:

> It denotes ontological equality of human relations. It is ontological as all members of the (kinship) community are descendants from a common ancestor. Every man is linked to his parents on the natural level. He receives life from them, depends on them to grow up. His parents, in turn, are bound to their grandparents, etc. this link binds all members of the kindred who are descendants of the same ancestors (as cited in Asikaogu 2018: 47).

It is an extended inner circle of patrilineal relations including brothers, cousins, nephews, nieces, aunts, and uncles (Adejuwo 1974, Adepoju 1976, Morakinyo and Akiwowo 1981). Ekong asserts that this system of kinship in the Igbo social structure ‘‘expresses the extensiveness of kinship ties without consideration for spatial proximity and is indicative of the pervasive nature and concept of oneness in their kinship organization” (1986: 200). This means that even people who are separated by migration never stop being part of the kinship group. In line with the kinship organization, (Onwumechili 2000) argues that:

> All male members of the patrilineal families are all part of the kin assembly through his accredited representative; *married male and adult brother(s)*, (i.e., from 25 years upwards) of the same father- (in polygamy setting) or the head of his family unit – (*in monogamy setting*). Everybody has the freedom to express his views and decisions arrived at by consensus [emphasis added] as cited in (Eze 2015: 13).

In the Igbo kinship assembly, there is no government or political party. The kinship assembly is the ‘law making body’ within the kindred and acts as the ‘law enforcers’ (Azogu 1998). This assembly is headed by the oldest male among the kinsmen. When he passes away, the next oldest male takes up the mantle of leadership. Everyone’s effort in fostering material well-being or spiritual growth, is recognized and thereby promotes social status. The ability to attain a social status is based on the demonstration of knowledge (wisdom), individual hard work and material success, and the support for one’s child(ren) and kin through education, business or otherwise. In other words, ‘promotion is by achievement’ as seen practiced in the Ikenga village kinship system (Onwumechili 2000). It was in this regard that Onwuejeogwu (1975) as cited in Ekong (1986: 200) argues that ‘‘this philosophy of life is manifest in

traditional society by the concept of *Ikenga* (lit. place of strength) or it refers to the notion of industrious individual effort in a communal context''. Nevertheless, an individual who is integrated into the community that 'gives meaning to his existence,' also thrives on 'community-oriented life' under the cultural principle of *Igwebuike;* meaning 'unity is strength' (Nduka and Ozioma 2019).

Whereas men are considered as equal, only differentiated by seniority in form of political and social power, women in the traditional Igbo society are not allowed to participate in the kinship assembly or to have ''the same say with their male counterparts'' (ibid). They are also not admitted into, and are thus not conceived as equals, within the masquerade[71] cult system (Cloeman 1958). From an insider's perspective, although women occupy a subordinate role in the Igbo society's general assembly, they are ultimately regarded as the decisive factor in all decision-making and conclusions (Jones 1957). This is because their husbands have greater confidence in their outlook to issues and would adjourn meetings to seek out the wisdom of their wives through familial dialogue. However, the women have their *Umunwayi aluru alu;* (wives group/meeting) or *Ụmụada*; (daughters' group/meeting). According to my informants, the women are at the centre of every reconciliation and peace-making activity in the Igbo kinship system. They are consulted during the highly important burial preparation of a kin's man or a brother in the case of marriage to another village and are fully present at the burial ceremony a day or two before and after the burial. In such a scenario, their participation and input are always crucial.

The family unit forms the base of most African communities ''with multiple and various social strata, units and sub-units which eventually build up into the larger community'' that becomes town and inter-town (Ekong: 236), and the Igbos are no exception to this structure.

[71] The Igbo masquerades cult; *mmanwụ* ''is a highly complex cultural institution; it is based on a hierarchically organized secret society that educates and initiates young men into adulthood; it preserves and teaches cultural knowledge, norms and history; it educates on cultural ideals, aesthetics and gender, and the local environment; it prepares major local economic activities; it displays the norms and the anti-thesis of Igbo civilization, exposes satirizes and criticizes misfits, punishes offenders, reveals current issues, teaches and entertains the public (Jell-Bahlsen 2016: 73-74).

The family in Igbo society is the most basic unit. Opata (1998: 31) observed in this respect that ‘‘family life is very central in Igbo thought’’. Thus, a description of a typical Igbo nuclear and extended family structure is due here. My informants equally agreed that in Igbo culture and tradition, the concept of family is an important foundational structure of society, created through marriage and procreation. That is to say, the Igbos do not view the family to consist of only “the man, his wife or (wives) and children; the family also include the man’s servants (apprentices), and those for whom he provides” (Ikwubuzo 2012: 145). The father’s brothers or sister’s marital family are all part of the larger family unit, including the ‘wife givers and wife takers’. Marriage (Platenkamp 1990: 76) argues, ‘‘creates relations between people in the woman’s side and people at the man’s side’’. When such a relationship is established through marriage, the families involved become what the Igbo society refers to *Ọgọ;* (in-laws)*; or Ọgọ nwoke* – for the males and *Ọgọ nwanyi* – for the females. In Igbo culture, a girl is traditionally married off by her extended family, not just her parents. The bride is transferred to the senior male member of the bride-takers' family, who subsequently presents her to the father of her husband. The father then formally hands her over to her husband. This ceremonial practice solidifies the wife's integration into the extended family.

The wife taker(s) in the Igbo traditional system are *de facto* extended family. Thus, their material and immaterial contributions are appreciated but not final in matters of importance which concern the wife givers’ families. The Igbo society do not practice marriage between cousins; hence, wife takers mostly come from another lineage, clan, community, or village and have no blood ties with the wife givers’ family. Investigations are done as part of the marriage process to ascertain direct or indirect blood relatedness (see Nwaogaidu 2017). We cannot dismiss some aspect of ‘relative status’ that exists between the wife givers and wife takers. In other words, “inequalities of status inherent in the system, do naturally exist” (Levi-Strauss’ 1969: 302-303). The wife givers, to some extent, have the upper hand in the relationship. This does not make the wife takers less inferior; rather, both are valued within

their respective positions and functions. This upper hand also stems from the fact that the wife givers bring generational multiplication in terms of procreation.

This ‘multiplication of production’ is a botanical metaphor better analysed in view of the marriage ritual of the Tobelo of North Halmahera, in which Platenkamp (1990: 76) argues that the female represents ‘‘the ‘stem’ from which a woman as ‘fruit’ is taken in marriage by the man’’. In further analysis, ‘‘the relationship of ‘stem at the woman side’ is valorised by the idea that the woman-as-fruit embodies the capacity to regenerate the ‘life’ of the person”. Michael Prager beautifully analysed this concept in the thought of the Kodinese of West-Sumba, with the planting and harvesting of rice as metaphorically linked to the idea about human production; giving life [...]’" (1992: 549). That is to say, by giving out a daughter in marriage, a seed of life is implanted in the wife takers’ garden for nurture and care, which in turn reproduces. These ‘botanical metaphors’ like in the Kodinese are visible in the Igbo marital social system; for instance, metaphors like “we saw a ripe fruit in your garden, and we came to pluck it” is commonly expressed during marriage rituals (also see Fox 1971, 1980, Lakoff 1987 and Lakoff and Johnson 1980). In light of Sugishima’s argument, this ‘‘botanical metaphoric concept does not represent rhetorical techniques for talking about them figuratively’’. It is, in fact, an ethereal means by which social relationships are structured (1994: 148). Against all odds, it is not a ‘‘marriage pattern that is feudalistic’’ in nature but inherently expressed in the Igbo adage of ‘*ogo onye bu chi ya*’ meaning ‘an in-law is also a saving grace’ (Levi-Strauss 1969: 303). Thus, the relationship between wife givers and wife takers is ‘‘stationary’’ (ibid). The links and ties connecting these immediate, nuclear, and extended families are what constitute a kinship, a clan, village, and hence, Igbo cultural society living in communal sharing and common interest. Therefore, Ikwubuzo argued that “more than any other unit of kinship or relationship within the Igbo society, the family is the greatest source of intimacy and solidarity” (2012: 146).

Other types of marriages which exist in Igbo society include non-Polygamy and Polygamy. Nzimiro (1962) studied similarities among the Igbos with reference to the marriage system. He argues that ‘‘the possibility of Igbo communities following specific stages of contrasting marriages is possible’’ and perhaps this process may apply to more Igbo communities (cited in Otite 1991: 22). To analyse Igbo non-polygamy is the same as discussing the promotion of monogamy by Christian missionaries in the Igbo society. Hence, we cannot discuss non-polygamy outside the context of polygamy which is the analysis I intend to present. Polygamy is a big concept that cannot be discussed comprehensively because anthropologists (Hughes 1972, Blum 1989, Haward and Dunaif-Hattis 1992, Zeitzen 2008) and sociologists (Amadiume 1987, Stud 1988, Brinkerhoff and White 1989) have for a long-time paid interest to the institution of African polygamy. To understand the Igbo polygamous marriage as a practice, I must outline some common factors that contribute to the high ratio of polygamy before the advent of Christian missionaries. Thus, even when ‘monogamy’ i.e., marriage between one man and one woman which was already in practice in the Igbo society became a norm for Christian religion, this did not stop the transition to polygamy, once it lacks some underline factors like lust for another woman (Preble 1962, Little, Fowler et al. 1969). Another factor is fertility (i.e., not only bearing children but having a male child). In other words, ‘‘the stability and sustainability of monogamous marriages still depend, above all, on fertility’’ (Smith 2001: 129). Uchem (2016: 1) argues further that:

> Having a male child is determinant of a woman’s ultimate acceptability in the marriage. To a great extent, it decides the stability of monogamous marriages. This is, therefore, a serious pointer to the basic cause of the perpetuation of polygamy even among Christians. All these are in turn tied to inheritance rights, which are reserved for males only.

Inheritance rights reserved for male children as practiced today by a few villages have since been abolished in many Igbo villages and states by the Nigerian Supreme Court[72]. By so

[72] Nigerian Supreme Court judgment pronounced on the 14th of April 2014 in a unanimous decision, confirmed decisions of two lower courts, which had found unconstitutional an Igbo customary law of succession excluding female offspring from eligibility to inherit the property of their fathers. (Goitom 2014), Retrieved

doing, inheritance is to be equally shared amongst male and female siblings (Okeke 1994, Edu 2016). Thus, the recognition of 'widow inheritance'[73] also shows that ''marriage is not thought to end when the husband dies'' (Otite 1991: 24). Other factors according to Starkwheather and Hames (2012: 151) include ''high operational sex ratio favouring males, high rates of male mortality and possibly, male absenteeism''. The lack of offspring to take over the nurture and cultivation of farmlands, and last but not the least, the attainment of social class, social recognition and 'socio-economic status' (Golomski 2016).

Since there are variations in reference to polygamy as practiced across Igbo regions, I chose to lay emphasis on how polygamy is practiced in Amorka town and villages within its local government area, based on my informant's description. Thus, I define polygamy as a form of marriage where a man marries one, two or more wives 'simultaneously' (Lahaye and Lahaye 1979, Naisiko 2012, Zeitzen 2018). Polygamy according to Haward and Dunaif-Hattis (1992: 453) has two principal types namely '''polygyny', where one man has more than one woman, and 'polyandry' where one woman has more than one man at the same time''. One of my informants stated that in Igbo society, 'polygyny' is viewed in the context of polygamy as a traditionally recognised marital custom (i.e., monogamy or polygamy). Hence, I prefer to use the term 'polygamy' in this analysis. According to my informants, men in the traditional Igbo society marry more than one wife in most cases. Monogamy even though was in practice was not that much favourable until the Christian missionaries gradually made it a precept/norm and all Christian converts began to view, practice and respect it as the norm (also see Carroll 1997, Purcell 2014).

Polyandry, a system in which a co-husband shares a wife with other husbands is not directly practiced in the Igbo society (Murdock 1960). However, indirectly, what the Igbos have, as

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from the *Library of Congress*. At: https://www.loc.gov/item/global-legal-monitor/2014-05-06/nigeria-supreme-court-invalidates-igbo-customary-law-denying-female-descendants-the-right-to-inherit/. (Accessed: 04.03.2023).

[73] 'Widow inheritance' or 'levirate marriage' is complex and unique to some regions in Africa. According to Gwako (1998: 173) they refer to fulfilment of widow's various needs, including siring of children to perpetuate the linage and securing access to land and other productive resources (Potash 1986, Owen 1996).

described by the late Dee Agbasi (my 78 years old Igbo informant)[74], is what the Igbos call *Ikuchi nwanyi* (inheriting the widow), where a widow is required to marry a brother or relative of her late husband (Harma 2016). The ritual ceremony for *Ikuchi nwanyi* is not performed in an elaborate fashion – bearing in mind the circumstances that ushered in the remarriage (Nwaogaidu 2017). Thus, through the proclamation of ''yes'' by the widow in the presence of *Umunna;* (patrilineage unit) of both her family (the wife-giver) and that of her late husband (the wife-taker), another marriage is sealed. This ceremony takes place in the '*Obi*[75] of the family (Okoye and Ukanwa 2019). In this case, payment of pride price or 'bride-dowry' is not repeated since *Ikuchi nwanyi* takes place within the same wife-taker's family (Dalton 1966). Thus, the initial bride price presented by the late husband suffices, also because this is not a new marriage (Goody 1979). The bride inheritance ritual is performed as from the sixth month of mourning the dead; in some villages two months after burial. If ''no'' is proclaimed as a response to the question; ''Would you like to be remarried by your late husband's brother''?[76], the widow's wish is respected – since this arrangement is by choice and not by force. The extent to which this marriage is successful is mostly dependent on earlier conversations and agreements between the widow and her late husband's brother who proposes marriage. Although this practice of widow inheritance has gradually diminished in its wider sense/spectrum, the possibility of it taking place in hyperlocal rural villages is common. According to my key informant, ''traditionally, the pronouncement is made to officially mark the end of mourning period which has a separate ritual rite''.

For the widow who chooses to remain unmarried, her child/children become her beacons of hope and stability especially if they are grown-ups and well-established. But when they are still much younger, her acceptance to go into another marriage within the same family is based on her quest to 'nurture her children by siblings of her late husband who she admires,

[74] Phone call interview with Dee Agbasi (75 years old man), in Igbo language, 03.03.2023.

[75] *Obi* is the central hut/building that serves as the 'heart' of the family house, a meeting point for family members, as well as the place visitors are mostly received. It serves as a physical and spiritual administration.

[76] Ibid.

who are wealthy and who can take proper care of her children' (Obi 2015). This ritual also enables the inheritance of her late husband's brother's property. Furthermore, childlessness as mentioned above is one of the reasons a widow might choose to 'go back to her parents' house', referred to as '*Ilota* or *Ịlaghachi n'ụlọ nne na nna*', to enable reintegration and new life, according to my informant. The inability to build a healthy relationship between the widow and her husband's family is another reason for *Ikporu nwanyi ulo*; (the widow 'is' returned to her father's house). In some cases, the bride price is returned to the wife-taker's family. On the other hand, widowers are free to remarry after six to one year of mourning or as is culturally accepted. When they marry a new wife, they have to perform the marriage rites all over again, pay the 'bride price' in full (Goody 1979) and go through the entire marriage rite and ritual process of 'gifts exchange' (Platenkamp 1996, Laila Prager, Michael Prager & Sprenger 2016).

Another example of Haward and Dunaif-Hattis' (1992) idea of 'polyandry' as practiced in *Alaigbo* (Igboland) where one woman has more than one man, is what my informant described as *Icho nwa;* (search for a child) to cover up generational gaps created by early deaths of parents of only surviving female child or a widow's lack of a male child (also see Präg et al. 2016). In this instance, according to my informant, a girl is allowed to choose who becomes the father of her child or children, i.e., 'mate selection' (Feyisetan & Bankole 1991). Marriage and death, thus create a social change for the widow in question (Platenkamp 1984c). More often, according to my informant, ''she is advised to, or she can decide to stay within her family and procreate – utilizing family resource or her personally acquired wealth for their well-being''. The widow without a male child who decides not to remarry ''can still choose from among her *Umunna* (husband's family) who becomes the father of her child''. In most cases, a strong, good looking, wealthy, well-respected, educated and morally sound man is preferred. Thus, this form of polyandry becomes a 'solution to the problem of childlessness because of the death of a husband' for the widow that chooses to stay (Uchem 2016). This can

also apply ‘‘when a husband is impotent, and the wife goes far beyond her husband’s family (most times in secret) to get pregnant’’ as noted by my aged informant.

Thus, this in-depth analysis from my informant’s perspective which also presents a central knowledge of polygamous practice, as it cuts across most parts of Igboland has other advantages like an increase in population for defence in times of conflicts and from unforeseen enemies, the blessings of having many children/family members and more importantly, for ‘self-identity’[77] for the woman ‘in marriage’ (Onwurah 1982). In villages where there is a higher number of women, polygamy is encouraged, and this also helps to reduce the number of ‘fatherless and motherless children’ (Duncan 2008). It ensures there are more hands to enhance economic growth in cases of farm/crop production (Toyin 2000, Uwazie 2003). Hence, some of the disadvantages of polygamous marriages especially in rural areas are caused by poverty and illiteracy (Fenske 2015). More so, inability to keep up with economic costs in times of recession, difficulties to build one-on-one relationships with many children, difficulties in sustaining economic growth, difficulty in maintaining peace and order between wives and children, and promotion of wives and siblings rivalry (Eapen et al. 1998, Al-Sharfi et al. 2016). Finally, since ‘‘most families prefer to live together in one home, it thus creates large and enmeshed family units’’ (Anult and Van Gilder 2016: 564). From an insider’s perspective, the ratio between monogamous and polygamous marriages in Amorka is five-over-five (i.e., half for monogamy and the other half for polygamy). The reason for its equilibrium is that many are offsprings of polygamous parents. Those who prefer monogamy have weighed its positive and negative outcomes. Notwithstanding, there are some Igbos today who practice polygamy by choice or by affiliation to Igbo traditional religion/culture (Akande, 1976, Onwurah 1982, Uchem 2016).

[77] “A woman deserves no respect unless she is married […] a female in the patrilineal system does not yet ‘exist’ unless she becomes a wife and indeed a mother” (Onwurah 1981: 141).

Igbo Household Formation Stage I[78]

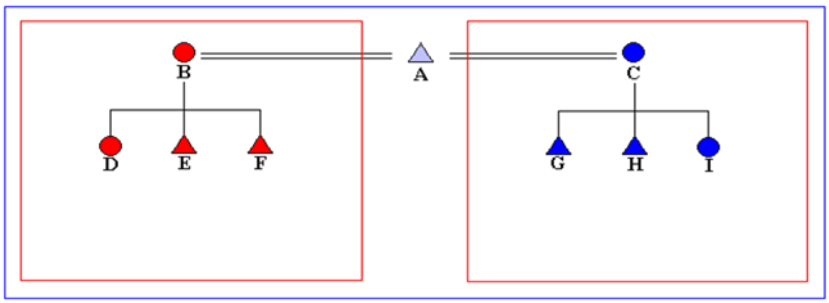

Figure 10. Igbo Household Formation Stage. (Source: https://www.umanitoba.ca/faculties/arts/anthropology/tutor//case_studies/igbo/residence.html. Accessed: 20.08.2021).

Nuclear families can consist of one husband and wife or of one husband and more wives; for instance, **A** (man) is married to two wives **B** and **C** (B has D = female, E and F = male) and (C has G and H = male and I = female) as children. This kind of polygamous arrangement was quite common in the Igbo society but with exception to those who preferred monogamous family structure. Isichei explained the idea behind a smaller family unit when she argues that "the enlargement of scale offered no obvious advantage [...]" (1976: 21). Thus, B and C, the two wives, are assigned separate huts within the compound in a wealthy polygamous family where each wife would live with her child or children. Besides wealth in the sense of landed property, the maintenance and weeding of farms yearly was a major factor of polygamous marriages (Egboh 1972); difficulty in childbearing also contributed to marriage of many wives, in addition to other reasons (Basden 1966). In each wife's segment, a complex, social economic unit as well as territory is formed under the umbrella of *Ụmụnne* (siblings of the same mother) as opposed to *Nwa nna m* or *Ụmụnna* (children of the same father or great grandfather) (Ekwunife 1990). As the sons of these wives get married, they in turn bring their wives to the section of their mother's huts and on which they build their own huts, depending on how many wife(s) a son marries (Nzimiro 1962), as shown below:

[78] All household formation images I, II, III and IV are credited to Brian Schwimmer (2012). Department of Anthropology, University of Manitoba, Canada. At: https://www.umanitoba.ca/faculties/arts/anthropology/tutor//case_studies/igbo/residence.html. (Accessed: 20.08.2021).

Igbo Household Formation Stage II

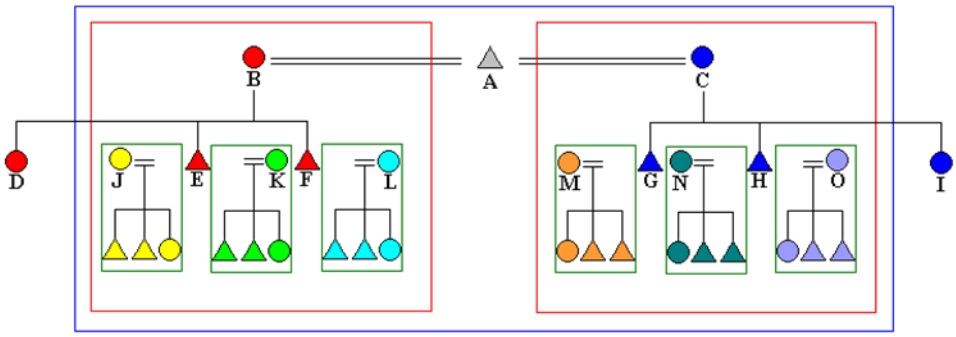

Figure 11. *Igbo Household Formation Stage II* (Source: https://www.umanitoba.ca/faculties/arts/anthropology/tutor//case_studies/igbo/residence.html. (Accessed: 20.08.2021).

As '**A**' (man) remains the overall father and head of the family, **B** and **C** (wives') sons marry and bring in their wives as well; each of them is assigned a new hut within the patrilocal residence, i.e., village. Their daughters then get married and move out to their husbands' families (Cass 1939). This process is repeated in the next generation in the same manner as seen in the third stage of Igbo household formation below. As one large family of *Ụmụnna* (children of the same father, stage I), *Ụmụnna* (children of the same grandfather, stage II), and of the same great-grandfather as seen in stage III, they cooperate in joint cultivation of 'men's crops' (yam, palm oil, etc.) while the wives individually determine what crops (cocoyam, maize, vegetables, etc.) they wish to cultivate, including the production and income it yields (Nzimiro 1962, Van den Berghe 1965). The wives use these proceeds for the betterment of her specific household as this is her primary responsibility to care for her children. The men's harvest and proceeds are shared among the wives (Egboh 1972).

Igbo Household Formation Stage III

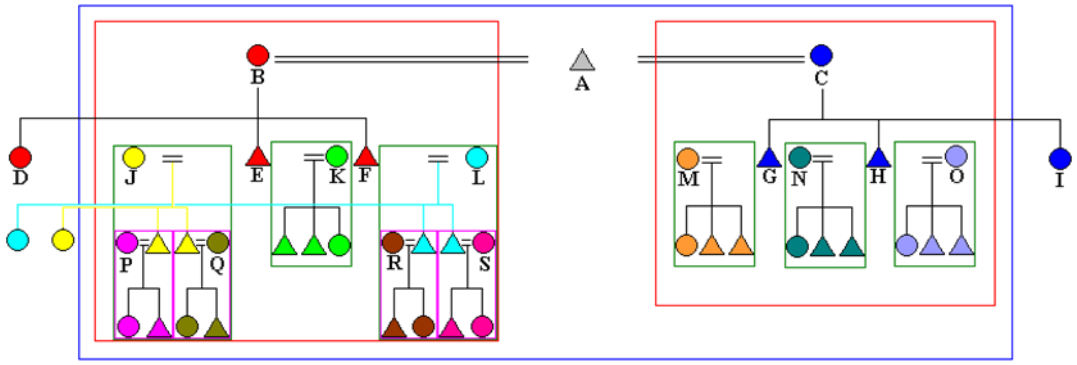

Figure 12. Igbo Household Formation Stage III. (Source: https://www.umanitoba.ca/faculties/arts/anthropology/tutor//case_studies/igbo/residence.html. (Accessed: 20.08.2021).

In Ikenga village, my informant asserts, "sharing of common harvest or proceeds is done in the *Umunna* segment". First, between the wives, B and C, who then take their share to the *Umunne* segment and share again according to hierarchy; the eldest wife taking a bigger portion (with little margin) of the harvest. The Igbo family structure is mainly patrilineal. The patrilineal family is headed by the father (Amadiume 1987). But in the case of death, the eldest son of the first wife takes the mantle of leadership as the head of the family. At his death, the eldest son of the second wife takes up the position, and so it continues in rotational sequence. In a monogamous family, the eldest son of the father and the mother become the head of the family should the father die. The circle of leadership continues through generations, to be taken up by the immediate younger brother when the eldest son also dies (Forde 1951, Basden 1947). The family head takes care of the whole household until the father's properties are shared among all the male children, and in some cases, among all the children, both male and female (Ottenberg 1960). It all depends on the father's financial status (Njoku 1990). Traditionally, the female child does not inherit from the father's property as she will have to guard her children and help maintain properties inherited by her children in her husband's house (Leith-Ross 1939). Care for the *Umunna* household may differ depending on how wealthy any of the siblings become and choose to care for the larger family. The female

children, however, are never neglected as they constantly receive support from their father and male siblings. They can acquire personal properties which they later transfer to their children (Leith-Ross 1939). The practice of 'widow inheritance' or 'levirate' as Gwako (1998: 173) asserts, refers to ''fulfilment of widow's various needs, including siring of children to perpetuate the linage and securing access to land and other productive resources'' (Groves 1948, Potash 1986, Owen 1996). It is in the extensive expansion of the stage III of the Igbo household formation that the Igbo kinship is naturally formed as seen in the expansion of Igbo household segmentation below. Widow inheritance' or 'levirate marriage' is complex and unique to some regions in Africa.

Expansion of Igbo Household Segmentation

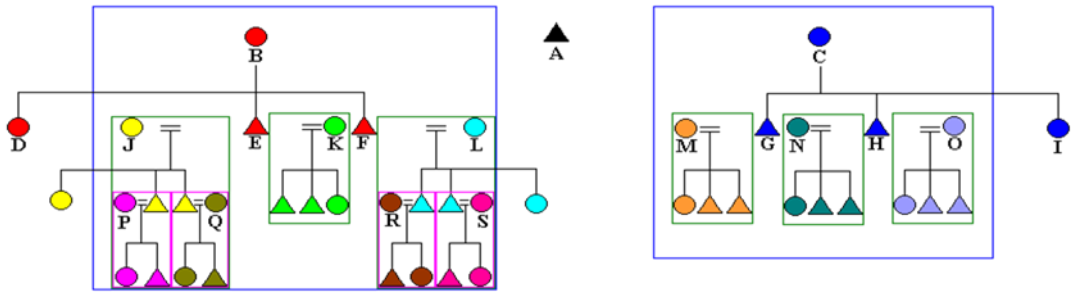

Figure 13. Expansion of Igbo Household Segmentation. (Source: https://www.umanitoba.ca/faculties/arts/anthropology/tutor//case_studies/igbo/residence.html. Accessed: 20.08.2021).

Directly or indirectly, every member of an Igbo family has both "instrumental and affective role" to fulfil (Leeder 2004: 50-51). Instrumental roles are centred on the provision of physical resources, family management as well as decision making. On the other hand, affective roles 'provide encouragements and emotional supports' (Mokomane 2012). Although parents generally have full responsibility in family welfare, it is important to state that males in the Igbo family especially the firstborn male – *Ọkpara* – have responsibilities similar to that of their fathers. It was, and still is, the duty of the elder sibling to cater for the younger siblings, aged or sick parents; perhaps in collaboration with other financially able siblings as the case may be. Hence, it is also the responsibility of any among the siblings who

(in the course of migration or education) acquire financial resources to support other members of the family. 'Self-centredness' is frowned upon and causes pain and hatred in a family. The concept of "self" (*Onwe*) in Igbo context "is seen not only as that which is personal but also as being with others" (Okoye 2011: 51). An individual is not an isolated being in the Igbo family cosmology but is a person in constant communion with others in shared responsibility and support. Notwithstanding, Ndiokwere also argues that the "emphasis is placed on individual achievements" (1998: 13).

In addition, since I discuss "Home and Migration" in the next chapter, I consider it important to draw attention to how (family) household structures and personal responsibilities are re-enacted based on my informants' feedback on household activities in Germany. This data came from my entry into the field through organization. Thus, unlike in their native land, where they practice the patrilineal system and male dominance (as the head of the family), that sense of domination in Germany[79] is balanced. Nevertheless, in their cultural logic of "what it takes to be a man", my male informants spoke about their preferences in taking up more of the working hours to allow their wives have more time to care for their child(ren) and other family needs (see Habeck 2005). Payment of bills and other family expenditures are mostly a 'father's thing to do' (Goldberg 1984). ''That was how we saw our fathers coordinate our family affairs'', my informant asserted, "it worked out for them, and we have to do the same''[80]. That sense of being the man of the house and taking charge of the main financial responsibilities as practiced in their homeland appears to be innate. There exist some conflicts based on financial positions and decision making that end up causing family separation. I am not sure about the impact this has on their individual lives and that of the children. But in the absence of the worse situations, I do not know if it is a new adventure for both the father and

[79] For more detail on the gendered migration of Igbo in general, see literature on the 1930s development of women economy in Germany, women opportunity for better education and career, women's rights movements, or readings on the 1936-39 misogynistic Nazi ideology on women as better off with (*Kinder, Küche, Kirche* […]), the 1935 *lebensborn,* the role of women at the workforce pre-World War I and post Hitler war.

[80] Comments made during one of the Igbo state End of the Year Cultural Festival, in Munich, in Igbo language, December 2019.

mother. Simultaneously, there are instances where the mother works more and earns more money while managing more household chores. But as seen practiced by many Igbo families, mothers take up lesser hours of work or not at all when their children are underage. In such cases of no work especially during maternity, the mothers are in charge of coordinating family affairs alongside their children's care. But in the case where a mother working, the father supervises their children and takes care of house chores as well. Based on my observations, mothers appeared to do better in domestic affairs than fathers. They cook delicious meals and take proper care of their homes, similar to what is obtainable in their homelands. Some fathers, however, I observed, are very active in their housekeeping duties and are good cooks as well.

In conclusion, this fourth chapter on "Igbo Socio-political Organization" links us to the fifth chapter, centred on the analysis of "Home and Migration", the role of family/kinship in migration, and how the Igbos' ontology and sentiments of their homeland are viewed and expressed amidst migration, through the re-enactment of cultural beliefs and practices and how this resonates with personal, socio-economic, political as well as religious agendas. The (diasporic) reconnection to the homeland is a significant aspect of their identity, as seen through the reenactment of traditional culture in a transnational context.

CHAPTER 5

BETWEEN HOME AND MIGRATION

The idea of 'home' certainly would mean different things to different people and that may emanate from the individuals' outlook on what is considered a home. While it may be a place that some people look forward to going to, others may be looking for ways out of it. For the Igbo ethnic group, 'home' is a significant part of existence. It is a place to find solace, answers and solutions in severe life circumstances or situations and healing in particular cases of severe health issues and conditions. In other words, to understand the importance associated with 'home', i.e. *Alaigbo* 'homeland' by the Igbos (from the perspective of my migrant informants in Germany), it is vital to know more about this 'home' from where they migrated. Thus, this chapter discusses themes such as 'Igbo and migration dynamics', 'Igbo and migration: a cultural practice of prestige', and 'Waves of Igbo migration' experiences. Furthermore, 'Kinship role in Igbo migration' is discussed, as well as 'The aim and motivation of migration as influenced by kinship'. Another essential section of this chapter discusses the different meanings of 'home'; hence, the 'Concept of home' as interpreted by my Igbo informants in connection to the child's placenta, the concept of life – *Ndu* and *Chi*.

5.1 The Igbo and Migration Dynamics

In view of its innovation, ethnographers have holistically studied cultural traits from the inside by challenging previous views or prejudices about cultural attitudes to movements or mobility (Wissler 1923, Mason [1886] 1896, Lyman and O'Brien 2003). By movement, I mean stepping out of one's culturally familiar environment to a new location with the aim of starting a new life, securing basic life necessities, or achieving economic success, as well as adapting to new socio-political, cultural, economic, religious, and traditional life patterns through interactions and integration into the new social environment. Thus, this section

analyses ‘migration’, not with regard to migration origin but with reference to the current cultural dynamics of migration that has become an acceptable practice which bestows prestige amidst the odds of migration experiences.

In light of Brettell’s (2000) argument on ‘recurrent movement’ of people from one locality to another, it is accurate to argue that the Igbo migrants’ movement to the Western part of the world was in full force prior to and post Nigerian-Biafran civil war of 1967 to 1970. Inter-state migration within Nigeria was also in full force. The growth of trade among Igbo before 1800 and exports of goods and services out of Igboland, as well as settlement in other states within the country, were the major motives for internal migration (Northrup 1972). Post-civil war Igbo migration was mainly to neighbouring countries such as Benin Republic, Ghana, Togo, Ivory Coast and Cameroon. The German-Nigeria bilateral relationship dates back to 1864; with the opening of the Goethe-Institut in 1962, one would deduce that Germany received the first wave of Nigerian immigrants within these periods. Besides slave trade and forceful migration of slaves to Europe and America, most migrants to Europe within these periods were mostly educational migrants through government and foreign scholarships. Among them were student migrants who came from the then Eastern Nigeria – the Igbos. Some also received the Catholic Mission Scholarships offered to brilliant youths from which people like the late Adiele E. Afigbo[81] benefited. France in the 1950s was already hosting North and Central Africans like the Cameroonians; thus, from former French colonies (Malka 2018). Some of these African countries had endorsed the colonial discourse according to which Europe and America were safe havens for economic advancement, the lands of opportunity where dreams come true (Adepoju 2011, Appleyard 1995), just like we saw with the colonial era of educational scholarships to Britain and America. Germany became one of the destination choices for the Igbo people due to the influence of many Cameroonians who

[81] Afigbo’s historical works on the Igbo has been used in some narratives of this work. Some of his works include: *The Warrant Chief System in Eastern Nigeria: Direct or Indirect Rule?* (1967), *The Consolidation of British Imperial Administration in Nigeria: 1900 – 1918* (1971), *Traditions of Igbo Origins: A Comment* (1983), *Africa and the Abolition of the Slave Trade* (2009), to mention but few.

had already migrated to Germany and had talked about their experiences. The Igbos were very much present in the Southern part of Cameroon (the anglophone province) which bordered South-Eastern Nigeria, and overall, they had a good relationship with the local people. The remnants of the then German colonialism like urban development, solid government house structures and a functioning railway system were visible and to an extent, they had an idea of what the Germans were capable of building.

Another set of migrants were individual economic migrants to Europe who moved to Britain in the late 1940s and European countries mostly (Gheasi & Nijkamp 2017). In the 2000s, the huge influx into 'transit' Italy from Morocco and Libya after months of long voyage through the desert and the Mediterranean sea was a result of events such as political and economic crises (Horwood, Forin & Frouws 2018). Horwood et al (2018) argued that Igbos' migration to Germany was as a result of further exposure to life in Europe, the search for jobs, a better life, good healthcare system and safety from insecurity and political instability in their homelands.

As regards the question of whether men or women migrated, there has been incredible changes to the Igbo history. Bear in mind that migration as seen today is no longer as it was practiced in the 1920s. At that time the cultural norms were that men go hunting while the women look after the household. Whereas girls would need to stay closer to their parents, male children were not allowed to migrate abroad leaving their aged parents behind. Thus, only male children who were believed to be strong and resilient, and sometimes stubborn, and who could withstand pressure and challenges were allowed to migrate. Hence, Sarah and Pesser (2006) remark that gendered selective migration for a host of reasons was a form of marginalization which ethnographers were yet to pay closer attention to. This was the norm until the late 1980s, before female children could be allowed to seek migration abroad as such movement was equated with promiscuity. Another reason for the gendered nature of early migration was the family's uncertainty about a daughter's ability to survive when faced with

life's challenges. Consequently, collective family movement was preferred for an unmarried woman/girl travelling abroad alone. Nowadays, there are not much emphasis on gender-based migration; both males and females are allowed to migrate, as long as they are psychologically ready, fit (healthy) and financially able. Having explored some dynamics of Igbo migration, let us examine how migration from many instances of difficult stories became an acceptable cultural practice for the Igbo people.

5.2 The Igbo and Migration: A Cultural Practice

In an extended analysis of Cohen (2004) *Cultures of Migration*, Cohen and Sirkecion (2011) added a voice to the argument that the concept of migration is complex from the point of view of cultural representation. Hahn and Klute (2007) critiquing the concept of migration, described it as influenced by "aetiological tendency" that is fixated on contrasting ideas, opinions, attitudes, or nature of migration motives. Such motives Lee (1966) argues have been centred on the so-called 'push factor' which force people to leave their homesteads, and the so-called 'pull factors' which attract migrants to particular destinations; or viewing migration and movement as opposing values to stability and sedentary lifestyles (also see Kerri 1976, Brown 1986, McCann 1986, Doerschler 2006). Hence the concept of 'cultures of migration' is an attempt to look outside the micro or macro-economic framework for other possible causes of migration' (Sjaastad 1962; Lee 1966). Lee's (1966) main argument is that migration is driven by locally defined valuations of lifestyles and patterns of preferential strategies of survival, and therefore the causes of migratory movements cannot be exhausted by the analysis of 'push and pull' factors alone but rather must also be considered from the insiders' perspective. In support of this claim, Zolberg (1981) added that ''it is not just the economic factors that matter in making the structural setting of migration; for example some of the countries that would be considered peripheral in the world systems theory chose to do so due to political reasons, and political motives also influence migration flows (e.g., of refugees)

(cited in Hagen-Zanker 2008: 9). Applying this concept to the African context, Hahn and Klute (2007: 11) argue that:

> The normative perspective on migratory movements as the exception compared to sedentary ways of life contradicts the reality of many peoples and groups, particularly on the African continent. Africans move a lot, and for various reasons. Looking at the high degree of mobility in many parts of Africa, mobility, be considered and not sedentary ways of life, as African 'normality'[…]. Whereas from a European standpoint, migratory phenomena seem to disturb order, so that many efforts are employed to send migrants back, at worst, or to integrate them, at best, mobility and movements of people are since long part and parcel of the African reality.

The Igbos appreciate migration as an experience of everyday life. A common understanding in African societies is that mobility has long characterized social life from time immemorial. Ejelinma (2012: 6) notes that "although the Igbo are by nature very adventurous people in that sense of migration exploration, they were never nomadic''. This means that they always returned home or often keep in close tabs with home, financially; hence the concept of *Aku ruo uno*[82]; ''wealth (must be) returned home''. Therefore, migration in its various forms is not new to the Igbo people and these I discuss in the next section below.

5.2.1 Waves of Igbo Migration

The first wave of Igbo migration out of their cultural domain was in the 1900s. van den Bersselaar (2005: 55) asserts that ''the population of this 'Igboland' migrated in larger number was to the railways, mine, and colonial cities, looking for employment''. It was not just about attraction to colonial urbanization or the Igbo tendency towards ''modernity''; because the ''idea that the Igbo were more interested in modernity than other Nigerians has remained

[82] The concept of "*aku ruo uno*" is a practice of encouragement of wealth return back to homeland. Thus, after a successful achievement of material and financial wealth in migrated locations, one is advised to come home and help build up/develop Igboland. In some quarters, it can also be seen as a practice of prestige, in the amount of physical asset display without much impact within the neighbourhood or village development except within one's family compound. For instance, a beautiful mansion without a good road/pathway to the area.

popular, especially among Igbo scholars like Ottenberg (1962) who talked about the 'Ibo[83] receptivity to change'" (ibid). van den Bersselaar, however, observed it to be "the consequence of a combination of demographic, economic and social factors which forced the rural population to look for opportunities outside their home communities" (ibid). Social science and historical works such as '*Ethnic politics in Nigeria*' (Nnoli 1978), '*We were all slaves*' (Brown 1988), '*Palm oil and Protest: An economic history of the Ngwa region South-Eastern Nigeria 1800-1980*' (Martin 1988), and the '*Igbo Easy Receptivity to Change, Facts or Fallacy?*' (Anyanwu 1995), all pointed to the fact that "seasonal migration and population movements were already features of the area in the nineteen centuries" (van den Bersselaar 2005: 55). During this time, the Nigerian political structure, van den Bersselaar noted:

> was often dynamic and characterized by a masculine status system. They reflected a past of successive waves of immigrants, involvement in the slaves; (through either procuring slaves or offering protection against raids) and in the palm oil trade (ibid).

In addition to the above reasons for Igbo migration, trade of goods and services such as 'metal and beads, salt, cloth, basket crafts, palm oil and other agricultural produce like yam were some of the items that were commonly associated with the Igbo who were merchants (Northrup 1972). These trade and internal migration activities were along the lower Niger, which is in the South-Eastern region. Slave trade was ongoing and did not deter the Igbo traders from going about their own businesses (Onwuka 1956). Mass migration within states in Nigeria took its turn after 1914 "when the colonial government needed railway workers to construct the line from Port Harcourt in Rivers state, to Jos, Plateau state in the Middle Belt and to Maiduguri in the North" (van den Bersselaar 2005: 56). Some Igbo migrants were free labourers who saw that as an opportunity to escape exploitation and social discrimination[84]. Thus, these early movements are indication of why the Igbo migrants are found in large

[83] The word 'Ibo' was a shorter form for 'Igbo' used by the colonial master who could not pronounce the 'gb' sound.

[84] This was ongoing within the Igbo society with the *Osu* caste system that perceived and placed those who migrated to other communities, to be an outcast. They faced discrimination from hosts communities that saw them as slaves and not free born. Hence, they were considered inferior beings. They forbade them from social interactions and marriage with 'free born' (Durueke 1985, Basden 1996, Mezie-Okoye and Asike 2019).

numbers in the Northern states of Nigeria like Adamawa, Jos, Kaduna, Kano, Kebbi, Kwara Sokoto, Yobe and Taraba. In the central states of Nigeria, Igbos moved to Abuja, Minna, Nasarawa, Benue and Lokoja in Kogi State; to the South-Western states, in cities like Abeokuta, Lagos, Ibadan, etc., and down to the South-Southern States; there are also many in Benin in Edo state, Warri, Agbo and Asaba in Delta state. In Uyo and Ikot Eekpene cities in Akwa Ibom, and Calabar city in Cross River state, Igbos also were found. They crossed the Atlantic Ocean into the Southern parts of Cameroon, bordering the South-Southern region of Nigeria. Hence, cities became a ‘‘safe haven’’ to seek relief and work to earn a living (ibid: 57).

Language (dialect) was a barrier in the early stages of migration into new communities. Nevertheless, Igbos integrated into the hosts’ cultures, learned their languages (English, French, Cameroonian Pidgin English, and Creole, etc.) (Najiba 2017). They educated themselves and took up government jobs that were available during the German colony in 1939 (Amaazee 1990, Chukwuezi and van den Bersselaar 2010, Dupraz 2019). Due to their persistence and hard work, they established petty and full-time trading, like opening of pharmaceutical shops, all kinds of fabric materials, auto-mobile, car and bicycle repairs, cars and home electronics, motor parts, iron bending and welding. They also went into farming and bought lands from their original owners (Chuku 2018, Amin 2020). They experienced hostility in Cameroon because of their involvement in government and public offices, trade, and commerce, which made them affluent and influential (Sharpe 2005). Beau town in Cameroon became a reference point to the type of hostility they experienced (see Amaazee 2009; Ardener, Edwin et al. 1960; Harlow 1974). In Nigeria, they were also making waves in various economic sectors. This form of Igbo migration was a ‘‘stage of life for many junior males and a way to acquire resources to marry, specifically for the bride price [i.e., dowry payments as practiced in the Igbo culture]’’ (van den Bersselaar 2005: 57). It was also an avenue to set themselves apart as ‘‘mature members of the local community on their return’’

to their homelands, Igboland (ibid). The Igbo women at this time did not participate in this kind of migration. They ‘‘remained tied to their homes and families’’ waiting for the return of their brothers and future husbands (ibid).

I would credit **the second wave** of Igbo migration to the Igbo women. They witnessed the positive impacts that migration, trading, and education had on individual migrants, their families, and the community. Migration improved the quality of life of those who took the risk to migrate (Muoh 2017). Thus, while the women patiently waited for their men’s return from the cities and countries of migration, they made a conscious effort to keep the village life going through ‘self-actualization’ (Chuku 1995). They took up the affairs of men, alongside their parents, through massive farming, the crafts industry, and trade and commerce (Ezumah and Domenico 1995). Commerce and trade as of 1920 had further expanded within the South-Eastern states, with women were fully involved, making them the instruments of ‘continuous changing formation’ between the 1900 to 1970 (Leith-Ross 1939). Trading activities were ongoing within the local communities at the village markets. The men who had returned married the women and subsequently took their wives along the migration paths. The Igbo women were never laidback and were not lacking in support of their husbands and households. They were ‘‘responsive and receptive to a high degree to economic opportunities and innovations’’ (Chuku 1995: 37). Hence, the saying that ‘‘for every successful (Igbo) man, his wife has always stood as his bedrock to achieving greater success in business ventures’’. They supported, refashioned, and promoted their husband’s business ideas and business strategies. Despite nursing their babies, they never relented in pushing their petty trading ventures. Thus, the 1921 census affirmed that about ‘‘974 Igbo female traders were in townships in Southern Nigeria. While in Northern Nigeria, there was one Igbo woman for every two Igbo male migrants’’ (Talbot 1925: iv). van den Bersselaar (2015: 57) points out that other factors did encourage the women who went out in search of livelihoods; one of them being ‘‘the improvement of transportation during the 1920s and 1930s that made various groups of

people from villages with poor soil and relatively high population densities to migrate more than those where there remained more space for rural opportunities''.

Furthermore, educational migration took its toll during the period of women's involvement in the trade and commerce boom. As van den Bersselaar (2015: 57) notes, ''a group of migrants that had an impact far beyond their relatively small number (perhaps 5% of the total Igbo migrant population)'' were that of mission trained (educational) men and women who worked far away from their villages. The men worked as clerks for firms and colonial administrators, and the women worked within their villages as teachers for their children and elders (ibid: 57). The women in migration moved to the same cities and states within Nigeria and neighbouring countries like Cameroon, Togo, Benin Republic, Senegal, and Ivory Coast, etc., with their husbands. Some women migrated with their children to join their husbands afterwards. This was a common practice in Nigeria and Cameroon in the 1990s, which I witnessed myself. This pattern of migration indicates that wives joining their husbands (i.e. through family reunion) in a foreign land was a common practice. From an insider perspective, the women single-handedly took care of the financial needs of their households when their husbands died, was sick or was incapable of fending for the family due to physical disability or mental breakdown. They certainly contributed their ''fair share of labour'' just like the men in shouldering their children's education and family business (Achebe 1958: 84). Despite the challenges, migration had drastic impacts on new overseas arrivals or returnees, especially the female members of the family or community who have been separated from their families as they had settled in another state for some years. It became apparent that a young girl can do as much or even better as the boy in the family. The women were more focused than the boys who often made unfavourable and risky decisions in the quest to get rich quick. The women went the education route and settled down overseas after graduation, and only visit their country home during holidays. Thus, it became acceptable for single females to travel for

university education without being accompanied by anyone. The women's role and impact in the course of migration are undeniable.

The third wave of increased youth migration could be credited to the period between 1950 - 1970. Thus, arguments of emigration centred around the Nigerian Biafran civil war of 1967 to 1970 tend to overshadow other reasons for the Igbo migration. One of such reasons was the looting of properties that belonged to the Igbo people in cities within Nigeria where they lived and worked for years before the civil war. It was a difficult challenge they faced having to start life afresh; as a result, many of them emigrated (Iwuagwu 2018). Another reason was that the Igbos who came out of the war homeless and unemployed, were given 20 pounds each as compensation by the Nigerian government, irrespective of the amount they had in the bank before the civil war (Gowon 1970). Igbos saw the distribution of 20 pounds they received as further steps to render them handicap (Awolowo 1968, Innocent 2012). However, the Nigerian government came up with explanations to justify this action. One of which was a new policy known as the ''Nigerian Indigenization Decree[85]'' or ''Nigerianization policy'' of 1950 as it was popularly known, which took effect during the civil war and that forced foreign companies to sell off their shares (Bello 1972, Ekukinan 1974, Ogbuagu 1983 and Maut 2004). The Igbos were still using the old currency which was in circulation before the war. Thus, since they had only 20 pounds to their names, they could not utilize it and were left with no other means of financial resources (Bello 1953, Gowon 1970). Iwuagwu notes that ''most of the programmes initiated under the 'Eastern Nigeria Development Plan of 1962 to 1968' were abandoned'' because of the civil war (2012: 282).

The Igbo people faced serious financial and economic crises after the war. There were visible signs of neglect, famine and malnutrition. They experienced a high birth and mortality rate, food shortage and starvation through a blockade tactic by the Nigerian Federal government.

[85] The 'Nigerian Indigenisation Decree' aimed at replacing foreign investors and personnel in industries with indigenes (Muat 2004). ''It was aimed to create opportunities for Nigerian indigenous business, maximize local retention of profit and to raise the level of intermediate capital and goods production'' as outlined in June 1971 by the Nigerian government as cited in (Ogbuagu 1983: 241).

This made the Igbo to surrender to a rehabilitation proposal of "No victor, No vanquished" geared towards "reconciliation, reconstruction and reintegration" by the Nigerian government (Ibeanu, Orji & Iwuamadi 2016: 16). Although the Igbo people accepted the Biafran defeat, O'Connell, described them as people who remain "secessionists at heart" (1993: 119). Thus, many years after the civil war, the Igbo people still feel they are systematically excluded from governmental affairs, political appointments, and sociopolitical and economic development by the Federal Government. They claim to have witnessed unfair sharing of the nation's natural resources and lack of federal projects and infrastructures within the South-Eastern region that could open up job opportunities for the millions of young Igbo graduates (Ibelema 2000). The dissatisfaction over the state of governance in Igboland continues to renew their 'agitation for secession and self-determination' (Walter 2004). These experiences forced them to develop a 'survival instinct and pattern' (Pellissier 2015, Okwuosa, Nwaoga, Uroko 2021). Besides the loss of life and property, the shame of defeat, marginalization and segregation, trauma and psychological torture forced Igbo people into a situation which Obi-Ani described as:

> Thoroughly demoralized, psychologically disoriented, materially impoverished and politically marooned. Their future appeared permanently blighted. To be Igbo became taboo, and some Igbo groups attempted to hide Igbo identity by disguising their Igbo name (2009: vii).

The Igbos saw migration to other African countries and beyond as the best alternative for survival. It was for them, the best way "to rebuild and secure life" (White 1975: 9). The Igbos, especially the youths emigrated to Europe and America, Australia, Asia and even to South America. They are found in almost every continent of the world. Those that migrated to South Africa for instance, seize the invitation by the government for 'High-Skilled Workers' to fill in the gaps in employment due to the 1960-1950s desegregation in the labour market that caused a shortage of educated black South Africans in the workforce during the Apartheid regime that ended in 1994 (Steenkamp 1971, Mariotti 2009, Foko 2015). Thus, many Nigerians, including Igbo doctors, nurses and skilled professionals migrated to South Africa.

Based on these, Igbo migration is now regarded as a 'cultural practice' that may not be stopping anytime soon. The Igbo people who emigrated to Europe and America, and even to South Africa have integrated into the culture through language, marriage, childbirth, and are involved in socio-political activities in their host countries (Davies 2006, Robin 2005). They acquired landed properties like houses and farmlands and built flourishing businesses and have nationalised therein (Jill 2013). In America and Britain, they occupy the medical, educational, political[86], judiciary and sports sectors. They also work various places like restaurants, supermarkets, vehicle and health insurance firms, old people's homes and disability homes, including in Germany. Based on information gathered during my research, some are language translators, and social workers. Others work at airports, or in brewery companies, with Audi, BMW Mercedes, and other car manufacturing companies; while others work as teachers/lecturers, bus and truck drivers and in logistics companies. Some others are self-employed and full-time exporters of all kinds of property, vehicle, food, clothing and beverages from Germany to Nigeria (see Eze 2021). Many Igbo youths in Germany are students in various German universities[87]. Many Igbo youths are currently studying in Britain and America, Hungary, Ukraine, Poland, Norway, Finland, Sweden, Canada, Cyprus, Malta, Lithuania, Austria, and Holland, to mention a few (Obi-Ani 2009; Gyamfi et al. 2020). But they have faced various challenges while adapting to some of their host countries and communities due to language barrier, differences in weather conditions and differences in 'cultural orientation' (Hofstede 2005).

[86] In Britain, three Igbos served as 'Members of the British Parliament, for example, Chi Onwurah (2013-2015), Chuka Umunna (2010-2019), Kate Osamor (2016-2018). The current Canadian Minister of Justice; Kaycee Madu is also an Igbo man. Some are footballers, musicians, actresses and actors who emigrated and have dual citizenship in their countries of emigration.

[87] In Bayern for instance, they were the formators of the 'Nigerian Community Bayern, Munich (NCBG) e.V.' which was officially approved in 2000 at the Court of law (*Amtsgericht-Registergericht*) in Munich. At: https://nigerian-community-bayern.de/ (Accessed: 25.08.2021).

They also experience various forms of racial inequality in Europe[88] and America. They have also been victims of the 2016 and 2019 'xenophobic attacks' witnessed in South Africa where Igbo lives, property and businesses were lost (Tafira 2018). In Germany, I observed, during my fieldwork in 2014/2015 in Bayernkaserne in Munich, that alongside other groups of immigrants, going through the asylum process, Africans, Nigerians (and Igbos) refugees/migrants complained about favouritism or unfair treatment in the transfer of migrants made to various locations in Germany. During my doctoral fieldwork in 2017, some of the migrants I met seemed to have integrated into the system, judging from the optimism they expressed despite the rigorous integration processes involved. Going through the process, however, does not guarantee settlement in Germany at the end of the asylum process. Nevertheless, they are welcomed in Germany by the government and citizens. They receive a much-needed hospitality as people seeking for safety.

5.3 Migration: Pride and Prestige

Migration as a source of pride and prestige, can be associated with the Igbo youths as seen in today's cultural practice of migration. It has also become a source of 'prestige' for the families of Igbo migrants despite the challenging experiences these youths undergo (Barkow 1975). Igbo migrants who left the South-Eastern region to more urbanized locations are referred to as the 'progressive factor' in the economic sense, because their persistence and hard work have helped improve the standard of living in their families back home. These movements and exposure proved to be an advantage because it has inspired growth and development, survival, and sustenance against the backdrop of hunger, starvation, disenfranchisement, and the

[88] The 2016 ***European Union Agency for Fundamental Rights*** report outlined selected results from FRA's second large-scale EU-wide survey on migrants and minorities (EU-MIDIS II). It examines the experiences of almost 6,000 people of African descent in 12 EU Member states. The results show that almost twenty years after the adoption of EU laws forbidding discrimination, people of African descent in the EU face widespread and entrenched prejudice and exclusion.
At: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2019-being-black-in-the-eu-summary_en.pdf (Accessed: 25.08.2021).

infrastructure negligence by the Nigerian federal government in Igboland. Families are more focused on the financial and material dividends from migration returns (Widmer 2015). One such proceed from migration has been the constant inflow of remittances back home to Igbo families for various purposes. These remittances are used to finance projects such as water boreholes, building of health centres for the villagers, renovation of public structures like town-hall, and road constructions supervised by their parents, relatives, or elders of the land. Such development is carried out by projects supported by Igbo immigrants, for instance in Germany through nonprofit unions formed in the diaspora like the Igbo General Meeting e.V (IGM), Nzuko Anambra Germany e.V (NAG), Assembly of Anambra State Indigenes e.V Munich (AASI), etcetera. Parents on the other hand have gained respect, recognition and social status through these developmental projects that are sponsored by their immigrant children and "such gestures are nowadays competitive", according to my informant. More so, individuals get carried away by the display of material wealth such as massive houses and buildings, luxurious cars, and donations of money, medicine, food, clothes, etc., made by individuals from abroad. Youths at home get inspired by such gestures, and this only increases their desire to migrate as well (Fleisch 2016). Furthermore, members of a kinship group who have made some financial success through migration are eager to carry every other member of their kindred along the path of migration – another 'pull factor' driving the migration of the Igbos (Doerschler 2006). Families are usually excited about such moves, and they contribute to making sure that such plans are finalized and accomplished. They consult their kin relatives for financial support and encouragement, who in turn extend their support by providing contacts and assurances through their children or relatives who are already living abroad. Kinship networking play a vital role in both individual and collective migration.

5.4 Igbo Migration: Kinship Role and Remittances

Igbo kinship, through a ''complex system of reciprocity, Eze (2021: 42) argues:

> Serves the purpose of building and sustaining various relationships. Kin relationship creates and is sustained by reciprocity and mutual obligations through which the close bonds that characterise kinship relationships are maintained or improved. In traditional societies, it functions also as the foundation of social institution, morality socialisation, and value judgment. Kinship is therefore the anvil on which the Igbo social personality and worldview are shaped and refined.

In light of his argument, Smith (2001: 350-351) in his ethnography on *Kinship and Corruption in Nigeria*, affirmed below about the Igbos and kinship relationship:

> The Igbo use ideas of lineal descent and kinship to create and maintain relationship of duty and obligation that structure morality and behaviour in powerful ways. In the village settings, children grow up with a wide range of classificatory mothers, fathers, sisters, and brothers. Throughout the life course, individuals benefit from the help of their lineage mates. Similarly, every person is expected to assist members of his or her patrilineage (*Umunna*). At some point in their lives course, such as at marriage ceremonies and at burials, these expectations and obligations are codified through specific customs […] More often, expectations are more generalized, nut individuals regularly feel pressured to help their people (as cited in Eze 2021: 43).

Thus, in reference to the relationship of duty and obligation created by kinship affinity that has benefited individuals, these individuals who have migrated and settled in foreign lands are expected to assist members of their patrilineage, thereby playing a key role in encouraging migration. This is also inspired by the principle of *'Onye aghala nwanne ya'* ('collective working force') as earlier discussed and is seen still practiced today as a symbolic part of Igbo culture (Meek 1970: 89-112). Inherently, it has become a custom that is absorbed in their subconscious mind and that, they carry along and also pass on to their children. It is an influential phenomenon because while navigating a less familiar environment, people, and culture – which are some of the downsides of migration and culture shock – they rather cling firmly to their kinship relations and support system.

One's kinsmen have two types of roles they play in migration, and these include individual and collective support. The use of the word 'support' is important because no one is forced to assume any responsibility. Hence, Platenkamp (1992: 75) in *Transforming Tobelo Rituals*, describes such collective support as an expected "obligatory nature of collective participation" to be fulfilled (also see Platenkamp's 2000a, *Solidarity and Exchange in East Indonesia)*. In

essence, the main reason people of the same patrilineal descent cooperate together in the share of common interest is to foster growth for everyone in the kindred. The same is true for marriage and death rituals which cannot be performed solely by an individual in the family no matter how influential or wealthy that individual is or becomes. Therefore, an individual's success is the success of all; moreover, it could also be problematic when a successful individual is self-centred in the way he/she goes about wealth accumulation and wealth sharing. But for the sake of ambiguity, we shall focus on kinship relations and obligation in view of individual support to migration.

Regarding individual support, a kinsman, for instance, plays the role of what I had earlier described as the ''*chain-of-solicitation*[89]'' (Obi 2015: 43). Although not publicly expressed, it is expected of a kins' member whose son has settled abroad and is in a good financial position to finance the migration of another kins' son who is physically fit to embark on a similar journey. This soliciting method is preferred because it is believed that once the act is performed by one person, it continues with another. Parents (i.e., kin brothers) are usually the forces behind such practice. Malinowski (1963: xxvi-ii) described such similar system as "economically significant obligations between kinsmen […] and also a spiritual continuity". The contribution here can also be seen in light of Kühling's (2005: 61) "solidarity gift of mutual help" expressed in the context of kinship in which helping becomes a concept of gift exchange, since in giving, one also receives. Sahlins (1972: 193-4) captured this concept when he argues that "help is a form of gift that is based on the concept of 'generalized reciprocity'". One can also describe this as a *quid pro quo* situation; a favour granted in hope of an expected return. It is also not far-fetched from the hope of solidifying kinship relationships, for as Sherry argues, ''inferentially or implicitly attached strings are a

[89] In my Master Thesis, I presented it as a '*chain-of-sollici'*; a Latin word for solicitation which in the Igbo context plays out better in the sense of the word „influence"; '*ịrịọta arịrịọ*' literary means pleading on-behalf of a person with the guarantee of a return favour.

connotative aspect of the gift, social bonds being thereby forged, and reciprocation encouraged'' (1983: 158).

Nonetheless, there are cases of a bridge in ''*chain-of-solicitation*'' on the part of the sponsored individual who through the experience of hardship or inability to meet up to expectations in migration assumes the state of what I describe as "circumstantial non-performance". That is to say, as long as circumstances surrounding the individual's inability is of debility, it is considered as unintended and hence, ignored. Consequently, Fleischer's research on migration in Cameroon, argues that an individual, who intentionally refused to comply with the expected remittance in line with "family contractual arrangement", faces heavy criticisms and rejection (2006: 7). This, however, creates serious isolation on the part of the migrant who permanently remains abroad, cutting all links of communication. Furthermore, it is important to state that individuals who received none of the above-discussed supports from family and kinsmen have no obligations or responsibility towards reciprocity or remittance; although as a member of a family, an individual is socially obliged to be of help to member of his immediate family and kin relatives in pressing situations.

Furthermore, to understand how migration decisions are centred within the circle of kinship, let us examine factors like *influence, aim* and *motivation*. These are the underlying points to decision making that have a lot to do with expectations, payback or "returns to collective morality" demonstrated by kinship in the form of "obligations and responsibilities" (Fleischer 2006: 6).

5.4.1 Kinship Related Aims and Motivation for Migration

Upon the aims and motivation of migration as influenced by kinship relations, dwells a strong conviction that something good always comes out of such movements abroad. It is not unheard of, however, that in the Igbo community, kinsmen collectively sponsor intelligent youths for further studies abroad or that an individual who is financially capable sponsored a

group of people abroad for educational, business and even tourism purposes (Achebe 1959, Isichie 1973, Afigbo 1975). It is an obligation performed with the purpose of achieving what can be seen as 'circle-of-returns gift' (Sahlins 1972, Parry 1986). At the end of studies and financial settlement, the same individual is expected to sponsor or train other children within the kinship family. Such practice is also seen in the business or trading sector and is known as '*Igba-Odibo*/*Igba-Boi or Imu-Ahia/Imu-Oru'*, meaning 'apprenticeship' where a kinsman trains the children of another kinsman in the same line of business and sets them up or settles them in their own businesses after a number of years of service (Biko et al. 2007). Although not all apprenticeships have proved successful, yet families continue to be optimistic about its successful outcome. That is why the amount invested in facilitating migration to Europe is always huge. As an insider, I dare say that it is a thing of pride that kinsmen collectively sponsor their men abroad, who upon return, become influential in the social and political spheres of society. Hence, parents of such sons are addressed according to the titles their children had achieved like: Mama Doctor, Papa Professor, Papa Engineer, and so on. For those without the said opportunity from kinsmen, parents either lease out family land, sell the lands, or borrow money in order to sponsor their children for studies abroad or in search of greener pastures. I saw a lot of such examples with Igbo and other Nigerian migrants in Tbilisi, Georgia, in 2011 when I made a short trip to the Eastern European country.

When I asked an informant during my 2015 ethnography about how he managed to finance his journey through several countries to Germany, he responded: "Well, my dad had to sell a plot of land so as to make up the money I needed''. He continued, ''hopefully when I get settled down in this city (Munich), I will remit the money so as to enable him to reclaim the land he sold off[90]". Another informant was excited to discuss his very aims for migrating and plan to attain his set goals while undergoing the integration process. Although their journeys were traumatic in their unique ways as they generally expressed, they, however, gave little or

[90] Extracted from my 2014 field research in Munich. (Informant, 26 years old, at the refugee Camp: Bayernkaserne. (December 2014).

less impression on their rigorous past openly in narratives due to its traumatic nature. In reverse, they were very optimistic about what lies ahead: ‘‘a better future and opportunities’’ in Germany. Their basic aim is to attain some level of expected success through a good job or employment. It is possible to deduce from their narrations, a sense of expectation from their respective families and relatives. Thus, Fleischer (2006:7) argues that even “the decision of migrants to return to their country of origin or not is strongly affected by their families and kin”.

Kinship influence in migration decisions is undebatable as has been sufficiently discussed. How does this play out? Family members already residing abroad are encouraged to support similar migration movements for their siblings and relatives. It is then fair to argue that kinship is the nitty-gritty in which such objectives are first considered. However, in relation to Bengtsson and Mineau (2008: 156) argument, it is important to note that there is that constant connection in regard to “relating opportunities” that are feasible in and at a “given moments” that relatives awaiting migration are influenced to join. Thus, migration decisions centred on kinship is as a result of influence through ‘affinity’ (links) (Neto and Mullet 1998; Rosental 1999; Docqiuer et al. 2014). There is a link connecting and sustaining the flow of migration. To this effect, Arango (2000: 291) noted that migration networks are essentially ‘‘interpersonal relations that link migrants or returned migrants with relatives, friends, or fellow countrymen at home’’. A publication by *European Asylum Support Office* on social media as a means of sustaining the push and pull factor of migration argues that:

> These networks carry and diffuse a wide array of information and assistance, including information on employment prospects and labour force demands in various destination countries, linkages to specific employment opportunities and accommodation, as well as feedback mechanisms about the migration experience in general (EASO, 2016: 17).

Thus, as long as these links exist, the probability of continuous movement of people to places that present opportunities would be unending. The social network established helps to increase the number of individuals who take the risk of dangerous path to arrive at a targeted

destination (Massey, Arango, et al. 1993). In 2014 during the earlier stages of my fieldwork in the Munich refugee camp (like the Bayernkaserne), where I met numerous asylum seekers from West Africa and the Middle East, I observed immigrants from Syria make phone calls informing their fellow citizens fleeing war about the beauty and warm reception they received in Munich, Germany. One week later, there was jubilation on the arrival of these brethren of theirs in the same location. This example is a clear indication of the impact of networking. Mobile communication and social media have today made this communication pattern easy and minimize the risks of travelling to an unknown location or country. Massey and España (1987: 733) define this kind of migrant networking as ‘‘webs of social ties that link potential migrants in sending communities to people and institutions in receiving areas’’. The existence of such a network drastically lowers the cost of the international movement and gives a powerful momentum to the migration process’’ (ibid). The migration costs are cheaper for relatives and friends who are enthusiastic and are ready to migrate (Massey, Arango, et al. 1993).

In the long run, they contribute to expanding the network of prospective migrants with the same promise of fascinating realities, as I witnessed myself in 2011 in Tbilisi, Georgia. This type of networking is also prominent among Nigerian youths who flock to European countries like Ukraine, Turkey, Cyprus, Russia, and Georgia. Such self-perpetuating networking of migration of this kind ‘‘is limited to shorter time frames’’, as in the long-term wage because ‘‘differentials may change significantly, and the impact of such networks may decrease’’ (Massy and Espane 1987). In contrast to the assumption that potential migrants have perfect information about their targeted destinations, I would argue in line with Epstein and Gang (2006) that some migrants may find a destination more suitable than others based on available opportunities. For instance, if an individual is talented in driving trucks and such an opportunity calls at their migrated location, he will graciously take the offer compared to an individual who is better off in an office kind of job and has no idea of the former. One of my

key informants asserted that he had a relative already studying in Bayern who advised him of the opportunities Munich city offers, which he sought while deciding to migrate to Germany. This sort of comprehensive information about a location is a push factor because, as far as people like to migrate, they do so based on reliable information acquired through a series of networking (Bengtsson and Mineau 2008). Information gathering before migration usually takes place in different ways; it may be through observation of a returnee, through series of conversations with current migrants, by research from neighbours about their relatives in specific locations and so on. Such a method of information gathering enables them to decide or choose which destination is suitable and best fits their interest (Epstein 2008). Another form of individual 'choice' or 'selection' for a location is through marriage with a spouse who is a citizen or permanent resident of targeted migration location. Thus, migrants can also be persons 'prone to marry', or vice versa (Mulder and Wagner 1993). In this network, the man/woman considers the individual and the country of residence (Kulu and Milewski 2007); this brings us to the link between marriage and migration.

Ethnographers, as well as sociologists, have made an in-depth study of marriage and migration. They used lots of explanatory models to explain and simplify the role which marriage plays in migration networking. Works like Feijten and Mulder (2002), Guzzo (2006), denote that this explanatory variable sometimes 'promotes or delays union formation'. Prager (2010) showed how transnational marriage migration could lead to conservative marriage choices and to serious difficulties for integration in the first year. Thus, the relationship between migration and marriage is more complex. To understand the relationships between marriage-related migration and the 'complex process' covered by the term 'integration', Charsley, Bolognani et al. (2020) compared transnational 'homeland' marriages with intra-ethnic marriages within the UK'. In the light of its complicated nature, Jang, Casterline and Snyder (2014: 1340) positively affirm that ''migration affects marriage and marriage affects migration''. For them, ignoring this more complicated interdependency may yield biased

estimates of the causal effects of interest, including that of other explanatory variables, like the 'schooling history' of Mulder and Wagner (1993); Kulu and Milewski 2007; Steele, Kallis, et al., 2005), as cited in Jang, Casterline and Snyder (2014: 1340). Jang, Casterline and Snyder, in 'modelling the joint process' between marriage and migration, argue that: ''a better fix on the associations between marriage and mobility contributes to a better understanding of interrelationships between family transitions and residential changes over the life course'' (ibid: 1341). Using the 'multi-process model' by Lillard and Waite (1993) in analysing the relationship between marriage and migration, Jang, Casterline and Snyder, concluded that ''marriage significantly increases the hazard of migration, while migration does not affect the hazard of marriage'' (ibid: 1340). Dribe, Eriksson, et al. (2019) examine the 'social mobility of women' by looking at the connection between migration and marriage. Michielin and Mulder (2008) investigated the association between various 'life course transitions' in the education of women abroad and the decision to settle down through marriage. On the effects of migration on reproductive transitions, scholars like Clark and Withers (2009) and Kulu and Steele (2013) focused on these aspects.

In Germany, this is also a known factor among migrants from Africa, including migrants from Nigeria who are Igbo, as seen in the second waves of Igbo migration discussed earlier. Women through marriage joined their husbands who are already citizens or have permanent residency, as in the case of Mrs Ola. They go through ''family reunification'' (Grote 2017)[91] process, while others migrate with their children if they spent some years back home for various reasons and had given birth during the waiting process. There are constant back-and-forth movements in cases like these for family connection. In this case, choices of migration location are limited; the wife or husband migrating would have to go where the partner resides. The preference to live in a specific area or environment is no longer an issue to be considered (Benson and O'Reilly 2009). For the marital process between persons from

[91] 'Reunification of families' is limited to the spouse (or registered partner) and joint minor children or for minors living in Germany, their parents are allowed to join their children […].

different countries who met through social media, Lichter, Anderson, and Hayward (1995) acknowledge that ‘‘the likely impact of variables which are often unmeasured, such as physical appearance or personality’’ may occur and that is the limitation in marriage migration of this kind (as cited in Jang, Casterline and Snyder 2014:1342). In such a case, Jampaklay (2006) asserts that the ‘‘short-term impact of migration on marriage may be negative because time is required to adjust to new environments, including becoming familiar with opportunities […]’’ (ibid). McHugh, Hogan, and Happel (1995) added that ‘‘the initial move is, however, less likely to satisfy movers’ needs because they may have had little information about new environment and be disappointed by the discrepancy between their expected and actual gains’’ (as cited in Jang, Casterline and Snyder 2014:1342). Conclusively, Jang, Casterline and Snyder, in regard to the links prior to marriage, note that:

> Moving to a new place may be an alternative strategy to cast a wider net in one’s current marriage market, just as job seekers move from low to high wage places to improve income (Massey et al. 1993). An empirical finding of an increased likelihood of marrying after migration would support the proposition that migration is, among other things, a strategy for expanding marital opportunities (ibid: 1343).

In kinship and individual motivation, another key informant noted that ‘‘it was a matter of recognition, social elevation or status attainment and display of wealth achievements’’ that motivates many people to migrate. His motivation was that “when my ‘cousin’ returned from Spain in December 2013 he bought a new car, got married and sent his siblings to universities and even gave his late father a befitting burial’’[92]. The above conversation is an example of a motivational factor for migration expressed through the display of wealth that begets power, prestige, and most of all social recognition in a community. To be able to embark on such journey of wealth attainment, family connection between those at home and those abroad is an important magnate. It helps to create familiarity among kin brethren or among maternal relatives who because of distance have not seen each other face to face before. This is always

[92] Extracted from my 2014 field research in Munich. (KC, 23 years old, at the Funkkaserne, Munich, November 2014).

the first step; by keeping in contact, creating awareness, declaring intention. The individual intention motivates the network and establishes stability. Furthermore, the family of the individual on transit mode can reach out to kin relative for financial assistance. This is an all-inclusive method inspired by the Igbo principle of *'Onye aghala nwanne ya'* as seen in Igbo proverbs, meaning 'that we work collectively as siblings for the benefit of all'. This method of collective assistance is always a way forward. Also, see it as a part of a ''complex system of ideas or support [...]'' were in this case; family, kins and relatives remained a powerful and important energizer (Prager 2016: 283). More so, as these forms of migration are recurrent, and immigrants in Germany are embraced by integration processes, they momentarily remain the most vulnerable members of society not in the context of "discrimination or poor living, housing, and working conditions, or inadequate access to health services" as pointed out by the WHO (2029-2023) *Health and Migration Programme* (PHM)[93]. On the contrary, it is vital to state that Germany, as I witnessed during a separate fieldwork in 2014 in Munich, provided immigrants access to healthcare (which is a fundamental human right). Frequent occurrences among some refugees (migrants) were mental health problems which I observed. They were given special attention as persons in serious need for mental health (Dwyer 2004). Thus, this aspect of migration and health is of importance in our further analysis and understanding of migrants' health from rural and very traditional societies.

5.5 The Different Meanings of Home

Samanani and Lenhard (2019: 1-2) defines the notion of 'home' as that which:

> Emphasises the subjective sense of being rooted within the world. Home may refer more to imaginary spaces, or to bodily practices rather than physical structures […]. 'House' to be the material and often-generic form of the home in a given society, pointing to familiar physical structures in streets and

[93] Health and Migration Programme (PHM) provides global leadership in health and migration issues in the context of WHO's own *Global action plan: promoting the health of refugees and migrants 2019–23*. At: https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_1 (Accessed: 07.04.2023).

> neighbourhoods as architectural planned, and also referred to the idea of 'household' as typical *social institutions*, defined by dominant norms.

Thus, "home", *ebe obịbị or ulo obịbị* is used in this context to mean the same thing. Secondly, this work defines 'homeland', *Alaigbo*, as the imagined and romanticized return wish (very typical in diasporic research), as an idealized image of intact sociocultural place where ''nature of kinship, to the reproduction of class and gender differences, to the shaping of sensory knowledge'' are conceived (Samanani and Lenhard 2019: 1). Thus, as I present my informants' responses to the different meanings of home, I acknowledge that this data was gathered through open, informal, conversational interviews during the inauguration ceremony of the Assembly of Anambra State Indigenes (AASI), held in Munich on the 12th of September 2019. On this day, my informants showcased a fantastic display of their native attires: the green *Isiagu*, i.e., a traditional Igbo attire made with decorated image of lion heads for men, women, and children.

The green *Isiagu* worn with white or milk-coloured trousers for the men, and on their heads were the reddish *okpu ndi ichie*, a traditional red cotton hat reserved for titled and elderly men. The women wore the *Isiagu* blouse and a white *akwa-gorge* textiles (i.e., a two-layered wrapper[94]) and a green *gele* (Yoruba) or *ichafu isi* (Igbo), which is a poly-like hair wrap made with stunning colour combination. Young boys were dressed like their fathers while the girls wore gowns made with *Isiagu* material. Women of European descent, as well as those of African, Asian, and other nationalities married into the assembly and tribe, dressed similarly. They also wore milk-coloured necklaces and traditional large bead bracelets. But generally speaking, at cultural events hosted by Igbo groups, Nigerians and other Africans are expected to wear traditional costumes, and all are welcomed. The ceremony, which kicked off much later than the scheduled time (''the African time''), was graced by two Igbo traditional rulers

[94] The wrapper, also known as the *pagne* or *lappa*, is a dynamic (colourful) textile outfit; that men, women and children in West Africa frequently wear. It comes, in formal and casual variations and ranges, from straightforward draped clothing to fully tailored ensembles. The fabric used in making or designing the wrapper will determine how formal an event is (Polakoff 1971, Josephy 1978, kriger 2005).

from *Alaigbo* (Anambra State villages) who were specially invited and sponsored guests for the ceremony. The focus group comprised of men aged 36 to 57, and the language of communication was Igbo. The interviews took place during the waiting time for guests to arrive while exchanging pleasantries and taking photographs with male members of AASI. The discussion came up amidst the joys of re-enacting tribal identity, i.e., activities relating to ‘‘heritage production that have acquired further dominance […] within the nooks and crannies of Germany” (Prager 2014: 11). Also, it’s important to mention that the traditional music, cultural dances, and food served were typical Igbo dishes.

Call to Home: African Americans Reclaim the Rural South Carol Stack’ (1996) avows, ‘‘for all of us, in good times and bad, the image of homeland is multi-layered, and the notion of return is unsettling’’ (cited in Constable 1999: 203). Both exist simultaneously as “physical entities, subjective feelings, and as objects of various discourses which seek to shape, reinforce, or contest the forms they take” (Samanani and Lenhard 2019: 1). Cecelia Ahern (2004) in *Love, Rosie* is known for her famous quote; ‘‘I’ve learned that home is not a place, it is a feeling’’. Stephanie Perkins (2010) *Ann and French Kiss*, personified home when she avows that ‘‘for the two of us, home is not a place, it is a person, and we are finally home’’. Aroa Ameny (2020) titled her award-winning poem *Home is a woman;* no wonder the Igbo not only have intrinsic relationship with their mothers just like most babies/individuals but with the ‘‘motherland’’ that gives and nourishes life. Ethnographers like Bachelard (1958: 5) in *The Poetics of Space* objectified the concept of home while focusing on intimate, private and physical spaces in a house. He described home as a personal universe, claiming that “all inhabited space bears the essence of the notion of home”. The philosopher, Heidegger (1951) in *Building Dwelling Thinking* interpreted the concept of home as more than a physical dwelling and structure. He pointed out the limitation in generalising the idea of home as just a dwelling place, such as hospitals, churches, schools, factories, office buildings, etc., as this falls short of the meaning of home. His focus rather, was more on the relationships and

processes between the concepts of building and dwelling; and if the building allows dwelling itself, or if it is just about 'being' in a particular place. Kaufman (2002) in *Living Virtually in a Cluttered House,* analysed the concept of home from the point of view of human interactions amidst the virtual and physical demarcation, drawing from Bachelard (1958). These arguments point to the fact that home evokes different meanings to different people and cultures. The same holds true for my Igbo informants.

5.5.1 The Concept of Home

My Igbo informants in Germany, as shown in the context of my interviews analysed in the section *The Different Meanings of Home,* highlight different meanings to the concept of 'home'. For instance, when an Igbo says: *ana m agbaru uno/ulo* ("I am going home") or *ana m akwado igbaru uno/ulo* ("I am preparing to visit home"), it means the individual is preparing to visit their country of origin in this case, Igboland. Hence, 'home' with regard to Igboland is the first concept I discuss. At the end of a visit to the house of a fellow Igbo brethren within the same city or local community, they make use of different expressions to signal the end of their stay and go home. One of such expressions is '*obiara ije nwe ula*' which literally implies 'a visitor has to go home'. These indirect expressions indicate an end to a momentary stay in a place and can be equated to the German expression – '*SO*'*!* or '*Es ist also Zeit, nach Hause zu gehen*'! So, it's time to go home – is commonly used in Munich after a lovely visit to a friend's house or an outing together.

Let us look at some descriptions of 'home' (*Ala-Ìgbò,* Igboland) gathered from informants during my field research. The Igbo migrants took turns speaking. "If there is no home", my first informant noted, "then there is no family". At home with our "parents and siblings, we experience joy and happiness and make up for long lost months, years, and moments". Another informant interjected as he said with a smile, "Oh, my home!". He paused, shook his black shiny afro hair and went on to say, "Home is where the heart belongs, home is the table

of plenty, where we eat and drink together, make fun of one another while reminiscing on our childhood experiences''. ''Home is where we talk about our experiences of *Deutschland*; Germany: the good, the better and the best''. At this point, they smiled in excitement. The discussion went on with exciting stories of 'festival seasonal[95]' experiences. Others explained that ''home is a place where we live in communion with our ancestors, and with one another; in remembrance of our past struggles, in celebration of life, marriage and death''. Then came a pause as silence seized the moment at the mention of the word 'death'. A deep sigh followed the pause, a kind of sad *déjà vu* moment we experienced. From the above expressions about home, we can observe that Igboland has a special place in the hearts of the Igbo migrants.

It remains alive on their lips with some emotional attachment, and based on my observations, these home sentiments are expressed as excitement, curiosity, and sadness. Once more, home here is the imagined and romanticized wish to return home (very typical in diasporic research). Eze (2016: 43), in his unpublished master's thesis, while analysing his fieldwork experience with African migrants in Ahaus, Münsterland, portrayed yet another sense of home as expressed by one of the African migrants, thus:

> Ben is an interesting character, deeply thoughtful and quite engaging whenever he is in the right mood for conversation. Although he seldom is. His reference to the popular children's rhyme (East or West, home is best) was probably to strike home a great nostalgic effect. It is one of the most popular rhymes/songs that children learn as early as their pre-nursery school days in many former British colonies in Africa. Often recited or sung in some schools at the close of the school day (this tradition was preserved mainly in rural schools), it belongs to the first English songs school children get to memorise. And because it belongs to a daily ritual of dismissal it is learnt quite easily. Children usually chorus the song/rhyme with gusto and in great anticipation of running home to meet parents and loved ones at the close of the day's business. Such rhymes are part of the early acts of socialisation that create a strong bond to one's home that is hardly breakable.

In view of the foregoing, I add that there is home, and then there is the 'hearty home'. In this home, the mind and body gain a momentary peace. In this hearty home, love is expressed a bit

[95] Their festive seasons fall in August for the 'new yam festival' and in December/January for the Christmas and New year celebrations. For the Igbo people, it is a time to reunite with families, relatives and friends. During these months, Igbo migrants in and outside Nigeria travel to South-Eastern Nigeria.

more differently. In this hearty home, when one becomes overwhelmed by challenges, hardship, sickness, hunger, or starvation, it does not feel like a difficult situation to handle. And when one cries in this hearty home, he/she does so a little differently. In this hearty home, when faced with the loneliness caused by the demise of a loved one, we mourn a bit more differently. In this hearty home, we lift up our spirits and souls in all kinds of conversations and laugh a little more differently. We also show a bit of difference in style of dressing during cultural festivities. We overreact to the slighted provocations and our drama is a little different. Our prayers and ritual recitation in communication with our ancestral spirits are said a bit more differently. Thus, we are a little different when we are home – in the arms of our loved ones: mother, father sister or brother. The happy feelings of just being home are inexplicable. The hearty home is there and nowhere else. These present home as both a 'feeling', Ahern (2004) and a 'dwelling place', Heidegger (1951). Thus, like Aleksandar Hemon (1955) ''Home is where somebody notices when you are no longer there''.

Thus, 'home', Igboland or *Ala-Ìgbò*, is interpreted by Igbo people as the dwelling place of their ancestral spirits. It has an ethical connotation. Salami and Tabari noted that:

> Such a cosmological dwelling is not only the container of the ancestral spirits and the inheritor of some of their characteristics but also of an innate self; or breath, that can dynamically evolve though not fully free of the forces of fate or spiritual constraints (2020:46)

Therefore, should one argue that the Igbo society is an abode for the living humans and the souls of their departed loved ones, they are rightly in order (Shorter 1975). My informants believe that their traditional homeland provides a guard to every individual through their *Chi;* seen as 'divine entity, guardian angel, 'soul, personal spirit, spirit-double' or supreme force in the individual' (Metuh1999, Irele 2000). The *Chi* guides the paths an individual treads and enables the same individual to attain his goals and life choices, no matter the location they live in (Ijoku & Uzukwu 2014: 124). Homeland, therefore, entails both physical and spiritual connection for the Igbo people. Which is why upon the death of an Igbo migrant, the deceased

is typically flown back to their ancestral homeland and laid to rest in their family house, often near the graves of their late parents or siblings. My Igbo informant, an elder kin's man who was 85 years of age as at the time of this research, explained the reasons why an Igbo person's remains must be brought back home for burial as follows:

> We hold the belief that the soul of the departed remains unsettled until their physical body reunites with the earth, referred to as *Ala*, *Ali*, or *Ani* in distinct Igbo dialects. This symbolic act involves pouring sand onto the casket, placed six feet below the ground and often covered with palm branches or white fabric, signifying the release of the deceased's spirit to join our ancestors in the spirit world or land of the dead, known as *Ala muọ*. This transition marks a form of rebirth or reincarnation. In cases such as war, sea wrecks, plane crashes, fires, or natural disasters, where the remains cannot be repatriated, it is believed that the deceased has not undergone proper reincorporation with the earth. Thus, the belief that the spirit of the dead wonders in isolation. In such circumstances, when a spirit exists in a state of isolation and sorrow, it may manifest itself through various means. This could involve appearing in the dreams of a family member or close relative or presenting itself in a disconcerting manner to indicate the details of its passing. In such instances, it is customary for relatives to sever the stem of a banana or plantain tree, deposit it within a casket alongside items belonging to the deceased, such as clothing or footwear, and inter the casket accordingly. Furthermore, observances such as gun displays, prayers offering, traditional musical performances, songs, dancing, and light refreshments are observed. Condolences from in-laws, friends, various age groups, well-wishers, colleagues, church members, etc, are commonly performed. These tributes may be presented in the form of a cow in exchange for a goat, a goat in exchange for a chicken, or in monetary forms. This practice of condolence visitation is recognized as *itụ ụli* or *iga mgbaru* in the Igbo language[96].

There is a special reverence for the earth, manifested in the various cultural practices performed by Igbo people. For instance, the pouring of libation on the ground, picking up sand and laying down curses for abominable acts committed known as *iru-ala* – taboo or abomination. Every cultural practice that involves mother-earth has a ritual formula. These practices form the core beliefs of the Igbo spirituality, and it is imbibed in the traditional religion known as *Ọdịnànị̀ or Ọdịnàlị̀* (dialect difference). This means the homeland or native land in the sense of where ones' 'cultural identity' and extension of family ideals for individual identity is formed (Narayan 1993, Eriksen 1993). This is the 'home', 'Igboland' that this dissertation analyses.

[96] Interview conducted in Igbo language, in Amorka, Anambra state, Nigeria, 18.01.2018.

The Igbos use the word motherland or fatherland interchangeably to mean the same thing. It personifies the 'cradle of their forebears' which they call 'home' (Afame 1957 [1928]). The Igbos see their motherland as the 'holy shrine' where their ancestors had lived through generations and now have been reposed, taking the form of spirits (Afame, Bamba and Nko'o 1978). These ancestral spirits take charge of the metaphysical affairs that coordinate the physical cosmos. My diviner informant made this point by saying: ''That is why we (diviners) have access to the spirits or the gods, who provide us with information about the unseen, give us solutions and directives to earthly problems''[97]. To care for the motherland is to care for the people as well as the environment and to maintain the culture. It is a give-and-take situation where they care for mother-earth and the mother-earth in return sustains life through the air and water it provides from the rock, rivers and seas, and food for the hungry through the fruitful harvest of crops. The mother-earth provides healing through forest medicine and shelter from the trees and leaves of the forest. The motherland embodies the activities of humans in connection with spirits. That is why, at the end of their earthly life's journey, she automatically becomes the final resting place for the Igbos, whose bodies are brought back 'home' and laid to rest on mother-earth where they once buried their placenta on the day of rebirth[98].

5.5.2 Igbo and the Child's Placenta

The placenta is the extra-embryonic tissue or a maternal-foetal organ responsible for providing oxygen, nourishment, maintenance, protection and 'hormones to regulate maternal and foetal physiology' (Pough, Andrews, Cadle et al. 2004). It also takes care of 'waste exchange between the physically separated maternal and foetal circulations and other life-sustaining functions in humans and mammal' through the umbilical cord during pregnancy

[97] Interview with diviner, in Igbo language, at Anambra state, Nigeria, 16.07.2018.

[98] The Igbo people also believe that every individual had existed in a former life. They are only reincarnated again in the present life, a repeated circle of rebirth (Opala 2002).

(Villarreal 2016, Chuong 2018, Mitra 2020). The placenta begins to form as soon as 'the fertilized egg implant in the uterine walls' (Lindberg 2020). The placenta comes alongside childbirth moments or minutes later, depending on the case. Although it is of the same function Bowen (2019) pointed out the differences in structure as they function in humans and different groups of animals in their ability, gross and microscopic levels. Thus, the placenta is 'the gift of life' (Enning 2011), 'the tree of life' (Parolini (2016). Its ritual significance varies by cultures and traditions throughout the world.

For the Igbos, after the birth of a child, the placenta is given to the father of the new-born child and is buried at specific places, like close to special trees, spots, or shrines for the deities within the family compound. In some cases, an economic tree is planted to mark the spots. This rite, Eze (2021: 49) asserts, ''carries profound cosmological importance for the Igbo as it creates a bond between the new-born child'' and *Ala or Ani*, the spirits of the earth or land, and the spirits of the waters, the spirits of the atmosphere, the ancestors, and the *Umunna* (patrilineage). The Igbos always bury the umbilical cords and placentas in their homes; the placenta of a baby is taken home to the cradle of their ancestors. By so doing, they place it in the care of their fore bearers, who guarantees protection through the *Chi*. They treat this ritual practice with much respect. If a child is born in Igboland, the process is easy for the father who performs the silent ritual. But in the case of migration, as seen practiced in Munich, Germany, Igbo parents preserve the new-born's umbilical cord and take it back home for burial in a similar ritual process. Like the placenta that provides food, nourishment, and protection for the baby, so does the ''*Alaigbo*'', the homeland, which embodies physical and spiritual entities that propel, shape, and guide the child's life journey and also inspires thoughts and ideas. It educates and exults, consoles, gives judgment, punishes, restraints, calls the misled back home, welcomes the strangers, clothes the naked, provides food to the hungry, protects the widows, widowers and orphans and exhorts the faint hearted. These are some of the meanings associated with *Alaigbo* that my informants related to me. From my informants'

perspective, the eureka of a new-born baby is never complete without the placenta being delivered and handed over to the father, who then takes it home for burial.

‘‘It is a scientific mystery that unites the mother and the child’’ my informant noted; the magic of creation by the ‘mother creator’ in whose womb a child is nourished and brought forth to the earth. The earth in return, receives such wondrous gifts – the placenta. The study of the placenta and the human interaction with it cuts across different disciplines. For medical doctors and midwives, it is ‘an amazing organ that produces, generates and releases various hormones needed to nourish pregnancy and enable the baby to flourish’ (Schwartz 2014; Resta, Vimercati, et al. 2021). It also transfers gases and nutrients between mother and baby, (Selander et al. 2013). Medical anthropologists have also studied the various cultural practices to understand how humans have interpreted and used the placenta throughout history (Ober 1979; Benyshek and Young 2010; Coyle, Hulse et al. 2015). The results of other investigations have shown that the ‘placenta/umbilical cord’ has been used most especially for ‘medicinal purposes’ by people of various cultures (Frye 2004; Tritten 2010). Ohers have consumed it as was practiced in North America and the USA in the 1970s (Mota-Rojas, Orihuela, et al. 2010, Sharon 2010). But the anthropological investigation of Benyshek and Young (2010) disputes this latter claim as not a popular practice in their research findings from 197 other cultures, which was a good start, but not a complete number since there are many other cultures in the world. But the very tiny group(s) that advocate for its consumption, as investigated by Sharon and Benyshek (2010) did so for health benefits, especially for the mother of the new-born baby (Roderuck, Coryell, et al. 1946; Biermeier 2012). The consumption of the placenta also known as placentophagy is commonly associated with animals like cow, goat, ram, cat, rodents, etcetera, especially after delivery (Odent 2014). Studies have shown that consumption of the placenta helps to inhibit the pains from the ‘opioid pathways’ in post-partum haemorrhage in animals (Selander et al. 2013). Based on these studies, there are arguments on the beneficial aspects of the consumption of the placenta

and its medical advantages, which include the relief it provides during the post-partum period like the nutrients, rich iron, and high protein it gives to their offspring. Beacock (2012) and Kristal (1980) presented the possibility of the placenta as being 'good for their immune system'. Other advocates for placentophagy in line with the results on animal health argue that it increases lactation, improves hair growth and skin texture and aids uterine recovery after the birth process (Williams and Knight 2014).

Furthermore, the above analysis on 'home', 'Igboland', and 'Motherland' in connection to the 'placenta' provides a better understanding of the meanings of home and why Igbo migrants attach serious importance to their homeland. The profound longing to return to their homeland is underpinned by the intrinsic yearning for spiritual fortification, sustenance, and healing that they associate with their place of origin. Moreover, the presence of natural herbs indigenous to tropical environments, known for their efficacy in treating a wide array of ailments, adds to the compelling rationale for such a return. Furthermore, the imperative need for reconciliation with societal and cosmological forces, as highlighted by the informants, underscores the profound significance of this yearning. This journey, my informants insist, grants freedom from all forms of mental, emotional, physical psychological and spiritual stress/captivity. They claim it gives a new form of life and subsides pains and worries. At home, they say, one never feels unhappy.

5.5.3 The Igbo Concept of Life (*Ndu*) and *Chi*.

The Igbo culture, according to my informants, has always attended to the matters of life as that which is sacred. Owing to the notion that life is given, it is in a continuous process and not a mere substance that can be manufactured. Inspired by the cultural, social, or religious premises on the sanctity, sacredness, and value of all that is living, be it a human or animal, the ultimate goal of existence is what the Igbos consider to be '*Ndu*' (life). Thus, the preservation and protection of life for the Igbos, according to my informants, "is a collective

duty". Against that fact, Iweadighi (2011: 48) argues that ''to kill or to exterminate life at any stage whatsoever, no matter the circumstances is abhorred and is held as a great abomination''. To portray its seriousness, the Igbos react in light of what Obiagwu (2000: 41) describes as ''punishment by either ostracization or by tit for tat''. According to their dictum, '*Ndu bu isi*' ("life is supreme"), human life is the first thing to preserve before all other aspects of culture. As a constant reminder to this fact, they inculcate '*ndu'* in their names such as *Ndubueze*, (life is king), *Ndukaku or Ndukuba* (life is worth more than wealth), *Ndunatuoha* (everyone longs to be alive), *Mmadu* (the beauty of life) and so on. Furthermore, in the quest to understand the real meaning of life, the Igbo culture fell back to religion, which is at the centre of every explanation regarding the things of the universe. According to my informants' arguments, God created human and other living spirit beings that exist. The human is the uppermost and the life, which is given, is the best gift. This gift is meant to be preserved and cared for, and since it is a free gift in itself, ''that is why the Igbo would go to any length to preserve this life (Obiagwu 2000: 54). Montague (1977: vi) argues that ''life begins not at birth, but conception''. Life, the Igbos argue ''begins from the moment of conception'' and so is the proclamation of an anticipated new life into the cultural environment when the mother's womb develops with the baby (Cf: Bongioanni[99]). This aligns with the Igbo ritual of a child's placenta which is performed immediately after birth. Consequently, are other ritual ceremonies that follow the child's delivery and the child's naming take place between seven to twelve days of birth. On this day, the child is officially presented to the extended family members. Other ceremonies include the child's baptism (for Christians), child dedication to the Supreme Creator through his/her '*Chi'* (as discussed below) who provides spiritual guidance. A life they believe does not end with death but is a continuous process of becoming, in another human form. In that regard, Ilogu (1985: 98) argues, that ''the dead share in the life of the living and the living can hope on the protection of the living dead''. Although the end to

[99] Dr. Alfred M. Bongioanni. At: https://naapc.org/why-life-begins-at-conception/. (Accessed on: 07.07.2020).

an existing life is terminated on earth by death, the Igbos believe that the dead live on in spirit form while serving as a guardian to their loved ones.

The Igbos believe strongly in reincarnation. When a child is born, falls seriously ill, or behaves in a particular way (considered strange), the parents consult a traditionalist (a diviner) to determine who has reincarnated in the newborn. Certain rituals are performed in that regard mainly in the form of what the Igbo calls "*Salaka*" (i.e., sacrifice). These sacrifices, according to Ogbuefi (a 65-year-old diviner) are performed with earthly gifts such as fruits, vegetables, and money by the river where the queen of the waters will receive them or forest areas where animals and insects can eat them. In return, these creatures are happy, and they praise their maker for such earthly gifts on behalf of the person in whose name the *Salaka* is performed, either for atonement or thanksgiving. Within the cognate, animals like chicken, ram, goat, or cow are slaughtered, the blood sprinkled on *Ala* (the earth goddess). Depending on the variation of Igbo dialect (*Ala*, *Ali*, *Ani* and *Ana*) in the Igbo cosmology, represents the symbol of morality, fertility, support, stability, death and life. Food is prepared with the meat from the slaughtered animal, and joyful merriment is held, all in thanksgiving for a life renewed. We shall see similar ritual performance in chapter ten when analysing the "Completeness of Sickness Healing". Furthermore, there appears to be a correlation between the *Salaka* sacrifice performed in Igboland and that of *Salaka* thanksgiving performed in Tobago by the African diaspora in the Caribbean. This thanksgiving serves as an instrument of continuity with their ancestral homeland amidst other reasons for the ceremonial ritual. The Igbos believe that life after death (reincarnation), suffering, sickness and prosperity is in constant alignment with an individual's *Chi* (Ejifobiri 2020). Thus, the Igbo saying *"ọ bu otu Chi onye siri chọrọ ya"* meaning "As it pleases one's *Chi"*. *Chi* in the Igbo religion and thought, is the God in every man (see Chukwukere 1983). According to Achebe (1958), *Chi* is the representative of the Almighty, assigned to an individual when they were set to come out to the world. In the Igbo cosmology, every individual is unique in the sense that every man or

woman is assigned a unique God agent to accompany him or her through life. Thus, one's life is a success or failure according to how good the relationship between one and their *Chi* (God agent) is. According to Ogbuefi (my diviner informant), "individual choice for life, freedom, or fate, lies in the notion of '*Chi*'. *Chi*, he described as a 'divine entity', 'guardian angel', 'soul, personal spirit', 'spirit-double' or 'supreme force', credited to propel the life of every Igbo individual (also see Metuh 1999, Irele 2000). *Chi* is also seen as "*Eke*" i.e., an ancestral guardian, aliened to the Igbos as possessing a combination of both material and spiritual beings, according to my elder informant. Metuh (1991: 124) argues that:

> Humans in the spiritual realm possesses different principles of 'self' which links and allows them to interact with other beings in the world. This principle constitutes their destiny, personality, and character traits, and distinguishes one human from another. This charact traits is associated to an individual's *Chi* guiding them as they navigate through life.

Arinze (1970: 10) lent a voice to this discourse by distinguishing the hierarchical nature of *Chi-ukwu,* i.e., *Chukwu* and *Chi by* asserting that:

> For the Igbo, *Chukwu* (God) is the "Supreme Spirit, the creator of everything. No one equals him in power. He knows everything. He is altogether a good and merciful God and does harm to no one. He sends rain and especially children, and it is from him that each individual derives his personal *chi*.

Ijoku & Uzukwu (2014: 124) present another point of argument that:

> There are so many *Chi* as there are individuals. Thus, some regard it as the principle of individualism in Igbo culture and according to the Igbo, the destiny of every person is a result of a primordial negotiation between the individual and his or her *Chi*.

Thus, individual paths and achievements and even failures are appraised to the *Chi* of the individual. According to Chukwukere (1983: 159), the concept of *Chi* gives the Igbos a central, unifying theme that integrates the various fields of their life. *Chi*, he argues:

> Is a natural force that is associated with the act of natural creation. It constitutes the foundation of Igbo intelligence, providing a satisfactory explanatory model for the diversities of human personality and the broad category of causation.

5.6 Conclusion: The Connection Between Home and a Bad Dream Manifestation

One of the fundamental questions this chapter on "Between Home and Migration" presents is: What is the correlation between the concept of home and the occurrence of a negative dream, which my informants believed may lead to illness (sickness)? To understand this belief, I consulted Chika's diviner, my informant in Nigeria, about the reasoning behind this claim, which some Igbo informants in Germany equally hold. In response, the diviner stated:

> When it comes to serious sickness resulting from delicate matters, the distance between rivals and the invocation of *Ajọ Ọgwu* (evil charm or witchcraft) causing mysterious sickness does not deter its manifestation regardless of proximity, either in the form of a dream or through another means[100].

Mysterious sickness is a belief rooted in the traditional Igbo cosmological view of health, in which the causes and effects of sickness are interconnected. This belief often involves witchcraft, as I analyse in subsequent chapter. Thus, migration, Chika's diviner avows:

> Does not take away their link to socio-cultural and spiritual bond. Home is their root; it contains an embodiment of their essence, and when called upon in matters of spiritual concerns or rectification, they must respond to this call for their health and well-being. In other words, the people, who are most affected, are the ones born in this socio-cultural environment, who believe and adhere to our customs and traditions[101].

"We are the offspring of our parents and ancestors and besides having their physical resemblance, we carry their genes, breath, and blood within us[102]." His response sounded like Dawkins' (1976) argument that "genes have a memory." In essence, the existence of our grandparents, encompassing their environmental exposure, dietary habits, custom and traditional adherence, and visual encounters, can have a lasting influence on subsequent generations, notwithstanding the absence of direct impact on their immediate offspring, provided that a bloodline endures.

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[100] Phone interview for clarification with Chika's diviner. On: 21.06.2023.
[101] Ibid.
[102] Ibid.

CHAPTER 6

IGBO MIGRATION AND HEALTH: BETWEEN GERMANY AND NIGERIA

Studies around the question of how migration affects health have been on the rise since the 2014 upsurge of migrants and refugees into Europe (Guild and Zwaan 2014, Burge 2020). These migrants and refugees come from wide variety of places like East, South and Western African countries, down to the Middle East - Iran, Iraq, Yemen, and Syria due to the civil war, and other countries like Afghanistan, Pakistan and currently Libya. Some came from the Asia countries like Neymar, Philippine, Nepal, China (from regime suppression), and currently from Ukraine[103], etc. Many of these migrants and refugees came through Libya and across the Mediterranean and among them were Igbo migrants (Toaldo 2015). Amidst these movements were the very concerns about disease infections migrants might have carried into the European countries, including Germany. Germany no doubt happened to be the final destination for majority of these migrants (see Eurostat 2015, EASO 2015, UNHCR 2018) and I witnessed this while conducting ethnographic research for a different study in the BayernKaserne refugee reception camp in Munich in 2014, which was focused on *Igbo and Migration Dynamics*. This study on migration and health lends a voice in response to the global concern over the risks of health issues faced by migrants (during their journey to find a better life) and specifically in the area of the potential conflicts between different models of healthcare and healing. In addition, it raised further concerns about the well-being of these migrants and refugees and the long-term implications this bears on the host country and cities, should they happen to have brought alongside disease infections. However, this was not the first migration surge experienced in Germany. Bear in mind that movement of people into

[103] On current data and statistics, see the BRIEFING by European Parliament on EU Policies – Delivering for citizens on Migration Issues. At: https://what-europe-does-for-me.eu/data/pdf/focus/focus04_en.pdf (On: 20.03.2023).

Germany has spanned through the 1960s, from within the European contexts, to all other forms of external migration. However, it was not that problematic on how to curtail the influx of migrants despite the many challenges Germany faced. Many of these migrants came from different cultural backgrounds[104] and often from rural and ‘‘very traditional societies’’ (case in point, the 1960s-70s migrant workers from Turkey during the twenty-first-century migrants). However, the health concerns no doubt were also inspired by the re-emergence of Ebola virus in 2013/2016 that affected some countries in the Western part of Africa (WHO report 2014, Burci & Quirin 2015, Garrett 2015) and the Zika virus that occurred in Brazil in 2015/2016 (Vélezand & Diniz 2016, Braun 2017, Ostherr 2020). Other concerns emerged from the diseases, infection and illness migrants from Syria who spent months in the Jordanian and Turkish refugee camps manifested (WHO 2021)[105]. The information received while in discussion with the camp authorities and first-hand medical respondents at the Bayernkaserne in Munich revealed that there was physical torture and mental health problems arising from shocks experienced from the Syrian war. The Igbo migrants within these groups were not left out of these health-related experiences.

I am not concerned about differences in interpretation regarding the individual purpose of migration, that is, whether their intentions were for a temporary or permanent stay in Germany, or if it was influenced by family, kinship ties, personal conviction, or involuntary. It was certainly not important to my understanding of their individual health conditions or status. There is also no doubt about the heavy financial burdens or needs that some Igbo immigrants have experienced. While arguing about the physical and mental exhaustion migrants suffer, Bollini & Sime (1995) in *The Exhausted Migrant Effect* described this as the “significant

[104] During my fieldwork in Bayernkaserne, Munich in 2014/15, I observed the integration of diverse ethnic and cultural migrants into German society posed unexpected challenges. These challenges included language barriers, health-related illnesses, weather changes, and limited options for food choices. The children of these refugees also faced difficulties as they tried to adjust to the new environment and language learning. Although the feelings of loss were inherent, the joy of feeling safe was visible on their.

[105] ‘‘Those in Al Zaatari Camp suffer both chronic and acute conditions such as diabetes, high blood pressure, upper respiratory infections, diarrhoea and fractures’’ report from (WHO 2021). At: https://www.emro.who.int/jor/jordan-infocus/refugees-in-crisis.html (Accessed: 11.12.2021).

burden of disability". But in regard to their health Fennelly's (2007) *Theory on Migrants' Health* argues that migrants leaving their homeland to other countries tend to be healthier than those who stayed back in their places of origin. In *Migration Process* Vang, Sigoui et al. (2015: 2) assert that migration ''tends to favour mostly individuals who are healthy'' and can endure the journey. That notwithstanding, no ailing person would have the strength nor the ability to take the risks of such a challenging process. This, however, does not mean the healthiest may not be exposed to various environmental factors that may cause illness on their journeys. While they are in their new cultural environment, with only memories of family and friends, it has no direct effect on their health; however, at times of untraceable illness, the need to connect to homeland, family, or friends may emerge.

6.1 Igbo Migrants in the Context of German Healthcare: An Insight

The migration journey of Igbo people as seen in the various analyses have little or less impact on their health. Thus, it is important that when migrants get sick in their current living environment, they place themselves at the mercy of the medical models being applied within that culture (Engel 1977). This is surely the first step to the knowledge of any case of disease infection or sickness. At this point also, it is important that physicians in the German cultural context are seen as the diviners of the land and the first points of contact. The best treatment outcomes for this diagnosis depend on several factors: the migrants must have full trust and confidence in the system, be open to discussing their health (medical) history and remain patient during the healing process.

As a result, whether biomedical tests or treatments proceed at a slower pace, it should be interpreted as careful diagnosis and steady experimental studies - all while keeping an eye on the patient. Should the result prove ineffective, alternative treatments in light of finding a lasting solution should be carefully considered. It certainly would inspire further investigation

into cultural variations of treatments of certain extreme types of diseases or illnesses. More so, it should be understood that the biomedical model used to diagnose the causes of these sicknesses is the accurate, standard, and well considered methods available in the migration destination and that this has been effective in treating those who have made use of them.

On the other hand, it is not uncommon to see some Igbo migrants seek treatment outside their current living environment (Germany) to their country of origin (Nigeria). Likewise, “no medical system represents the healthcare system of any country in totality because patients can choose which of the medical systems best address their particular illness condition” (Okonkwo 2012: 17). No doubt then that such a mindset towards a preferred treatment method may have a huge impact on how sickness is perceived and managed in a foreign culture by individual immigrants. Nevertheless, as disease theories may differ based on cultural perceptions and interpretations of particular illnesses, “clients or patients subscribe to many medical systems depending on availability, cultural beliefs and expectations” (Ibeneme, et al. 2017: 17) and (Okonkwo 2012: 70). Considering the above analysis, let us further analyse how the Igbo migrants perceive sickness in a foreign land.

6.2 The Igbo Perception of sickness

Be it in their homeland or elsewhere, the Igbos view sickness from two categories of understanding. The first is illness as someone’s personal struggle or experience from disease infections, that may cause distortion to physical or mental well-being (Obika 2019). Common health issues for instance, fever, headache, and cough or catarrh, toothache, etc., are nowadays diagnosed by symptoms using the Western biomedical model. Thus, the biomedical model is also available in the Igbo cultural society and as a matter of fact, has been in constant competition with the traditional technologies of sickness diagnosis and treatment (Urigwe 2010, Igwesi-Chidobe et al. 2021). And just as illness varies from person to person and its definition is based on one’s own experience, so also is the attitude towards and choice of

disease management. It is vital to note that the trust or confidence placed on the biomedical practitioner in a foreign land varies by individuals. This is so because of fear of isolation or quarantine, the publicity that may follow suit and the stigma it may arouse, in addition to the statutory impediment. Therefore, the motive behind making do with the available medical model can be seen as that of ‘‘trial-and-error’’, that is based on ‘‘resigned-fate’’ (a given outcome with an implicit understanding that another outcome is possible). Based on the above, it is, therefore, comprehensible to interpret migrants’ attitude towards biomedical treatments (as of the dream situations) as that which is subconsciously hindered due to strong attachment to traditional medicines and their efficacy. The outcome of the aforementioned scenario is to be free from disease and yet still feeling sick.

In Igbo cultural interpretation, according to my informants, the perception of serious illness involves the notion that an individual may have come into conflict with various forces such as perceived or real adversaries, magical influences, malevolent spirits, or poison. Also, serious illness may arise when an individual transgresses socio-cultural norms, through acts like incest, adultery, murder, or behaviours deemed taboo. According to Chika’s diviner, “the symptoms of such illnesses can manifest in abnormal physical and occasionally mystical forms” (also see Agama, 2020). Majority of my Igbo informants agree to these arguments. Ethnomedical inquiry, the informants attested, however, serves to diagnose these symptoms and often leads to a lasting remedy.

Among the Igbo, certain types of illnesses are conceived as a kind of ‘‘punishment from God to man for his transgression of the moral norms (i.e., “*Ụkpụrụ omume, Nso ala,* or *Ihe arụ*” i.e., abomination or traditional prohibition) or “*Omenala*”, tradition (Obiagwu 2000: 57). Such punishment, they believe, lead to death when not properly addressed. Thus, the saying, ‘‘He died a bad death’’ especially from people labelled as evil based on their unacceptable and unrepentant characters and attitudes towards social norms.

Sickness as a term in the Igbo language is expressed in relation to the body, i.e. *'Ahu'* which is the visible expression of the state of the body. Furthermore, '*ahu mgbu*', body pain, '*oria*', sickness, '*ahu onwunwu*' in its Igbo literary interpretation implies ''dying of the body''. Thus, once a person becomes ill, a search for revitalization of the body or a quest for healing becomes their topmost concern. Once an individual becomes ill, the first impression about their temporary state of being, becomes 'a loss of the body'; an inactive person in that state of being in the cultural and socio-economic sense. Sickness becomes an act or process of diminishing – a lessening or reduction, a state in which an individual has no strength to function normally on their own. Ugwu (1998: 60) describes the problems sickness possesses in an Igbo person to be "multidimensional as it affects man in different ways." The multidimensional effects of sickness, however, ''are not just the malfunctioning of an organ of the body but may be seen or conceived as a disruption or an evil opposed to life and health'' (Obiagwu 2000: 57). Some instances of the disruption are what I earlier described as 'socio-economic loss in the state of being'. Once there is an illness, the family and community recognise it. Then, there is that process of acknowledgement and acceptance by both members of the family and neighbours within the immediate environment. As in the Igbo kinship system, the individual becomes exempted from common social responsibilities while he or she is expected to spend time seeking healing and using necessary finances made available to care for immediate medical needs. Serious illnesses like stroke, mystical or mental disorder are given special attention as long as the condition lingers. Certainly, no one wants to be seriously sick, one of my informant asserts; not even people who are seen as lazy, weak, unmanly, cowardly, or profligate, should use sickness as an excuse, as this is frowned upon (Achebe 1956). Being ill surely creates an 'economic disadvantage' in that, the person within the said period is physically and actively absent from regular life and duties and responsibilities – be it in the family, place of work or cultural environment. The economic disadvantage would mean the inability to work and earn money, to provide for family and

care for personal needs, and other financial responsibilities. While we anticipate further examination on different aspects of illness in the following chapters, let us examine prevalent diseases within the Igbo socio-cultural environment.

6.2.1 Common Diseases in the Igbo Region of Nigeria

Like many cultural environments affected by diseases like HIV/AIDS, Zika, Ebola, Meningitis, Covid-19, etc., the Igbo people have had their fair share of disease infections that have caused sicknesses and deaths in their numbers. Vulnerability to various kinds of diseases has no bearing on how healthy or hygienically careful an environment may appear. In fact, no environment is totally free from infections. Thus, amongst the identifiably common diseases that have affected the Igbos, and their environs include the following (in alphabetical order):

Cerebrovascular disease or accidental stroke: '*ọria strok*' is a major cause of death. It is a medical condition caused by poor blood flow to the brain, resulting in cell death. Stroke has two main types: ischaemic - lack of blood flow, and haemorrhagic bleeding. Both cause parts of the brain to stop functioning properly. Its symptoms include inability to move or feel on one side of the body, speaking or understanding problems, dizziness, or loss of vision to one side. Its signs and symptoms often appear soon after the stroke has occurred (Caplan 1992, Brott, Tomsick, et al.1993, Morgenstern and Frankowski 1998). Statistically, Nigeria has '1.14 per 1000 and 40% fatality high: within 30 days in 2008-2009 (Wahab 2008, Adeloye and Ezejimofor 2019).

Diarrhoeal diseases; '*afọ ọsịsa*' is the second major cause of death in children. According to the *World Health Organization*, ''it is the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Frequent passing of formed stools is not diarrhoea, nor is the passing of loose, ''pasty'' stools by breastfed babies''[106]. The symptom is an infection in the intestinal tract, caused by a variety of bacterial, viral and

[106] Diarrhoeal by WHO. Accessed at: https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease (Accessed: 07.07.2020).

parasitic organisms (see Weiss 1988). It spreads through contaminated food or drinking-water or from person-to-person as a result of poor hygiene. According to Yilgwan and Okolo (2019), diarrhoeal disease prevalence is 2.7%, with '183 (54%) male and 157 (40%) female children' suffering from diarrhoea-related diseases, which resulted in death in severe cases. Another health condition that swept the Igbos off their feet, especially the children, was a condition called ***Kwashiorkor***[107]. It is a nutrition-associated disease which could worsen with infection or parasites. It was first discussed by Cicely Delphine Williams in 1933 and became obvious in Igboland during the 1967-1970 Nigerian-Biafran war (Trowell 1982, Leitzmann 2003, Abrams and Coulter 2014, Gonzalez-Torres, and Najera-Medina 2014).

Leg Infection disease: '*Achaere*' as described by the local people. In their view, it is a recent type of disease that has been associated with sorcery and is seen as mystical. It can even be purchased from the market as they claim. It is common within the Igbo culture and has been feared as its effect can be dangerous to ones' feet or hands when infected. Its symptoms are serious pain, itching and restlessness. Its physical sign is like that of measles. It can also lead to amputation when not treated as it spreads with time. Scientifically, it has been described as '**chronic leg ulcer**'. Its cause is associated with many factors. The top among the list of causation is diabetes, the inability of the vein in the hammer or mallet toe transmitting blood flow to that part of the body. Cancer in the blood or sickle cell anaemia can also lead to *Achaere* manifesting in one's body (Nelzén, Bergqvist, et al. 1991). The swelling in both legs is a sign of inner body illness that is yet to be identified – be it of the kidney or liver as well as that of heart failure. It is expensive to treat especially if any of the aforementioned inner body diseases are identified (Vinayak 2013). Therefore, it is advisable to treat it early enough

[107] One of the severe experiences of a generally affected disease caused by lack of protein in diet is the condition known as *Kwashiorkor* (*kwash-e-OR-kor*) meaning 'disease of a baby deposed from the breast when the next one is born' according to its Ghanaian dialect text. It is also known as a type of protein energy malnutrition (PEM). It is common with malnourished young children in developing countries. The Igbo tribe, like many tribes across the world that experienced war, the lack of what the German language described as *Mehlnährschaden* 'flour nutrient damage' was found across Igbo land. Albeit *Kwashiorkor* was not a disease in that sense but a condition, it resonated through the minds and heart of the people and was treated as such.

before it gets to a fatal point. Another way to avoid *Achaere* for a diabetes patient is to always cover the feet with specific types of foot wares to avoid contamination, spring or wound of any kind. Also, such persons must always inspect their under feet after washing for injuries whenever they return from going outside. Such identification can help early treatment of wounds to avoid *Achaere* which could manifest due to negligence (Dissemond 2017).

Lower respiratory infections: '*ọria ume ọku*' commonly known as pneumonia, causes infections like acute bronchitis and lung abscess (Akanbi, Ukoli, et al., 2013). The symptoms are shortness of breath, cough, sore throat, weakness, fatigue, and fever. The most common cause of these infections is smoking, which leads to an infection of the lung alveoli bacteria. Statistically, respiratory diseases 'constituted 9.3% of medical admissions in [this] survey' in the Southern states and South-East (Umuoh, Otu, et al. 2013).

Malaria[108] disease; *iba or iba oji iba ocha* or yellow fever is the topmost and well-known disease found across all parts of Igboland and Nigeria at large. It is a mosquito-borne disease caused by the plasmodium parasite. Its symptoms include chills, high fever, headaches, nausea and profuse sweating.

Measles: '*akpata or kịtịkpa*' is a contagious respiratory disease. The main cause of measles is poverty and lack of access to primary health facilities and vaccination, and so it spreads faster due to ignorance and lack of information. '*Kịtịkpa gbagbuo gi*' (which means 'may you be infected by measles') is commonly used as a curse during quarrels between individuals. According to the *National Primary Healthcare Development Agency*[109], ''The immunization effort against measles has been relatively effective. It has resulted in significant reductions in case burden as a result of the scale-up of the (NPHCDA)'' in MDGs (2015: 6); albeit measles is more prevalent in the Northern part of Nigeria; its effects are also found in the South-Eastern states such as in Igboland. The Nigerian record of unvaccinated children in 2017

[108] Malaria: (BruceChwatt & Service 1957), (Joan H. Bryan 1979). (WHO report of 2020) on Malaria at: https://www.who.int/malaria/publications/historical_documents/en/. (Accessed: 07.07.2020).

[109] Measles. At https://news.un.org/en/story/2019/11/1051551. (Accessed on: 07.07.2020).

stood at 3.3 million (Shorunke, Adeola-Musa et al. 2019). The *Nigeria Centre for Disease Control* estimated 748 infected cases from 22 states out of the 36 states in Nigeria – and the research is ongoing.

Perinatal conditions: '*nsogbu ime nwa*' occurs during childbirth. It is a pregnancy-related and fatal condition. This condition is common nationwide, hence, the *Nigerian National Population Commission* (2015), had argued that ''Nigeria's efforts aimed at reducing avoidable child death have been met with gradual and sustained progress […]. Considering the end-point status of Under Five Mortality Rate (U5MR), Nigeria falls short of the 2015 target of 64 deaths per 1000 live births by 28 %'' (MDGs, 2015: 6)[110]. The *Country Office Annual Report* (2021: 9) of the Nigeria Government and UNICEF Country Programme of Cooperation 2018-2022 assert thus:

> Across the sustainable development goals (SDGs) relating to children, Nigeria has seen some progress, but acceleration is needed to meet the SDGs by 2030. The under-five mortality rate in Nigeria was 114 per 1,000 live births in 2020, one of the highest rates in the world. While under-five mortality continues to fall – the rate was 135 per 1,000 live births in 2010 – the rate of improvement must be accelerated for the country to achieve the SDG goal of 25 per 1,000 live births.

Polio, '*ọria Polio*': ''Nigeria has also recorded huge progress in the effort to eradicate polio and recently celebrated one year of polio eradication from July 2014 to July 2015'' (MDGs 2015: 6). This disease affected children that were not vaccinated after nine months of birth. Polio was common in the Northern Region of Nigeria with a few cases in the South-Eastern Region. For prevention, children had to be vaccinated. There are no specific statistics for the Igbo states but based on that of the Northern states, polio cases were said to be 122 in 2013 (Ado, Etsano, et al. 2014).

Tuberculosis (TB): '*ụkwara nta*' is caused by a bacterium known as Mycobacterium. It is not that common in Igboland; thus, since HIV/AIDS is easily contracted, tuberculosis is also a highly infectious disease. Its symptoms result from a poorly managed immune system. The

[110] Millennium Development Goals (MDGs). At: http://www.commonwealthgovernance.org/assets/uploads/2017/05/Nigeria_MDGs_Abridged_Sept30.pdf (Accessed: 07.07.2020).

data on tuberculosis shows that there are 80% of cases in Nigeria claiming millions of lives (Ahmad, Montañola-Sales, et al. 2018).

Typhoid is a 'bacterial infection due to a specific type of salmonella' that causes symptoms similar to that of malaria and yellow fever, in addition to vomiting, abdominal pains, high fever and usually identified alongside malaria. It's easily contaminated through water and food (Watts, Debellut, et al. 2019, Gradmann, Harrison, et al., 2019, Muresu, Sotgiu 2020). According to Onwujekwe, Uguru, et al. (2013) '30% of deaths in under-fives and 25% of deaths in infants and 11% maternal mortality' is caused by malaria related diseases.

Yellow fever has similar symptoms like malaria. It is caused by a specific type of tropical mosquitoes (Monath & Cetron 2002, Barnett, Wilder-Smith, et al. 2008).

Finally, other types of illnesses such as mental or psychological problems are also present; such conditions are often spiritually tackled through religious means. Depression which is very common among men and women is misunderstood and treated as laziness, frustration, or confusion on the affected individuals.

6.3 Disease Care in the Igbo Cosmology

The Igbo cultural environment as we have seen is not immune from global disease outbreaks as disease infections are not uncommon there. Every virus or disease outbreak has often changed lives for the worse, due to the combination of unregulated biomedicine and traditional herbal remedies that people turn to when one medicine appears ineffective in treating a sickness. Another contributing factor to what is viewed as "preventable deaths" is the presence of adulterated medicines (especially biomedicine) in the Nigerian health market, which diminish the effectiveness of sickness treatments. One of my key informants noted that the Igbo society has learned how best to control, accommodate, maintain, and manage those who are ill. This analysis explores the significance of disease infection in the Igbo cultural context and the importance of communal support in promoting healing and recovery from

sickness. Among the common diseases outlined earlier, malaria stands out as one of the most severe diseases; this is environmentally and topographically influenced. This is due to the fact that, with the exception of Africa and some regions of Asia, Australia, and the Western Caribbean, the causality does not exist in other continents. There are some mosquitoes in Europe's rivers and lake areas, as I have witnessed in the German city of Konstanz. It would not be surprising also that mosquitoes are present in the region where Austria and Switzerland are separated by the lake. Interestingly, despite the fact that the mosquito bites in these places hurt quite a bit, they do not spread the bacterium that causes Malaria (Ammon, Bickel, Ebner, et al. 2004, 2004). According to Enserink (2017), Italy has seen its fair share of ''cold-loving mosquitoes'' known as the ''*Chikungunya* virus (CHIKV), an infection spread by mosquitoes, with *Aedes albopictus* as one of its vector species''. The term ''*Iba*'' (also known as ''Malaria''), as it is commonly referred in Igbo medical texts, and its preventative measures, were in place before colonial times. These measures are still use today in traditional healing methods. They are better understood as described above in the aspect of Igbo continuous adherence to communal involvement in individual sickness situations. As narrated in Achebe's (1959: 76-77) excerpt on the severity of the Malaria disease on children, portrayed in Okonkwo's household, who was the main character in *Things Fall Apart* (1959):

> Ekwefi one of the three wives of Okonkwo, the main character in *Things Fall Apart* (1959) had banged on his door very early in the morning informing him about the seriousness of the health condition of Ezinma who happened to be her only surviving daughter out of the nine children that had died. ''Ezinma is dying,'' came her voice, and all the tragedy and sorrow of her life were packed in those words. Okonkwo sprang from his bed, pushed back the bolt on his door and ran into Ekwefi's hut. Ezinma lay shivering on a mat beside a huge fire that her mother had kept burning all night. ''It is *Iba*,'' said Okonkwo as he took his machete and went into the bush to collect the leaves and grasses and barks of trees that went into making the medicine for *Iba*. Ekwefi knelt beside the sick child, occasionally feeling with her palm the wet, burning forehead […]. Okonkwo returns with ingredients, and he and Ekwefi prepare the medicine. Once the medicine is ready, he forces Ezinma to sit under a blanket with the steaming pot. She struggles, but is held down, and when at least the blanket is removed, she falls asleep on a dry mat.

This brings us to the aspect of Igbo family relationships or dynamics in the process of sickness and healing. Depending on the individual family household, this can be challenging, especially when both parents are still alive, and suddenly, one becomes bedridden. The person who is ill often relies on their spouse and children for support. However, if the children are not physically present due to migration, work, or marriage, the caregiver (spouse) may feel more pressured, drained, lonely and isolated like the ailing person. Although extended family members and relatives give physical and material support at intervals, this cannot be compared to the presence and role of an immediate family member. The presence of immediate family members can provide comfort and solidarity during the healing process. However, family members in absentia, in the Igbo context, are still expected to provide moral support and financial assistance for medical care. This situation can be viewed as similar to the Western concept of self-in-relation-to-others – being "present" in this case, in a moral and financial sense, albeit physically absent. A practical example is that of my father, Pa Bernard Okoli Obianekwu, who for over eleven years (from 2009 to 2019), faced numerous health challenges. As his children, my siblings and I decided to seek additional professional support owing to the severity of our father's health which forced our mother to step back from some of her commitments in church and social activities, such as the choir and women executive positions. She fully devotes herself to being our father's caregiver. This may seem unconventional to those unfamiliar with Igbo culture, where it is typically expected for one spouse to care for the other during times of serious illness. However, it is worth noting that our mother is not a doctor, nurse, or trained caregiver. Despite this, we believed that her disposition to care for our father, her husband, in sickness is crucial in such circumstances, but it should be of her own free will. In our case, it was delicate because at some point, the need to care for our adopted granny who also became very sick within the same period (i.e. 2018 to 2019) became paramount as well. In cases where a family can afford medical professionals and caregivers, our mother's role would be to oversee other aspects of support needed for our

father's healing. Ultimately, the strength of family relationships and cooperation play a vital role in time of healing. In view of the situation, we hired a permanent doctor and nurse to support the caregiving process. The medical team, our mom, extended family members, relatives, and friends – rendered help at various intervals. Thus, our mother was committed to her role as a caregiver, driven by her belief that marriage means being there for each other in both good and bad times. We understood and respected her decision. We recognized the ethical and cultural value of her devotion to caregiving, i.e., not only to our father but her willingness to assist other sick people within the cognate. However, we wanted to make sure she did not feel financially burdened by her responsibilities; therefore, we rewarded her with additional allowance and everything else she needed personally. This was to enable her focus on caregiving. We also employed workers to assist her with her farm work which she values a lot. We took turns visiting and spending time with our parents, as did our relatives, kin, and friends. We ensured that their financial contributions to the church and social groups, especially the *Utu Umunna* (financial dues for kinship and social contributions in times of death and other village matters), were taken care of. We made our village home, which also served as the hospice for our father, as comfortable as possible. I recall sending home to Nigeria from Germany all needed medical equipment like wheelchair, portable toilet, hand gloves, face masks, vitamin supplements, pain relievers, detergents, etc.

In other families, the care given to a sick individual may be different from ours. But there are always similarities in the caregiving practices among the Igbo, which make the ailing individual feel unabandoned. These are all dependent on a family's close relationships and mostly, financial ability and cooperation. The case of Okonkwo in Achebe (1959) exemplifies fatherly care in another scenario of a sick child through more masculine actions, which is a common forceful way African fathers express love. In a typical father-children relationship in Igbo society, which can also be identified in many African societies, fathers ruled their households with a heavy hand, as opposed to softer behaviours in challenging situations such

as illness. But deep down in their hearts, fathers are not cruel men. To 'show affection was a sign of weakness, and the only thing worth demonstrating was strength, as Okonkwo in Achebe (1959) asserts. Caregiving to a sick person in the Igbo culture demonstrates an aspect of kinship practice of the Igbos known as *Igwe bu ike*, i.e., there is power in collective strength. This is similar to South African ideology of "*Ubuntu*", i.e., a demonstration of compassion and physical or material sacrifice (Gade 2012, Van Breda 2019), which is an essential human virtue that promotes unity and guarantees a sense of belonging in times of sickness and healing. It is considered a moral duty for immediate family members to provide special attention to medication, proper nutrition, and physical presence for their ailing loved one. Close friends and relatives are welcome to offer their support if they wished. I recall Mama Udu, a beloved daughter of our kin, who would at intervals prepare a special native meal of plantain porridge with natural bitter leaves as a way of her support for our sick father. As another form of gift exchange, we placed her on allowance. She passed away in 2022, two years after our father. Such care for an ailing person was beautifully described by Achebe (1959: 79) when he argues in reference to the above narrative that mothers are ''determined to nurse their child to health, and they put on their being into it. They reward them with occasional spells of health […]".

The above analysis is important in our comprehension of disease care in the Igbo traditional context because, amongst many Igbo works of literature on folklore, poetry, fiction, love stories, war, history, culture, etc., Achebe's (1959) work paid closer attention to the visible presence of *Iba* and its care amongst other narratives of disease infections in Igbo cultural environment. Considering the global prevalence of diseases, one of the earliest pandemics that impacted Igboland, and its surrounding areas was measles or a variation of smallpox (Littman & Littman, 1973; Brooke, 2014; Duncan-Jones, 2018). It is fondly called *Akpata or Kịtịkpa* in the Igbo medical terms; a 'contagious respiratory disease'. The Igbos take care of their ailing brethren with every medical caution, tools available which certainly had way more improved

overtime, considering how it was in the early days. My informants noted that the availability of Western medical equipment and trained physicians has improved disease diagnoses and treatments. Above all, the human care provided, despite the fact that it was unlikely to result in effective illness healing, provided the sick people with the comfort they required and the joy of knowing that family members are always present, preventing lonely suffering and death. In the midst of the frustration from unimproved health situations, affirmations of the notion of something else being involved in the cause of an illness is not neglected. This also was found taking place in the German context with my informants saying repeatedly, ‘‘This sickness is not ordinary’’. Surrounded by the aforementioned diseases, illnesses, quest for wealth, success and prosperity or development, perceived enemy or not, every living being in the Igbo cosmos long for one thing and that is *‘Ogologo Ndu’ na* ‘*Ahu Ike’*: long life and good health. Once a disease begins to affect an individual, the quest for healing becomes the paramount route to take because healing is the only way good health can be guaranteed; and a healthy body guarantees life.

6.3.1 Health: Emic and Etic problem

The ethnography of health is better understood when discussed in relation to sickness as interpreted by a given culture. Thus, in accordance with the ethnographic methodology which facilitates an investigation of the context in which people’s health beliefs and practices evolve as well as serving to identify the cultural components of health and illness (Robertson and Boyle 1984: 43), I am moved to examine the meaning of ‘‘health’’ and how health is conceived at different situations. These are among the questions I have had to deal with in my attempt to understand, without the assumption that corresponding health situations are relatable. A typical example will be to encounter a manifestation of similar signs or symptoms of sickness as opposed to being healthy and be quick to interpret the observations without the consideration of peculiarity in the social, religious, or political backgrounds of the culture

where an individual comes from. As a result, it is difficult to provide a clearer meaning to illness when the affected person exhibiting confusing medical signs is investigated in another culture using the available diagnosis. These are some of the challenges that ethnographers who specialise in these fields of study have faced and, as a result, interpreted based on the information that was available to them. As a result, they manage to present what seems to be an assumption or interpretation of situations that were quite complex yet had to be documented based on feasible (empirical) observations.

In the field of religion for instance, Mbiti's (1969) *African Religion and Philosophy* was bashed for casting his arguments on intellectual terms and ideologies that had been established by the West, especially that African cosmologies ultimately align with Christian views of God as eternal, omnipresent, and omnipotent. Evans-Pritchard, in his works on African Cultures, including *Witchcraft, Oracles and Magic Among the Azande* (1937) and *The Animalistic Religion and Culture of the Nuer* (1940), also faced disbelief in what was described as 'inconsistency' and 'opinionated' regarding reliability of Azande beliefs. For instance, Evan-Pritchard (1937: 11) claims that he has ''seen witchcraft'' and then again, that ''witches cannot clearly exist'' (1937: 18) are contradictory. Hence, in respect to the study of health, illness, diseases and their cures, Singer and Ericson (2011: 382) argue that ''as is typical for fields with the ''ethno'' prefix, ethnomedicine seeks out primarily an ''emic'' anthropological view, that is, the perspective of the member being studied''. By implication, it presented the same argument on the difficulties faced with investigating unfamiliar fields because they ''reflect developmental experience within a particular local framework'' (ibid). It is not of a total disadvantage as Spiro (1992) pointed out that an outsider (researcher) in an 'etic' point of view can acknowledge and makes further investigations about ''cognitive and behavioural models that a native of the culture may take for granted or not notice'' (Singer and Ericson: 2011: 382). Browner, et al. (1988) worked on unifying both emic and etic

ethnomedicine and bioscience, just as the work of Jan Pieter van Oudenhoven (2017) dwelt on etic and emic research of culture.

Thus, as Garnett, Reynolds et al. (2018: 7) argue, I am ‘‘forced to confront my *emic* assumptions about what really ‘count’ as health and how I can know it’’ especially when assuming that illnesses like the case statements in addition to given examples are only identified when it is of cogent need (ibid). The presentation of health as an experience or set of experiences brought forth by people's positioning in relation to social or political life is a broad area of ethnographic production. Ethnographers like Singer and Erickson (2011: 381) in their analysis of ‘*ethnomedicine*’ described it as ‘‘health related knowledge and theories that people inherit and learn by living in a culture’’. Wodi and Kone (2020) in their work in *International Health and Culture*, address the implication of what is considered as local, health problems having global effects. A recent example is that of Covid-19, which, though of a local origin has been spreading to different parts of the world. Other examples could be seen in the WHO publication on *Health 2020* on *EU Health Policy Framework* on ‘‘Cultural Context of Health and Well-being’’. Prior to these recent proposals, there have been series of backtracking by medical anthropologists like Hahn and Gaines (1985), Lock and Gordon (1988), Baer (1989), Fábrega (1997), Linsk (1993) and Good (1994) who, ‘‘informed by other medical systems’ perspective, began to study and made necessary critiques’’ (Singer and Erickson 2011: 383). These bodies of work show how health is always rationalized and mediated by a range of interactions and interpersonal processes (Kleinman and Kleinman 1991). Although there may be some rationale for relatability in health interpretations, it is still vital to consider each situation as one of its kind, the individual and cultural influences on the cause of investigation. In light of the above observations, I shall examine the Igbo concept of health from an ‘emic’ (insider’s) perspective.

6.4 The Igbo Concept of Health - '*Ahu Ike'*

There is no doubt that cultural complexity has influenced the definition of health throughout history. Thus, for the Igbo culture, '*Ahu Ike*' in the Igbo medical text implies 'health of the body'; a sound physical state of the body or as the saying goes, "*ahu idi nma*", good state of the body. The ''reference to "*Ahu Ike*" in all Igbo expressions for health goes back to the Igbo's view of the body as the appearance or personification of life and the person'' (Iweadighi 2011: 59). My simple definition of health is the ability to live and enjoy life to the full, freed from any form of diseases or sicknesses, against what they consider a 'spiritual attacks[111]' or 'afflictions', stress, marital or ethnic conflicts, pains, and causing deep sadness. It is also fascinating to think that humans in all their efforts to subdue the earth, till and build it through science, technology, education, have worked toward one cause: to improve life. Therefore, it is appropriate to also argue alongside Iweadighi (2011: 65) that ''the state of absolute and complete health does not exist or is not conceivable''.

This concept of health in the Igbo interpretation is best described by the German etymological word '*wohlsein*' (well-being) from which '*gesund*' (healthy) or '*Gesundheit*' (health) are derived, mainly from old Germanic root meaning "wholeness" (Boyd 2000: 9). Well-being implies progress against every form of breach to the continuity of life; this can also be understood as being in a sound state mentally and physically. Nevertheless, just like religion, there is no absolute definition of what is generally accepted as well-being. Not even the definition of The *World Health Organisation* for example, as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity[112]" is accredited to be final. Each culture has its ways of explaining what it really means to be healthy. Moreover, individual well-being might differ from person to person. It also lacks what Häring (1995: 153) describes as ''an oversight into the spiritual dimension of health''.

[111] Spiritual attack or affliction is interpreted by religious people as a sudden, violent, aggressive action taken against and individual by unknown force. Such attack may cause the individual to display signs, symptoms or behaviours considered to be abnormal in every human comprehension.

[112] WHO on ***Health***, see: https://www.who.int/about/who-we-are/constitution. (Accessed on: 16 July 2020).

This latter argument exposes us to how the Igbo culture views and interprets health as a combination of both the material (being free from physical contamination) and spiritual (being at peace with the cosmos and ones' *Chi*). These enable humans to function fully in their sociocultural, religious, and political environment.

Another example of health in the Igbo cosmology can be seen in the fertility of land, ethnic/tribal peaceful coexistence, freedom from any form of calamity, like what they call 'untimely death' e.g., of a youth, etc. These examples would require traditional cleansing to be performed by the *Dibia* (diviner) in collaboration with the individuals involved in order to restore the cosmic balance and with the cultural environs (this will be discussed in Chapter 9). This traditional cleansing ceremony is a ritual that may last up to four days according to the Igbo four market days (*Nkwọ, Ékê, Àfọ, and Orie*)[113] or seven days in correspondence to the seven weeks in accordance with the lunar cycle (Onwuejeogwu 1981). However, with the advent of Christianity and its multiple conversion of the Igbo people into the worship of the Christian God, such atonement rituals are substituted by general prayer crusades by Christians on behalf of the affected community (Achebe 1959; Ekechi 2009; Nweke 2023). That notwithstanding, the traditional rituals are still practised amongst Igbo traditional worshippers. In conclusion, health for Igbo people is more about being in a state of balance between the spiritual and physical selves, as manifested through social interaction and peaceful coexistence, performing local ritual ceremonies as part of the spiritual sustainability of the socio-cultural order, and eating and drinking healthily.

[113] Listed according to their importance, ***Nkwọ***, is said to be pre-eminent and thus, all the biggest markets within the Igbo cultural localities bear the name, up to the biggest market in West Africa (The Onitsha Main Market). It was said to have played an important role in commercial activities during the Biafran Nigerian civil war of 1967. ***Ékê,*** on the other hand, is said to be the most sacred. It is a day for the gods attributed to the sacred *Ékê* python where the name is derived. Traditional rituals as mentioned are best perform on this day. However, all other ceremonies like funeral, marriage, etc., is prohibited. It is also a resting day from farm works in most communities. These narratives are mythically based and have been passed on through generations. ***Àfọ*** and ***Orie*** market days are as important as the other two to the localities that observe such day. But its importance is not generally upheld. The market days are also beard as names for men and women born on these market days eg; Okorie, Okonkwo, Ekekwe, Okafor for the men and Mgbeafor, Mgbokwo, Mgbeke, Mgborie for the women. Despite the Gregorian calendar, these market days are still in place till date according to the traditional Igbo calendar (Onwuejeogwu 1981).

6.5 Between Personalistic and Naturalistic: A Concise Summary Causes

The terms ‘illness and sickness’ have ‘‘distinctive configuration of meanings’’ but there are overlapping associational patterns among the terms (Young 1982: 262). Going by Good’s (1977) position on the meaning of illness and sickness, this work chooses to argue that the term ‘‘sickness is understood in the context of being sick, where an illness or symptom condenses a network of meanings for the sufferer’’ (Young 1982: 262). The feelings associated with perceived signs or symptoms present in the affected body appears to be similar in every culture before interpretations and analysis are made. That is to say, the body receives and acknowledges the unwelcome bacterium or substance which could manifest through infection, contact or through dream experiences like my case study, Chika. To fully understand sickness, it must be considered in relation to the infection or disease that caused it to occur. It cannot be examined in isolation, as illness and sickness are interconnected. In my analysis of *Disease as Causality to Illness* which Young (1982: 164) refers to as the “abnormalities” in the structure and/or function of organs and organ systems, i.e., pathological states whether or not they are culturally recognised. In the arena of the biomedical model, I mentioned a further discussion on Foster, et al. (1976) three theoretical approaches to the understanding of illness and health, among which was the *Personalistic* medical system. A personalistic medical system Foster (1967: 775) argues ‘‘is one in which disease, thus, illness/sickness is explained as due to the active, purposeful intervention of an agent, who may be human (a witch or sorcerer), non-human (a ghost, an ancestor, an evil spirit), or Supernatural (a deity or other very powerful being)’’ [emphasis mine]. Forster (1976) observed further that ‘all illness and death are believed to stem from the acts of an agent’, according to the Igbo cultural interpretation. These agent(s) are the dispensers of disease both in the physical world (natural) and the dream world (supernatural) (Alland, 1964: 715). No doubt, therefore, that belief system has an upper hand in the interpretation of events. Harley

(1941: 7) supported this claim based on his experience of medical practice among the Mano tribe of Liberia, West Africa, by adding that ‘‘death is believed to be unnatural, it results from the intrusion of an outside force”; usually carried out through witchcraft or sorcery means. On the other hand, Freidson (2017: 4) avows that:

> If an undesirable ailment is believed to be divine punishment for sinful behaviour, its occurrence has different social consequences than when it is believed to be the result of malicious human witchcraft, wilful perversity, or impersonal, material forces over which no one has control.

Similar arguments by Harley (1941) and Freidson (2017) had been indicated in an earlier discussion on the *Concept of Illness and Sickness in Igbo Culture* when I argued that these interpretations are of ‘two possible kinds’ – the first tends towards a ‘spiritualistic theory’, where the Supreme Being is the causality, and the second, a ‘personalistic theory’, when an illness is seen as coming from a perceived (human) enemy. Some examples of the native concepts on personalistic theory even within the Nigerian context is that of the Tiv culture in the middle belt, which is a part of Northen Nigeria that is very close to Igboland, specifically Enugu State. The Tiv as well, ‘‘do not regard ‘illness’ or ‘disease’ as a completely separate category distinct from misfortunes to compound and farm, from relationships between kin, and from complicated matters relating to the control of land’’ (Prince-William 1962: 123-5). Equally, the Kaguru tribe of Tanzania have this belief that most misfortunes, however small, are due to witchcraft. Consequentially, ‘‘most illness, death, miscarriages, sterility, difficult childbirths, poor crops, sickly livestock and poultry, loss of articles, bad luck in hunting, and sometimes even lack of rain caused by witches” (Beidelman 1963: 63-4). These are the general attributes of illness that are also interpreted in light of witchcraft and malevolent forces or agents behind every life-threatening occurrence. Another ethnographer, Erickson (2008) was applauded in his cross-cultural ethnomedical study when he identified four basic domains of disease causation and implications which include the individual body, natural world, social and economic world, and the spiritual world as cited in (Singer and Erickson 2011: 386).

Furthermore, Hughes (1968: 99) avows that "those beliefs and practices relating to disease which are the products of indigenous cultural development are not explicitly derived from the conceptual framework of modem medicine''. In this light, we are introducing the *Naturalistic theory* which Forster (1976) argues, could result from exposure to germs, contagious notion of bad air, injury, or starvation, and being out of balance or natural occurring risks in one's environment. Against the odds of the personalistic theory, Foster (1967: 775) states that the naturalistic theory ''explains illness in impersonal, systemic terms''. In it, he argues that:

> The disease is thought to stem, not from the machinations of an angry being, but rather from such natural forces or conditions as cold, heat, winds, dampness, and above all, an upset in the balance of the basic body elements. In naturalistic systems, health conforms to an equilibrium model; when the humour, the yin and yang, or the Ayurvedic dosha are in the balance appropriate to the age and condition of the individual, in his natural and social environment, health results (ibid).

The above argument is surely a contrast to the personalistic theory that Fortune (1963: 150) had added voice to by arguing that "death is caused by sorcery, witchcraft, poisoning, suicide, or actual assault". Disease, illness and sickness and modes of death certainly are ''indigenous'' and their narratives are ''well known and catalogued'' [...][114] (ibid: 137). No doubt then, that personalistic theory is driven solely by the strong cultural belief of illness causality by an agent. While as of the naturalistic theory, it is obvious that the mood of diagnosis, the kinds of cures, its techniques, prevention, etc., dominate modern medical knowledge since the inception and practice of modern medicine (Foster 1967: 775).

[114] For the natives, Fortune (1963: 137) notes, the production and infliction of (disease) upon near neighbours are one of the customary occupations of the people. Underneath the surface of native life, there is a constant silent war, a small circle of close kindred alone placing trust in one another. The whole life, of the people, is strongly coloured by a thorough absence of trust in neighbours and the practice of treachery beneath a show of friendliness. Every person goes in fear of the secret war, and on frequent occasions, the fear breaks through the surface.

However, in light of Fortune's argument about the Dobu society[115] on 'disease infliction', it is also a point of interest to find out how the attitudes of Western societies from the inception of what is today known as 'biomedicine' were influenced. That is, if there were any form of social structures/organizational influences or attitudes, or if it was solely based on an accurate description of naturalistic facts as perceived within the environment. Hence, it is possible to show what Fortune described as the ''unity of feeling'' or the unity of purpose in the goals to establish a cure to illnesses be it of modern or traditional methods (ibid). Nonetheless, we can also argue that naturalistic theory could fall short of the analogy of what Foster described as an ''efficient cause of illness to the body''(1967: 788). Through an individual or a group's mismanagement of laboratory experiments, or careless exposure to harmful substances, an individual or a community could be affected.

6.6 Influence of Genetics and Environment: Etiology of Human Disease

Taking a leap into the first case study, regarding the severity of Chika's condition, moments after his dream encounter of food consumption – could that be connected to possible influence of genetics or environmental changes at the time? The curiosity about these connections can be investigated in light of ''genetic disorder'' lately manifested or as a result of the change in cultural environments (Lvovs et al. 2012). Genetic disorder is caused by single or several abnormalities in the genome (i.e., genetic material of an organism, consisting of a DNA). Mutation in a single gene is said to be the cause (Lvovs et al. 2012). In a deliberate omission of the complex scientific explanation of human 'genetic disease disorder' which is not what this work investigates, this work presents genetics as the study of 'genes' which in biology are living organisms that take on features, characteristics, or traits from parents through an

[115] ''In this society, it is not possible to say that the attitudes of the social organization are created by the attitudes of the magical outlook, or that the attitudes of the magical outlook are created by the attitudes of the social organization''(Fortune 1963: 135).

ancestor (Griffiths et al. 2000, Hartl et al. 2005). Interestingly, genetics may be either inherited or be determined or affected by the environment based on the aforementioned biological analysis. In that light, the famous quote from Dawkins (1976) in *Selfish Gene*, subsists:

> 'Genes' as having a 'memory', i.e., the lives of ones' grandparents, the air they breathed, the food they ate, even the things they saw, he argues can directly affect you, decades later, despite your never experiencing these things yourself.

His evolution argument was built upon George's (1966) famous work which Pinker (1994) describes as a classic of evolutionary biologists amidst several critiques of the evolutionary progress which this work is not also venturing into. But based on the features, characteristic or traits as earlier defined of the gene, it is feasible to argue alongside Dawkins (1976) that genetic disease(s) in an individual is certainly present throughout an individual's lifetime. Its manifestation, may therefore, be affected by a new environment through food, drinks, and as Dawkins (1976) asserts, through the 'air breathed', etc. This also puts into perspective the question of the places my informant visited a day or some days before the encounter – as also questioned by the physicians. The chronic condition possibly took a longer healing process within the German environment due to insufficient knowledge of such disease by the German physicians treating Chika's illness, if any information as regards family health history was provided, as argued in *Confidence Building between Migrants and Physicians.* As observed, it was the case of ''let them figure it out with the laboratory tests'' as Chika avows at some point. Hence, we cannot ignore the possibility that my informant was having a genetically inherited disease that might have appeared later in his life.

This latter argument on unawareness of genealogical trace to illness is visible not only within the Igbo cultural environment but with most individuals who did not meet their grandparents or great grandparents before they passed on, in order to figure out the kinds of diseases they experienced during or at a later stage of their lives. From an insider perspective, I have seen and overheard people within my cultural milieu discussing the similarities in sicknesses

suffered by some individuals with an indication that “one of their parents died of similar disease infection”, or “her mother also had breast cancer”. An aspect of the environmental influence on the aetiology of human disease could also be interpreted in the various reactions migrants experience with the changes in the four seasons of the European weather. Aside from the cold caused by Winter and Autumn seasons which requires one to keep warm, migrants are more conversant with the Summer season. Thus, the Spring season apparently is a difficult season for most African immigrants (Motten 1986, Swanson & Dean 1999). This is because, as flowers and plants come into bloom with the spread of pollination, it causes severe reactions like ratchets, catarrh, cough, and other reactions that are linked to the pollination of plants (Klatt, Holzschuh, et al. 2014). So, while the Spring season brings joy, pleasant feelings and beautiful decorations seen in German cities and its environs, it is also a nightmare for immigrants whose bodies or some aspects of their genes are not accustomed to the new cultural environment. Furthermore, based on migrants’ understanding of these arguments, the responses are presented in the chart below, considering the aetiology of human disease as influenced by genetics, biological agents, and environment.

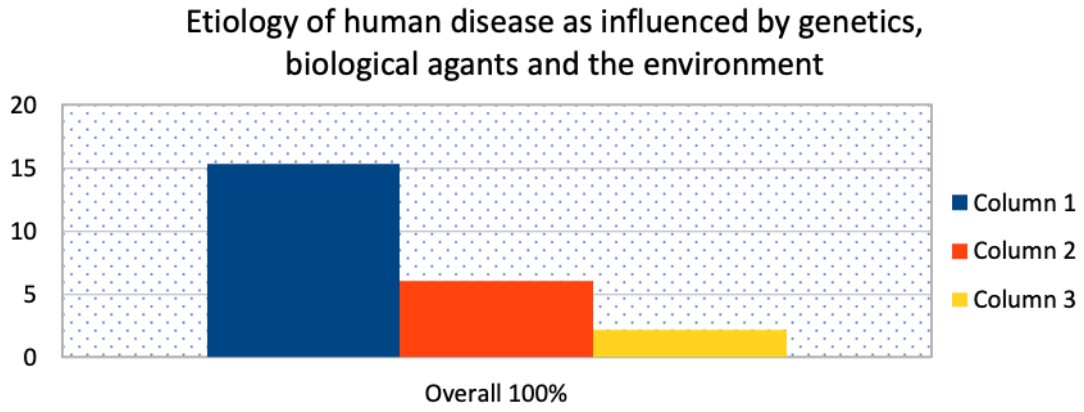

Figure 14. Research Graphic on the Etiology of Disease.

It is clear from the above chart that the cause of the human disease is influenced by genetics and other environmental factors. Nearly 70% of those surveyed disagreed with this idea and argued that other social imbalances, are the source of illness; this is also believed by my

informants. While 25% think that disease causation is scientifically supported, the remaining 5% remained in between. The above statistics also addressed the claims that "this illness isn't ordinary," which my informants frequently made, including the influence of the human mind's cultural construction and the customs surrounding disputes over the causes of illnesses.

6.7 Mystical Causes of Illness

Discussions relating to supernatural agencies, affairs and occurrences are certainly complex to assemble and comprehend sometimes. As my informants argued, an example within the Igbo cultural topography regarding mystical causes of illness is the *Achaere*[116] (chronic leg ulcer) that has been on its rise and has recorded many deaths, distortion and deformation. In the analogy of "'myth', the main characters are usually gods or supernatural humans" which are closely linked to religion and spirituality (Bascom 1965: 9). Hence, the Igbo interpretation of illness as mystical can only be traced back to their oral tradition, folklore, myths etc., that were presented and carried through generations in shaping how their societal norms, taboos, customs, and beliefs were "sanctified and established" (Eliade 1998: 6). The denial of a total non-existence of sicknesses termed as "mystical" would be illogical because once there is no clear identity to an illness, even while scientific investigation is ongoing, it stays in the family of "mystery disease". In that light, Singer and Erickson (2011: 386) argue in line with Forster (1969) that "there is a mysterious and invisible aspect to personalistic illness". They went further to assert that: "Though most cultures do not separate the body and the mind, invisible, brain-related illness like seizures and mental illnesses are often assigned to personalistic, spiritual causes as are those of internal organs".

Thus, it is difficult to make a clear attempt at defining what the Igbo people consider "mystical illness", such that it would be scholarly and intelligibly acceptable in its "extremely complex cultural reality" (Eliade 1998: 5). Hence, my definition of 'illness as

[116] See: Common Diseases in the Igbo Cultural Environment in chapter one for more detail.

mystical' is simply that of the Igbo traditional parlance that was and still is in existence because it provides meaning and ''supplies models for human behaviour'' and, by that very fact, gives value to their living. Of course, there is no doubt about the existence of a Supernatural Being and the possibilities of supernatural occurrences as seen in the case studies. The Igbos believe in the reality of dream against its definition as ''a series of thoughts, images, or emotions occurring during sleep''[117]. For them, it is more of a revelation, prophecy of what is to happen or of what has already been manifested. According to my *Dibia* informant, it is then left for the individual to act in accordance with the dream to save a life, mend their ways and be cautious, or ignore it and face the consequences of death from illness or destruction from a perceived enemy's attack. Therefore, the existence of ''mystical illnesses'' is believably present once it is unverifiable, tied to religion and to an agent as causality. Let us examine and appraise some aspects of mystical causation which Iweadighi (2011) painstakingly classified into eight types, including Malevolent, Malicious-evil Spirit, the *Ogbanje*-spirit, Marine Spirit, through Human Agency, "*Ogwu*"- Sorcery, Magic, Charms, Witches and Wizards ''*Amosu*'', and Agent of Sickness.

6.7.1 Malevolent Mystical Causations

In light of Iweadighi (2011), I analyse the following sections more or less as an appraisal of his work on the eight types of causation of mystical illness as rationalized in Igbo society. I am doing so because it correlates to the ideas of this chapter. Thus, it is also important to point out that this malevolent mystical causation is not only an Igbo concept but more broadly an "African thing". This type of causation can be found in ethnographies like Mbiti (1990 [1969]) *African Religions and Philosophy,* Mbiti (1975) *Introduction to African Religion,* Alland (1970) *Adaptation in Cultural Evaluation,* Kuschik (2016) *Spanish Folk Medicine in Discussion: the Body Concept,* to mention but few. Accordingly, Iweadighi (2011) started off

[117] Dream Definition. Merriam Webster. At: https://www.merriam-webster.com/dictionary/dream (Accessed on 16 July 2020).

by making a clear distinction between the mystical causation as I have introduced above and supernatural (factor) causation as I argue much later. Hence, he avows that ‘‘most often, people believe that sicknesses are caused by malicious evil spirits or human enemies who employ the machination of these evil spirits to harm them or hamper their progress. This belief is common in the (*sic*) African society’’ (ibid: 105-106). In Igbo culture as well as African societies, the belief in the existence of ‘‘manipulative or employed malicious spiritual forces’’ by some individuals is quite common (Ugwu 1998: 67).

6.7.2 Malicious-Evil Spirit as Mystical Causation

Consequently, Dopamu has described the Igbo society as ‘‘swarm of spirits, alive with sinister forces and power of darkness, that inflicts harm and sickness on the living’’ (1985: 67). Certainly, in the Igbo cultural interpretations of the world, the emphasis on the spiritual cosmos and the existence of many spirits is quite overwhelming. The similarity of the multi-spirit beings can also be seen in books like the *Yoruba Mythology* (Bolaji 1962), Religion *of the Yorubas* (Lucas 1948), *Dictionary of Creation Myths* (Leeming and Leeming 2004), *The Beliefs and Rituals of a Growing Religion in America* (Miguel 2004). According to Iweadighi, Igbo society categories spirit into two forms: ‘‘created spirits’’ and the ‘‘spirits of the dead’’.

> Among these, there are the good and the bad spirits among the created spirits, also bad or spiteful spirits and among the spirits of the dead, there are also bad spirits that wreak havoc among the living. The spirits of wicked human beings are among such spirits (2011: 106).

The latter spirits in the Igbo society are those spirits who by the virtue of their wickedness, hatred for everything that is good, are said to have been deprived of entering the ‘‘cult of the ancestral spirits’’ (ibid). Such spirits are not properly buried, some are thrown in the evil forest, thereby wondering about causing plight and pains on the living through illnesses (Achebe 1959). Other such spirits are the early deaths, where people who did not fulfil their lives and destinies are associated with malicious illness causality (Ugwu 1998: 65).

6.7.3 The '*Ogbanje'* and '*Agwu'* spirits as Mystical Causation

This is believed to be one of the common causalities of illnesses in children. The disease agents are discovered at a very tender age. It is a concept I grew up hearing a lot about and I analyse it based on those ideas. The ''*Ogbanje*-spirit'' also known as 'repeaters' or "a case of repeated infantile deaths in a family" or ''children who come and go'' in its literal Igbo language translation, is commonly associated with female infants (Iwu 1986: 62). Ugwu points out that ''this is a group of spirits of female children who organise themselves in groups known as '*ndi otu'* meaning cult groups in the Igbo language. This ''group of friends in the spirit world decide to be born into various homes, acting, and behaving akin to fulfilling their missions on earth, only to die young''(ibid). Achebe (2017 [1959]: 79) also gave a narrative of the *Ogbanje* spirit when a protagonist in his novel argues in line with the diviner who performed some cuts on a dead child's body by saying that:

> After such hard treatment he would think twice before coming again, unless he was one of the stubborn ones who returned, carrying the stamp of their mutilation – a missing finger or perhaps a dark line where the medicine man's razor had cut them.

The *Ogbanje* concept is similar to ''*Abiku"* among the Yoruba people of Nigeria and the Benin Republic, which literally means ''born to die''. A typical characterization is that they are ''a cycle of wicked spirits who of their own volition enter the wombs of pregnant women and are born to die shortly after'' (Awolalu & Dopamu, 1979 as cited in (Ilechukwu 2007: 242). Thus, some of them grow into adulthood and end up dying under mysterious circumstances before getting to their 30s or 40s. On the other hand, there are boys (or adult men) that are affected by what is known as the *Agwu.* These men are said to manifest similar traits like that of the *Dibia* (diviner). Thus, the Igbo society believe that *Agwu* is a spirit created by *Chukwu-Okike*; creator God. And unlike the mere spirit forces, Aguwa (1993: 39) asserts that:

> *A*gwu exercises intellectual and volitive faculties and is believed to exercise immense influence in human affairs. He is the patron spirit of the *dibia* (diviner-

> cum-healer) and the inspirer of people of outstanding talent. [...] *Agwu* is believed to be closely involved in man's search for fulfilment in society. This is because, it enforces determination of all sorts.

They also experience or display some kind of madness at some stage of their lives during *Agwu's* manifestation. They are associated with the inability to find their purpose or paths in life, e.g., education, business and are also said to die young out of frustration if the cause of their problem is not quickly or fully identified. Once a boy who use to behave well suddenly begins to display inappropriate behaviours, he is returned 'home' for consultation with his *Chi* by a *Dibia*. Like in the females, the males also have to go through some sort of cleansing, sacrificial ritual and have to perform a lot of almsgivings known as *Salaka,* to appease his '*Chi',* or through them to the Higher Being, as the case may be. The signs and symptoms associated with such illnesses include the child's ability to do strange things that are totally associated as evil in the Igbo cultural interpretation. For instance, Abueze is one of such special children. He was eight year of age; a happy and well-liked kid in the community. He was nicknamed *Onye Amuma* (i.e., a prophet) due to the physical manifestations in form of behaviours and words he uttered at various occasions about things that were about to happen. He once talked about his early passage to the world of the spirits which came into effect on Thursday, February 8, 2018, an *Orie* market day in the Igbo calendar. There was an abruptly loud cry late in the evening of that day and villagers rushed towards the direction of the disconcerting sounds. Abueze had died, leaving Ijeoma, his mother, to mourn. I remembered meeting him when I visited from Germany, specifically during Chika's healing voyage to *Alaigbo* (Igboland). Abueze, like the other kids, would come to my house and demand his own goodies since I was giving out gifts from "Obodo oyibo" (foreign land) to children in the neighbourhood. In his small voice, Abueze would say, "Uncle Bern *nno*" (welcome). I remembered some years back when I got a phone call from my mother delivering a request from Ijeoma, Abueze's mother, who wanted me to be Abueze's godfather during his Catholic Baptism, in absentia. Ijeoma is a hardworking woman from another kin and family in

Umunakwa village in Amorka, in Ihiala district of Anambra state, Nigeria. The manner in which the birth of her children and their deaths happened made the villagers associate her children with *ogbanje* spirit. One of the elders said, "alive for only a few years, the troublesome child can continue the cycle indefinitely[118]". Then again, Ijeoma suffers the troubles that the journeying "repeaters" cause. In the words of Achebe, "she must devote herself entirely to the care and nurturing of the special child, making sure not to tempt his or her death". At this juncture, one of the eldest traditionalists, who understood the *ogbanje* and *Agwu* phenomenon, made a scar on the body of Abueze so as to be marked upon return. The Igbos, however, believe that stopping the child's passage between the two worlds is beyond the power of ordinary humans. Therefore, only a traditional priest or a *Dibia* who has the ability to interact with spirits can compel an *Ogbanje* to remain. Such a person could be able to find and destroy the *Iyi-uwa* of the *Ogbanje*, i.e., an object of Igbo mythology which could be ascribed to the relics of the dead child, like dolls, hair or pieces of the dead child's clothes, gravestone, etc., which the *Ogbanje* was buried with in his/her past life and which serves as a bridge between the physical world and the spirit world (Achebe 1959). The *Iyi-uwa* must be found and destroyed, the Igbos believe, in order for the *Ogbanje* to rest and stop haunting the child and the parents.

Thus, the *Ogbanje* and *Agwu* concepts have been some of the controversial issues that have thrown up different schools of thought[119]. While some consider it to be superstitious, others like the traditionalists, hold on to the belief of this syndrome caused by spirits. Agwu (1998) argues that many consider it to be a "mystical explanation of the sickle cell anaemia, which has claimed the lives of many infants repeatedly in many families in the past due to ignorance of the people regarding medical and health matters" (Iweadighi 2011: 108). *Ogbanje, Agwu* and *Abiku* as Ilechuhwu (2007: 247) argued "are just a sample of the names that gives a

[118] A remark made by one of the elders who came to mourn with the bereaved family in Umunakwa village, in Amorka, Ihiala district of Ananmbra state, Nigeria. In Igbo language, on 08.02.2018.

[119] Other works on similar Ogbanje mystical causality concepts can be found in (Corin & Murphy 1979, Ilechukwu 1990/1991, Logmo 1977, Murphy 1982, Ortigues et al. 1989, and Zempleni & Rabain, 1965).

mystical explanation for a real disease. These names are infused with the grief, hopes, prayers, fears, and the resignation of parents who have repeatedly lost their offsprings to early deaths, and societies who feel under siege by the deaths of their young''.

Thus, Ejefobiri (2022), an Igbo traditionalist, gave an insightful explanation to why people can no longer call an innocent child an *Ogbanje* without being reprimanded on the ignorance being showcased alongside their ancestors who could not comprehend that these children were sick and needed better healing measures, thus, causing suffering and mortality upon them. Ejefobiri's *Mmuo So Chi Mmadu* (2022), described *Ogbanje* as "*Mmadu Igba Nje*", that is, the process of reliving a cycle for a specific purpose. An *ogbanje,* she asserts:

> Can be a spirit stuck on revenge, it can be menacing children or you and I, through reincarnation. *Ogbanje* children may exist just to cause menace, but they also serve a purpose, they are spirit children who would decide to wipe out the tears of barren women or to save a family from poverty. *Ogbanje* children can also be as a result of "*Okwu Nwada*" (i.e., words uttered out of pains in previous life[120]) as a way to seek redress and retribution on a family. Then, the last category of *Ogbanje* is primarily the *Dibias* (diviner), *Ezenwoke* (water spirit male priest), *Ezenwayi* (marine spirit female priest), *Umu dada* (kids with dreadlocks), etc. i.e., personalities who were strong and served the land deities (as cited in @odinaala_igbo).

For Ejefobiri, the sickle cell narrative was pushed by the Igbo elite community as a way to portray the Igbo ancestors as ignorant with nothing meaningful to learn or give. Thus, in reality she argues, it is the opposite. In *Ogbanje, Igbo Concept of Changelings*, Ejefobiri (2021) argues that most critiques of the *Ogbanje* phenomenon assumed that what the Igbo ancestors saw and explained as *Ogbanje* in their own comprehension is due to the absence of modern science. Hence, according to the Igbo belief system:

> The presence of *Ogbanje* can neither be good or bad. The Igbo belief that the *Ogbanje* is a group of (*Otu*) individuals, who upon reincarnation decided to come into the world at the same time and have also decided to go back (die) at the same

[120] In the Igbo cosmology, negative words spoken during vulnerable moments, such as sickness, false accusations, or unjust treatment, are meant to be addressed when emotions have subsided. It is believed that failure to address these negative words may result in an individual, particularly a daughter in a family who has been mistreated or felt unloved, seeking revenge by hurting family members through ogbanje or by becoming sick and drawing attention to themselves. In the next life, in another scenario, they may seek to rectify the issue by reincarnating as a unique figure in a family and bringing in wealth in situations where sickness and poor treatments because of poverty caused the family to lose her to death. Therefore, individuals are cautioned to renounce negative words immediately upon uttering them.

> time. Thus, the issue of child mortality is an indicator of an ogbanje with *Ajo-Chi* (bad individual's spiritual guard), which means that the family must be under a spare (curse) or did not do a certain thing right, for them to be troubled by that particular kind of *Ogbanje* (as cited in @odinaala_igbo).

6.7.4 Marine Spirits as Mystical Causations

This is also known as the Water Spirits, Mermaids or "*Mmuo mmiri*" in the Igbo language. These are a group of spirits believed to have dominated the water bodies – rivers, streams, lakes, seas, and oceans. The bad ones amongst them are associated with every sea tragedy that occurs (Wessing 1988). The marine spirits are associated with beauty. It is more or less a catchphrase in the Igbo (Nigerian) context. On the other hand, claims of wickedness and jealousy are part of their topmost characteristics. The Igbo society believes these water spirits to be ''female deity and spiritual guards of the oceans'' (Iweadighi 2011: 109). They are acclaimed as very beautiful mermaids who prey on beautiful young girls and use them as agents of attacks. The narrative around this spirit as mystical causation is closely connected to Forster's (1976) personalistic theory, in that, these agents, as the Igbos believe ''are made to enter into friendships, marriages or partnership agreements with the mermaids. Therefore, they are bound by the terms of the agreement. Failure to abide by the terms of the agreement results often in affliction of different forms, including sickness'' (ibid: 110).

6.7.5 Human Agency as Mystical Causation

The concept of "*Ogwu*" (medicine, which also implies sorcery, witchcraft, magic) is known and experienced by many who have grown in the traditional African environment. Hence, ''*Ogwu"* as mystical causation of illness does not happen in a vacuum but in relation to a human agent. The belief that some people act as agents manipulating these spirits is upheld. ''*Ogwu"* can be used in two forms: for good or for bad purposes. The beneficial use of magic power includes, ''the treatment of diseases, counteracting misfortune, neutralizing, or destroying evil power or witchcraft'' (Iweadighi 2011: 111). For the positive purpose also, ''it

can be used to protect homesteads, families, fields, cattle, and other property''. The objects of transmission for this mystical power include ''charms, amulets, medical portions, rags, feathers, figurines, special incantations, or cuttings on the body'' (GechikoNyabwari and NkongeKagema, 2014: 10). On the other hand, the negative use of ''*Ogwu"* includes ''eating away the health and soul of their victims, attacking people, causing misfortune, and making life uncomfortable'' (ibid). These actions as well are associated with bad agents who make use of mystical powers for antisocial and harmful acidities. Hence, these analyses are channelled to beliefs, actions, and practices. The traditional Igbo society regard the good powers as protective, and as intended to bring good health, wealth, and success. For everything that is good is believed to be directly supplied by the Supreme Being or ''it may be given through the spirits, the living dead or form part of the invisible force of nature'' (ibid).

This concept of sorcery, magic, or witchcraft, whether as "folklore'" or "superstition" as some schools of thought argue, or as belief and practice as seen in traditional African societies, some parts of Asia, South America, and even some minority parts of the European Union, has helped shape these societies. The work of Leland (2018 [1891]) examined the traditions, nature, and mysteries of gypsy magic in light of European ''folklore''. Holmes (1974) argued about the existence, beliefs and practices of witchcraft and sorcery witnessed in Britain which later was condemned by the government. Hence, some early Europeans were quite ethnocentric when it came to the study of magic and the beliefs around it. Tylor (2010) in *Primitive Culture* described it as more of a logical way of thought that was based on bad premises. For Mbiti (1969: 194), the ''discussion on the twin themes of magic and witchcraft is shrouded in ignorance, prejudice, and falsification. It is full of derogatory attitudes which belittle and despises the whole concept of mystical power''. Frazer (1890) in his evolutionary theories saw it as pseudo-science, based on direct action, which in its early stage would be replaced by religion. Frankle and Stein (2005: 137) argue that ''sadly, that did not really happen because in most societies magic, religion, and science coexist'' (2005: 137). Evans-

Pritchard (1976) in *Witchcraft, Oracles, and Magic Among the Azande* covers only a small part of life's activities of the Azande society. The majority of their discussions are social structural in nature and are geared towards the establishment of a society that upholds social harmony and peace. As a result, the number of references to witchcraft in his work is negligible in comparison to other societal issues. Durkheim (1961) focused on its social aspect while thinking it could be distinguished from religion. Unlike religion, he perceived magic to be more centred on the individual's needs and wants. Malinowski (1954: 38) had disagreed with Durkheim's thoughts arguing that unlike religion, which is an end in itself, in ''the magical act the underlying idea and aim is always clear, straightforward, and definite. Whereas in the religious ceremony, there is no purpose directed toward a subsequent event". Nonetheless, unlike it used to be studied, today's anthropologists consider these concepts to be religious because they are associated with supernatural mechanisms.

6.7.6 Witches and Wizards as Mystical Causation

Witches and wizards also known as "*Amosu*" in its Igbo language translation are associated with human agents acting or operating outside their bodies. Widely feared in the Igbo traditional society as well as Africa, witches are thought to have caused many mystical illnesses. It has a connection with sorcery and charm because their interpretations are the same, but manifestations may vary by region or environment. Believed to be more active at night by the Igbo society, witches and wizards are said to transform into animals, birds and even insects. No wonder special birds like the Owl are seen as ''*ajo nnunu"*, i.e. evil bird, in Igboland. They are said to be ''death indicators or signifiers'', only seen and heard when someone who is very ill within an environment is about to die. It keeps on with its loud cry until the said person takes their last breath. Other mediums of witches' manifestations are seen in bats (as the dispenser of diseases), rats (as carrier of sickness) or cats (as widely mysterious), and therefore not welcomed in Igbo homes.

6.8 Psychological Rational Reasons

My analysis of the common diseases, infections and illnesses caused by bacteria, fungus, or viruses, in addition to the kinds of diseases found within the Igbo cultural environment, did not convince my key informants and some Igbo migrants in Germany. Up to the time their healings took place, they believed that their sicknesses were not ordinary. This belief still lingers on and its mere departure from the minds of the Igbo migrants encountered during fieldwork would be imagined as life living the body; such that puts to rest all kinds of physical and mental worries. We could explore these claims from different points. The areas of nature, nurture, beliefs, practise, and unintended guilt appeared so strong in clouds of judgments and personal convictions. Hence, this work argues mainly in the area of ‘‘unintended guilt’’ as perceived and observed, since the areas of nature, nurture and cultural practices have been explored in our earlier discussions. The position of Hartmann (2016 [1910]) which proves that illness or sickness is caused by external and environmental factors, poisonous substance, and impurities, and even living habits and lifestyle, mental and emotional issues and spiritual (karma) were not farfetched from the minds of my informants. Obviously, the latter argument resonated not just with my informants, but the Igbo Nigerians, and African immigrants who participated in the interviews conducted to gain a more external view on these issues.

The exclamation, “This sickness isn’t ordinary” frequently expressed whenever friends or colleagues came visiting Chika, my informant, was perceived with some sense of frustration due to the delay in their healing and conflicting tests results that worsened Chika’s hospital experiences. Chika’s hope was failing him and that I could relate to, due to his constant visits to the hospital, blood infusions and drips at various occasions. In respect to the aforesaid expression that was welcomed with weak tearful eyes, tiredness of the body that was physically worn out, it was easier to conclude that besides the infection – be that as it was – there was that feeling of ‘‘unconscious guilt’’ playing out.

Thus, reflecting on the other aspects of the narrative that was more personal to Chika in view of his divorce from an arranged marriage back in his home country that was set up by his parents, it was obvious from his statements that he was undergoing some sort of psychological trauma. Chika at various intervals I observed, while recollecting and expressing regrets, uttered words like:

> I wish I had heeded my friend's advice to take time to get to know my ex-wife before agreeing to an arranged marriage. The entire process felt uncomfortable. I felt like I had no control. I went along with everything our parents suggested. After the traditional and court ceremonies were over, problems started coming up now and then. Six months into the union, I lost interest in the relationship but could not end it. My ex-wife would threaten me when I refused to give her money based on false stories she told. She even went as far as to say: "Chika, your corpse will be brought back home should you go against my wish […]". She contacted my friends in Munich using the phone I gave her after hers broke down. They called me and warned me about her character and intention to make my life miserable. I deeply regret marrying someone so cruel[121].

Self-guilt, judgements as well as doubt played a greater role in trying to comprehend the ''why of things'' i.e., what brought him to such severe health condition as most of the blame was channelled to his ex-partner. Is it then possible to argue that the ''unconscious guilt'' perceived was due to his inability to neutralize those conflicts experienced? Or was the sickness a result of the unexpressed role that he played in his marriage failing which contributed to Hartmann's (2016) postulation of the cause of illness as ''psychological and spiritual'' in relation to Karma. Could the dream experiences then be understood or connected to the manifestation of the spiritual and psychological attributes of illness causation which of course, is believed by the culture of my informants? I supposed that is also where the continuous expression of their sicknesses not being ordinary was stemming from. Bruner (1990: 351) described it as ''folk psychology'' that people in every society develop about how to behave and think in ways that appear to them as normal and natural''. That was why in his outline to ''cultural psychology'' he recommends to ''put the psyche back into anthropology

[121] While receiving medical treatment at ISAR Klinikum, Chika spoke in both English and Igbo during the conversation. During this time, he received a call from Pastor John, who inquired about his well-being and offered to pray for him, unaware that Chika was at the moment hospitalized. This occurred in August 2017.

and culture back into psychology''. This is not far apart from Geertz's (1983) articulation in relation to common sense which he argues ''is deeply culturally constructed artifice that is so convincingly structured as to appear transparent and self-evidence''. As already pointed out in the *Mystical causations of Illnesses*, man-made sorcery as a way of revenge interpreted in other contexts as ''magic'' is firmly believed by my informants. Thus, against such beliefs Hartmann (2016: 167) in his final note on magic and spirituality, argues that:

> Magic is the knowledge of how to employ spiritual powers, but it is self-evident that nobody can use spiritual powers except he who has come into their possession by awakening his spirituality; nor can anyone become spiritual by merely imagining himself to be so [...].

Should it then be surprising that in this age in which the very meaning of the term 'spiritual' became incomprehensibly complex, the meaning of 'magic' has become a ''mystery''? (ibid). Nevertheless, this work made the effort to study and understand the subjects of sorcery, magic, witchcraft, etc. Thus, like Hartman (2016), I think that: If according to my informants' claims, a perceived enemy made an agreement whatsoever with these acclaimed spiritual entities, carrying out their intentions towards these individuals they intend to hurt would be a successful mission without any form of suspicion. It is exercised as Hartman (2016: 170) avows:

> By entering into a state of harmony of feeling (coming en rapport) with such evil entities, and they may do so unconsciously or unknowingly in their normal state, or it may be that only the sidereal man knows that such a compact exists.

The possibility of sorcerers possessing some kind of unexplainable powers of bewitchment is clearly seen in manifestations of illnesses that are totally unidentifiable no matter the tests, medicines and cures implemented through powers of ill-will as the Igbo society believes. Such powers are guided by some kind of "unseen intelligence" and their success is undeniable, even to those who believe in it.

6.9 Traditional Interpretation of Illness Causality in the Igbo Society

Let us go a step further in examining how the Igbo traditional society interpreted these causes of mystical sicknesses. As earlier argued on the existence of illness, the first impression of a pronounced ailment, verified or not, results in apportioning blame to someone or something. In Igbo culture, people are unconsciously prone to apportioning blames at every instance of accidental occurrence. This does not often occur when good things happen to an individual, but only in case of negative effects, such as illnesses, deaths, accidents, etc. The reason behind such blame is discussed later. In Igbo society, Dopumu (1985: 69) argues that people, ‘‘think that sicknesses, sufferings are linked to several factors, natural, supernatural, or spiritual or mystical’’, as discussed earlier. Such reasons behind illnesses in the traditional Igbo interpretation is what I explore in this section beginning with the natural factor.

6.9.1 The Natural Causation

I ascribe as ‘natural factor’ manifestation of sicknesses that are aligned with nature such as cold, headache, fever, cough, etc., because these illnesses are seen or looked upon as ‘normal’. The point of normality in these types of illnesses are when disease-causing agents invade the organic body tissues thereby causing illness (Wylie & Collier 1981). These can also be seen as communicable or transmissible disease. With the advancement of science and technology, education, migration, intercultural experiences and developments, reinterpretations have been given and to some extent, changes have been made to some of the traditional Igbo societal understanding of such occurrences. For instance, not all sicknesses are mystically caused; some are environmentally or biologically influenced. Yet, time after time, people fall back to pointing fingers to mystical causes of illness when symptoms become confusing. This shift in view of illness interpretation is most noticeable among people who are educated, wide travelled or cross-culturally experienced and can distinguish between natural causes of illness

that are scientifically proven. But a good number of the Igbo population, even with the advancement in education, still lay claims to traditional interpretations of illness once there is any room for uncertainty. Such a case of confusing sickness is termed as “not ordinary” or “not natural”. In the abnormality of sickness, Iweadighi (2011: 102) argues that ‘‘this was the case in the traditional Igbo society in the past of many of the sicknesses that were simply termed ‘abnormal’, and the sufferers were abandoned; this happened for instance for sicknesses like swollen stomach, sickle cell anaemia, etc. On the other hand, Obiagwu (2000: 63) argued that ‘‘the Igbo people recognise also other sources or natural causations of sickness such as “poisoning, insatiable quest for wealth and power, bad eating habits and exposition (sic) to bad weather”. Well, other causes of illness that are acknowledged by not only the Igbos but by the African society at large may include taboos such as ‘‘lack of respect for elders, adultery with a neighbour’s wife, incest, quarrels, jealousy’’, and culturally unacceptable marriages (Metuh and Ojoade 1990: 237). These occasionally bring health hazards for the violators as consequences(Iweadighi 2011: 103).

6.9.2 The Supernatural Causation

Then again, we are faced with the notion of things as perceived, interpreted and handed down through earlier generations in the Igbo society, when there were no real scientific insights and people mostly relied on ethno-religious beliefs for explanation of occurrences. Albeit not minor, hence, common sicknesses like some of those examined earlier under the theme, *Common Sicknesses found in the Igbo Cultural Environment* such as malaria, was still attributed to a supernatural factor. This is because malaria as sickness could manifest in different forms. Take for instance Acute Malaria which manifests with signs of madness being displayed by the sick person. It is thus presumable or believed to have a supernatural causation (Coffey 1943). Also note that many people have been victims of this, and some died as a result of misinterpretation of their illness. Spirituality as a causal factor is once again

aligned to what Metuh and Ojoade (1990) ‘‘interpreted as the work of the evil spirits, witches, or sorcerers but they may also be attributed to the evil eye, broken taboos, perjured oaths or even to the Supreme being, the deities or ancestors’’ (ibid: 103). The supernatural factor can also be seen playing out in the narrative of the Konso ethnic group of Ethiopia whose cosmology, according to Bowie (2000), is closely associated with their worldview and belief system. Like the Igbo society, Konso’s concept of supernatural cause of illness is closely linked to the culture and knowledge of the natural environment, plants, and animals. They conceptualize illness causation as ‘‘a misfortune attributed to the wrath of God or gods, sorcery, witches, the actions of spirits, and failure to observe taboos (Workneh et al. 2018: 4).

6.9.3 The Spiritual Causation

Although sicknesses are aligned to natural or supernatural factors, my *Dibia* informant shared that there is some sort of calmness once it comes to retribution or punishments that human beings are said to have received from *Chukwu* (God) as culturally interpreted; as a result of man’s failure to abide by the norms, customs, and traditions of the land (also see Murdock 1988). Take for instance, when a sorcerer who has been stigmatized as a ‘bad sorcerer’ based on series of unacceptable occurrences that were attributed to his actions or verbal altercations falls terribly ill and is unable to perform magic, and probably dies in the process, his illness is seen as a handwork of a Supreme Being. Obiagwu (2000: 59) brought this into perspective when he argues that:

> *Chukwu*, who is believed to be fundamentally good, may allow man to be inflicted by some physical evils such as illness. But when God allows man to be sick, it is believed to be for the good of the individual and the community at large or for the welfare of the individual as a sign of purge (sic) or punishment. When God punishes, the Igbo does not pretend to know the reason in all cases. But he believes that the attitude is just like that of a father to a son, meant not to destroy but to save.

In instances where illness is perceived to be a result of transgressions, such as murder, incest, adultery, etc., within the Igbo society, the transgressor promptly seeks reconciliation within the socio-cultural framework to forestall that which is believed to be God's retribution.

6.10 Conclusion: Does Migration Influence Cultural Beliefs about Illness?

Based on my ethnographic observations of Igbo immigrants in Munich, I assert that migration has minimal influence on the perceptions and interpretations of certain illnesses within the German medical system among many Igbo immigrants. Their steadfast attitudes and convictions regarding "serious illnesses" and the belief that spiritual forces can be at work in the transmission of ailments were apparent during individual and group interactions. I had imagined (as a researcher) that their exposure to a new environment and advancements in (medical) science and technology would have influenced their understanding of illness, especially after undergoing thorough medical examinations in German hospitals. Because in this medical context, the factuality of illness causation is as a result of some biological agents or biotic components referred to as transferable and contagious diseases, ''from person to person or from animals to humans'' (Cookson 1969; Jedynska, Kuijpers, et al. 2019: 13), and are medically traced to ''viruses, bacteria, fungi or parasites'' (Guillemin 2005, HSE1 2021: 6). However, this is not the case with (the majority) of my Igbo informants. Their adherence to cultural beliefs and practices remains strong even in the diaspora. The reasons for this can be attributed to the evolving dynamics of cultural knowledge and its reproduction in the diasporic context of diverse nationalities, influenced by the changing contours of societal transformations that have to some extent, affected the belief of some immigrants who have become pro-European in their effort to balance their logic of cultural beliefs against their traditional interpretation of sickness causality. For instance, in a debate after the meeting of the Assembly of Anambra State Indigenes (AASI) in Munich in March 2021, the bone of

contention was the conflict between traditional beliefs and scientific principles. An informant argued for moving away from “superstitious beliefs” and “embracing scientific knowledge”. However, these viewpoints were criticized by his colleagues who argue that his lack of cultural and traditional awareness of the importance of symbolic rituals performed by their parents in moments of serious sicknesses, the lack of involvement in their diasporic performance of traditional rituals, are the effects of his adaptation to ‘European lifestyle’ which they viewed as an extreme effect of migration; which also caused his disinterest in visiting his village (home), and which consequently has led to his “loss of identity as an Igbo son”. Those arguing against his opinion maintained strong beliefs that certain sicknesses are closely connected to supernatural causes and migration does not affect its viability.

CHAPTER 7

THE BLAME GAME IN WITCHCRAFT, DREAM, AND ITS INTERPRETATIONS

In this section, I explore the various manifestations of witchcraft practices in indigenous environments and how they impact the cultural contexts of Igbo, Nigerian, and African societies. Witchcraft has played a significant role in shaping the Igbo understanding of cosmological phenomena. In light of this, I start by looking into its etymology in the Western world, and its practices in African societies. This chapter also examines the deeply ingrained nature of these practices in people's lives, as seen through an anthropological review of the works of Mbiti (1999 [1969]), Evans-Pritchard (1976 [1937]), and Horton (1979 [1967]). Additionally, I explore the role of witchcraft in morality, social structures, and the economy, using specific ethnographic examples.

The etymology of the word 'witchcraft' according to the *Online Etymology Dictionary*[122] came from the old English *wiccecræft* to mean 'witchcraft, magic,' from *wicce* to mean 'witch'. Hence, 'Witch' is commonly associated with a female magician, or sorceress; one who had dealings with the devil or spirits and by their cooperation, she is able to perform supernatural acts (Horsley 1979, Goodare 1998). 'Wizard' or sorcerer, a man who practices witchcraft or magic (Norrell 2004, McLaren 2008). In comparison to the Low German *wikken, wicken* meaning 'to use witchcraft', and *wikker, wicker,* soothsayer'. This etymology also runs short of uncertainty to its origin thus, the argument is that none of these words are free from phonetic or semantic difficulties. However, according to Harper Douglas (2020), there is ''a connection to *wigle* 'divination' and *wig, wih* 'idol' and according to the Watkins, it represents a Proto-Germanic *wikkjaz* 'necromancer' (one who wakes the dead)''. Another school of thought known as PIE defined it as *wig-yo-*: 'to be strong or lively'. In the ''Laws of Ælfred (c.

[122] Online Etymology Dictionary on ''Witchcraft''. At: https://www.etymonline.com/word/witch?ref=etymonline_crossreference (Accessed on: 13.09.2020).

890), witchcraft was specifically singled out as a woman's craft, whose practitioners were not to be suffered to live among the West Saxon'' (ibid). Up until 1542, witchcraft was declared a crime in English law; after many trials that peaked through the 1580s and 1640s, it collapsed in 1660 and finally ended in acquittal in 1717, and the act of witchcraft finally got repealed in 1736 (ibid).

7.1 The Definition of Witchcraft

The term 'witchcraft' is also known as witchery; in its complexity, it varies across cultures and societies. In mind with this argument and for the purpose of this chapter analysis, I define witchcraft in line with Russell (1921: 4) who avows it is ''the acts or practices of magical spells, skills and abilities". Thus, amongst many traditional cultures of the world like Africa, Asia, South America, and diaspora communities, and mostly within indigenous communities, Thomas (1997) and others argue that 'witchcraft' as a term is commonly and frequently associated with those sorceress and sorcerer who cause harm on the innocents within or outside their immediate cultural environment using supernatural means (Gardner 1954, 1959). Interestingly, a lot has been written about witchcraft not only in Africa but across global cultures and some of the classic statements are found in works like Gardner's (1954) *Witchcraft Today* and Gardner's (1959) *The Meaning of Witchcraft.* Others are Valiente (1962) *Where Witchcraft Lives*; Crowther & Crowther (1965) *The Witches Speak*; Johns (1969) *King of the Witches*: *The World of Alex Sanders*; Starhawk (1979) *The Spiral Dance*: *A Rebirth of the Ancient Religion of the Great Goddess*; Starhawk (1982) *The Dark*: *Magic, Sex and Politics*; Hutton (1999) *The Triumph of the Moon: A History of Modern Pagan Witchcraft*, as cited in (Hutton 2014: 191). Thus, however we chose to define witchcraft, the modern claim is that it is more or less imaginary than of objective reality (Wilby 2006, Bonhomme 2012). But its impression, pattern and impact have a long historical constituent for many in the Igbo culture and serve as feasible explanations of the metaphysical or of a negative world.

7.2 Witchcraft In Africa: An Anthropological Review

In light of the ethnographic reviews of witchcraft in Africa, I summarize, some important works of literature on witchcraft for their interesting facts in light of my case study. In that line, I reviewed these three works: Mbiti (1999 [1969]), Evans-Pritchard (1976 [1937]) and Horton (1970 [1967]). Thus, Mbiti (1999 [1969]) presented some examples of the workings of mystical power, magic, witchcraft, and sorcery. He further analysed the good and bad magic and how people get access to it considering that people spend a great deal of their wealth in order to obtain access to this 'mystical power'. He discussed two categories of magical beliefs and practices: 'contagious magic' and 'homoeopathic magic'. And when analysing the origin of 'mystical power', Mbiti (1999: 194) presented it to be ''the point where religion and magic merge''. He describes the relationship that exists between age and social status on the one hand, and access to 'mystical power' on the other hand. According to his argument, access to 'mystical power' is hierarchical. Last but not the least, he avows on the African beliefs on human agents as causality to illness or death. For him. 'nothing just happens by 'chance'.

Evans-Pritchard's (1976 [1937]) work on *Witchcraft, Oracles and Magic Among the Azande* was described as the 'study about the sociology of knowledge' in the argument that: the Azande people did not perceive the futility of their magic. Thus, witchcraft is ubiquitous and plays its part in every activity of Zande life. For them, it is a power that is transferred from a parent to a child and so it goes through generations. If they supposed that somebody is trying to bewitch them, it means there was an aspect of hate, and such a person can manipulate nature to cause harm. Such manipulation was associated with, for example, the boy who knocked his foot against a stump of wood and whose wound starts to fester. This for them was a misfortune that had mystical causation effects; hence, Zande's philosophy supplied to these events had a missing link to the explanation of happenings. For witchcraft, Evans-Pritchard's (1976 [1937]) argument, explained why events are harmful to man and not how they happen. Thus, the attribution of misfortune to witchcraft has a social dimension, as we see in the next

subheadings. Witchcraft was well known as '*benge*', *umbaga* or the 'second spear' that is attributed to misfortune in cases where breaches of law and morals occur, for example in cases of adultery and lying.

Horton (1970 [1967]) rejected some widely accepted dichotomies which anthropologists like Lucien Lévy-Bruhl (1857-1939) used to conceptualize the difference between scientific and traditional religious thoughts. He then sets out a number of general propositions on the nature and functions of theoretical thinking. For example, the first proposition was that the quest for explanatory theory is a quest for unity, simplicity, order, and regularity. The second proposition was that theory places things in a causal context wider than those provided by common sense. In order to explain this, he referred to the work of the African diviner and connected this with African religious thinking. The point Horton (1970 [1967]: 69-70) sought to portray in his article was that the difference between Western science and African traditional thought ''is more than anything else a difference in the idiom of the explanatory quest''. Furthermore, he argues that African theoretical thinking has adopted a personal idiom as the basis of its attempt to understand the world. The notions of personalized theoretical thinking he argues, correspond to important features of the objective world; multiple social relations in small communities; psychosomatic diseases; removal of social stress in situations of sickness; soul theories vs. concepts of psychoanalysis. The third proposition is that ''common sense and theory have complementary roles in everyday life'' (ibid). The fourth proposition was that people try to explain puzzling observations by reference to certain familiar phenomena. In this regard, he differentiated between the Western man who explains things by reference to the inanimate and the African traditional man who explains things by reference to personal beings. He also argues that the models of African traditional thought, as well as models of Western science, often show some bizarre, hybrid features. The belief in witchcraft is visible in almost all areas of the African practice of socio-religious, political,

cultural, economic, development and power. Hence, let us briefly discuss some of these, beginning with witchcraft and morality.

7.2.1 Witchcraft and Morality

Our understanding of witchcraft and morality is appropriately analysed using Zande's socio-political, economic, and religious principles that are totally centred on witchcraft despite the influence of Christianity within the agriculturalists' community. Zande is the Adamawa-Ubangi speaking people of Bantu, residing in North Central Africa. Evans-Pritchard (1976: 33) further explored the vengeance or compensation that was to be exacted for injury from witchcraft. This was a rule of conduct with regard to what was appropriately right or wrong as a way of safely guiding their custom and maintaining peace among people of their community. Nevertheless, a man who was to assault his brother, wife or even a witch as cited in (ibid: 34), was to be arraigned in the local court run by the eldest chief who is also the judge of the Zande community. The chief has the power to spare life or sentence death but with the help of '*Benge'* the oracle that provides answers to every problem and the final point of call in the case of doubts. Adulatory as the most common offence was handled in this village court as well. Zande consults one of the many oracles about every doubt or misfortune, especially in the case of suspicion that illness was inflicted by a witch (Evans-Pritchard 1976: 35). The oracles were sometimes used as a means of compelling behaviour, and their authority may also be used improperly to avoid duties. Poisoning the chickens instead of humans was a way of asserting the truth in which case, the dead fowl's wing was presented as proof of death (ibid: 41). Because the accuser and the accused treat each other with respect, it puts pressure on them to abstain from violence and intimidation against each other and in their aphorism, ''the blower of water does not die'' (ibid: 44). The oracle consultations are expressions of histories of personal relationships. Thus, certain people are left out of consideration when a sick man casts around him in his mind to select those who might be injuring him in order to

place their names before the oracle. Zande's interest is not in witches as such but only in witches' activity. Evans-Pritchard claimed that it is in the idiom of witchcraft that Azande expressed moral rules which mostly lie outside criminal and civil law. Thus, weakness, hatred, and jealousy invite accusations of witchcraft, and it is in these range of events that Azande considers having a moral significance where their moral notions differ profoundly from that of other cultural societies. Among the Azandes, witches are not ostracized and persecuted and confirmed witches live like ordinary citizens and may sometimes even enjoy a certain amount of prestige on account of their powers. The belief in witchcraft is a valuable corrective to uncharitable impulses like jealousy or hostility. If this is true, what could be the function of witchcraft (accusations) with respect to the social order?

7.2.2 Witchcraft and Social Structure

In her article, *Witch Beliefs and Social Structure,* Wilson (1972) discussed the witch beliefs of the Nyakyusa of Tanganyika and the Pondo of South Africa. In this, she tried to establish a similarity in their practices of witch belief with that of the Zande. The Nyakyusa believe that innocent people can be protected from witchcraft by so-called 'defenders' (*abamanga*). She went on to observe the motives for a witch to harm other people and hence, presented the kind of people to be accused as witches (Wilson 1972: 253-4). From a social-structural perspective, the Pondo held firmly to their witches to practice their evil craft. In the search for an explanation for the differences between the Nyakyusa and Pondo ideas about witchcraft, Wilson came across structural differences in these two societies. Wilson hypothesizes that the differences between the Nyakyusa and Pondo ideas of witchcraft are directly connected with differences in their social structure. The first difference concerns the Nyakyusa's emphasis on a lust for meat in witchcraft which is lacking among the Pondos. The second difference concerns the Pondo's emphasis on sex in witchcraft which is lacking among the Nyakyusas (ibid: 255-60). A third difference concerns the Nyakyusa's belief in a power akin to witchcraft

used in defence and to punish wrongdoers, which is also lacking among the Pondos. A fourth difference concerns the categories of persons who are accused of practising witchcraft. Both authors, Wilson and Marwick, relate witchcraft beliefs to social structure, but they differ in their perspectives. The Nyakyusa has no kinship system, but an aged-village structure and the Pondo practice an exogamy system, their custom mandated marrying outside their culture and to a specific group.

Furthermore, Douglas (1970) in her introduction to *Thirty Years after Witchcraft, Oracles and Magic,* compared the historical and anthropological research about witchcraft and concludes that these two disciplines have divergent outlooks (ibid: xiii). She characterized Evans-Pritchard's study about witchcraft among the Azande; and according to her characterization, Evans-Pritchard's main interest was with respect to the witch beliefs of the Azande which claimed that three main principles of the study of Azandes have been applied in later research (ibid: xvii). Douglas stated that Evans-Pritchard's approach has been adopted in a more simplistic functional hypothesis by Manchester anthropologists like Max Marwick and Clyde Mitchell. However, this research added a new level of insight (ibid: xviii). Where witchcraft accusations were found to flourish, functionalist anthropologists hypothesized that accusations would tend to cluster in niches where social relations were ill-defined and competitive and called this a ('*petitio principii*' or 'begging the question') (ibid).

The functionalist anthropologists viewed witchcraft as part of a homeostatic control system. It was a general proposition of functionalist anthropologists that witchcraft accusations increased as a result of colonialism and Western influence and that this increase occurred as a symptom of the disorder and moral collapse. But Douglas claims that this proposition was untestable (ibid: xx). Thus, she argued that "If witchcraft accusations were indeed found to increase where social relations became more diffused and more easily broken off, much of the field research of the 1950s and 1960s would have to be reinterpreted" (ibid). With reference to S. B. Barnes, Douglas compares the thinking of functionalist anthropologists with the

thinking of the Azande asking why anthropologists had been content for a long time with the functionalist homeostatic control model which combined little explanatory value with many discrepancies and gaps (ibid: xxiii). Douglas mentions two benefits to the credit of the functionalist paradigm, then attempted to make a 'fresh start' to the classifying of witchcraft beliefs. In doing so, she differentiates two levels of analysis, the individual and the community.

On the individual level, witchcraft accusations serve as a weapon of attack where relationships are ambiguous (Douglas 1970: xxv). Douglas did not drop functional analysis altogether. After having taken away the rigidity and crudity of the homeostatic control model, she uses it as an explanatory framework based on the idea of a communication system. In doing so, she adopted a symbolist position (ibid: xxv-xxviii). Douglas relates the themes of inside and outside, which are manifest in witch symbolism, to social structural conditions. Using this inside/outside dichotomy, she distinguishes two main patterns of witch belief. But where the witch is imagined as an internal enemy there are three different patterns (ibid: xxvii). Concerning Evans-Pritchard's distinction between 'witchcraft' and 'sorcery', Douglas, again, proposes a social analytic position with basic insights with regard to a separate allocation of dangerous powers to separate social sectors. Her special interest was in cultures in which witch beliefs are either inactive or totally absent. In discussing the example of the Mbuti pygmies, Douglas rejected the hypothesis that witchcraft serves as an alternative model of explaining misfortune where mythological or scientific explanations are lacking (ibid: xxxiii). Referring to the example of the Dinka, Douglas points to the fact that this discovery has no universal value (ibid: xxxiv). Concluding her article, Douglas claims that some cultures are prone to witch beliefs while others are not, and it is almost possible to state the predisposing social structures.

7.2.3 Witchcraft and Economy

In *Witchcraft, Economics, and the Continuity of Beliefs,* an article that was centred on the Bakweri tribe of West Cameroon, Ardener (1970: 143) argues that when the Germans arrived in Cameroon, the economy of the Bakweri had already changed dramatically during the past 50 years or so. But in December 1894, the Germans conquered the Bakweri and the colonial rule changed the situation for them. The political, administrative, and economic changes among the Bakweri brought about a change in morale, as well. Ardener relates the economic and moral depression of the Bakweri to their witchcraft beliefs. A 'classical' form of witchcraft among them is called '*liemba*' (ibid: 145). Witchcraft beliefs among the Bakweri are closely connected to the concept of '*inona*[123]'. Thus, in the struggle for wealth possession, political or social power and the cause for justice, bewitchment became a norm among individuals. When Ardener visited the Bakweri in 1953, most of the tin houses of former employees and servants of the Germans were empty and deteriorating. Ardener relates this situation to a new kind of witchcraft belief, called '*nyongo'*, (cult for money ritual) that had spread among the Bakweri and the spread of this belief affected the economic situation. Nyamnjoh (2005: 243) notes that "*nyongo's* cosmopolitan credibility is closely linked to the Cameroonian preoccupation with "modern conveniences" and a desire for imported products as a status symbol, even if it means sacrificing harmony with family. This craving for modern consumerism is well-documented in research, including Ardener's (1970) and Geschiere's (1997) studies. Warnier (1993) describes the importation of goods as a proverbial desire and the ultimate symbol of status. Although the belief in *nyongo* was probably of non-Bakweri origin, Ardener views it as an exaggeration of some trends in traditional Bakweri beliefs (ibid: 147). Suddenly, in 1954, the economic situation as well as the morale of the Bakweri changed

[123] This is an area I spent some years of my childhood, and I can now relate to many of the concepts, cultures, and tradition they practiced. In the Bakweri lexicon, '*inono*' means a bird. Hence, a talkative bird. It is associated with the saying "*Inona molumbu aso-nga lumbu la gbwamu*" literally; Talkative people rarely make impressive achievements. (Mola, Mbua and Ndoko 2007) At: https://www.mbuandoko.net/2007/02/166_inona_molum.html (Accessed on 15 September 2020).

dramatically. In discussing the situation, Ardener distinguishes three main elements: 'the questions of; a change in morale among the Bakweri; a change in economic circumstances; and a change in the supernatural situation'. How are these three elements related, according to the logic of the Bakweri? (ibid: 153). Ardener compares the occurrence of *nyongo*-like phenomena to an economic cycle with phases of upturns and downturns. On the basis of his research about the development of the belief in *nyongo*, Ardener doubts whether this belief was a really new phenomenon for the Bakweri when it spreads during the first half of the 20th century. Ardener uses the metaphor of a 'template' as well as Lévi-Strauss' concept of bricolage to conceptualize the association of old and new themes in belief (ibid: 154-159).

7.2.4 Witchcraft and Power

Referring to the ethnographic research conducted in Soweto, Ashforth's (1996: 1185-1190) *Of Secrecy and the Commonplace,* argues that social anthropology remained ignorant for such a long time of the role of witchcraft in the everyday life of black South Africans. In his defence, he walked in the light of Evans-Pritchard's concepts of 'witchcraft' and 'sorcery', in relation to the situation in Soweto. He qualified witchcraft in Soweto as both 'totally secret and yet utterly commonplace' (ibid: 1194). Furthermore, Ashforth described jealousy as the source of hatred motivating people to practise witchcraft, and he stresses that people talk of jealousy more in Soweto than in other places he knows. His argument on ''jealousy'' was another way of portraying envy of the material possessions and well-being of others, and because of that, people learned to jealously guard their wealth and possessions, thereby forbidding others from sharing them (ibid: 1200). This concept I expatiate on further while analysing witchcraft in the Igbo society. Ashforth argued that within the Sowetans, the belief that white people practised witchcraft was a common notion because witchcraft cannot only result in the use of witchcraft and sorcery but can result in the accusation of witchcraft, as well which was prevalent amongst the mixed neighbourhood (ibid: 1202). Furthermore, while structure-

functionalist anthropologists described religious beliefs and practices as a well-functioning closed system, Ashforth took a different stance. He claimed that 'it is from the essential secrecy of witchcraft that arises its most significant powers' which he later ascribed as 'politics of truth' (ibid: 1206-1213). Ashforth claimed that the fragmentation of spiritual, social, and political authority has led to 'an enormous collective fantasy about the secret world of witches' (ibid: 1214). Although witchcraft, for the most part, operates in private domains it is a subject of public discourse and since the South African state is democratic it could not ignore the discourse on the possible impact of witchcraft on development projects and economic progress. Ashforth talked about the fact that frameworks of interpretation with regard to witchcraft are transferred to the interpretation of larger structures of power such as state and capital (1219-20).

7.2.5 Witchcraft and Development

In his work on the *Delusions of Development and the Enrichment of Witchcraft Discourses in Cameroon*, Nyamnjoh (2001) criticized the import of Western epistemology based on Cartesian rationalism and empiricism. Instead, he claimed that, in order to understand the importance of witchcraft and its relationship to development, it is necessary to understand the epistemological order of the Cameroonians (ibid: 29). Nyamnjoh's article centred on the concept of 'domesticated agency' in which he argues that the occurrence of witch-beliefs and practice was visible in both the rural and urban Cameroon. He saw the widespread belief and resilience of sorcery or occult forces in Cameroon as a consequence of social inequalities and frustrations resulting from failed development and modernization (ibid: 32).

Nyamnjoh discusses the role of witchcraft in politics in urban Cameroon citing as an example Professor Gervais Mendo Ze[124] and President Paul Biya disputes. He went on with several allegations and claims of fraud and mismanagement that led to Mendo Ze's 20 years' imprisonment in 2014 (Nyamnjoh 2001: 33-37). Nyamnjoh further presented two case studies from the Bamenda Grassfields of north-west Cameroon and how their view on personal success, among the people of the Grassfields, ideas of personhood and agency are connected with the concepts of "*awung* and *msa*", i.e., human 'ownership/enslavement' – the practice of using humans as property for production and profiting from their labour. To comprehend these concepts, we take a leap from Ani, Kinge, et al's (2018: 150) "trade dynamics in the pre-independence era". They argue that:

> Before the nineteenth century, the Grassfields of Cameroon established commercial trade relations with Nigeria because of the grass field landscape (mountain and high altitude) and the absence of water, humans were used to porters. This explains why the grassed field of Cameroon witness one of the highest numbers of raids and human slaves during the slave trade periods. Similarly, in the pre-colonial era, the absence of high waterways affected the possibility of wide trade networks. Thus, the different chiefdoms of the region ended up raiding each other for the purpose of acquiring slaves.

Such practices of slave acquisition and raiding, from "grade one Chiefdoms" like Kom, Nso, Bafut and Bali against "grade two chiefdoms" like Nkar, Bum, Ndu, Fungom, Bali-Kumbat, the "grade three chiefdoms" like Ndop, Tang, Wum, Ngemba and Wiya, and the "fourth-grade chiefdoms" like Beba-Befang, Mbem, Mbaw, Meta, Mfumte, Misaje, Moghamow, Ngie and Ngonu, and vice versa, conversely, diminishes the individuals to a calculated and systematic economic production for their captors, who on the other hand, were referred to as *awung* and *msa* (Nkwi 1979: 100). It also brought about changes in the political organization of these chiefdoms and "ranking among themselves, though the stratification was not so elaborate" (ibid). The power structure among the Grassfields chiefdoms became the major point of

[124] Professor Gervais Mendo Ze (of blessed memory) was a former general manager of the Radio and Television (Crtv) in Doula, Cameroon between 1988 to 2005. He was a Cameroonian linguists and academic author. He also served in the presidential cabinet, as Minister Delegate to the Ministry of Communication. He was popularly known as a great religious music composer and many of his compositions are on YouTube. He died on 9 April 2021.

concentration. Thus, the belief in *msa* predates the transatlantic slave trade and colonialism; Nyamnjoh (2001: 44) describes *msa* as analogous to modern capitalism. He argued that 'the ideas of *msa* and *awung* can be seen as statements both against the undomesticated agency, as well as against capitalism's illusion of the permanence of personal success' (ibid: 46).

7.2.6 Witchcraft – *Amosu*

In the epic review of Bastian's (1993) *Bloodhounds Who Have No Friends,* cited in Comaroff & Comaroff's *Modernity and Its Malcontents,* Bastian brought the discourse of witchcraft and its prevalence amongst the Igbo-speaking people of South-eastern Nigeria, in a single editorial concerning witchcraft which she found in *The Statesman,* a Nigerian Sunday paper. Interesting that she chose this approach to deal with the role of witchcraft in the public discourse of politics. Her basic argument was centred on '*amosu'* which is also a common name for 'witch', the 'human evil spirit', 'the predators', a 'human spirit that has taken the path of animality'. One, ''who no longer regard the bonds of sociality, of community, and is especially contemptuous of family and lineage'' (ibid: 133). In the editorial, her discourses centred on a conflict between two groups of people: the Onitsha indigenes and the migrated traders. Agu, the author of the editorial, took sides with the trading group. As Bastian pointed out, Agu's editorial was then interpreted as a witchcraft accusation against the resident townspeople. She claims that in order to fully understand this accusation, it is necessary to understand the Igbo concept of *mma*[125] (ibid: 134).

It was mainly centred on envy against business successes and progress traders achieved and displayed, which in a long run, created some sort of agitation due to the loss of lands, and property that were highly sought after by these traders settling in their former villages turned

[125] The concept of '*mma*' (good, goodness) in the Igbo cosmology is centred around the Igbo person's life and productivity. *Mma* as a term is complex in meaning; 'goodness, health, wealth and beauty'. But in this context, it is mainly centred on human worth. Hence, goodness is a kind of an 'active property' in the life of an Igbo person as well as his group. A person who manifests goodness is considered a productive person in economic terms, by creativity and hard work.

town. Because of the fast growth, resident and non-resident villagers accused each other of being witches, and their conflict turned into a 'cycle of intimate but alienating violence' (ibid: 146). According to Bastian, none of these groups was likely to stop this cycle by confession. Bastian not only interprets Agu's editorial as a contemporary form of witchcraft accusation, but she also compares it to the persistent poison ordeal, which is analysed a bit later, within the context of the prevalence of witchcraft in the Igbo society. But before that, let's examine the cleansing act of witchcraft.

7.2.7 Anti-Witchcraft

Witch-cleansing or anti-witchcraft activities emerged as a retributive effort to combat the dangerous consequences witchcraft activities had within the various societies and cultural communities in Africa. In his article, *The Sociology of African Witch-cleansing*, Willis (1970) listed some basic characteristics that all witch-cleansing cults all over Africa seem to share. He described the cleansing operation as having a lasting effect on the accused vis-a-vis the accuser who was found wanting. In one phase of the cleansing ritual, accused members of the community who confess to being witches and even self-confessed witches faced extradition or death in some extreme cases. These, Willis described as 'immediate and long-lasting effects of a witch-cleansing'. These cleansing activities are accompanied by ceremonies and sacrifices. Countries like Central Africa, Ghana, with works like Meyer's (1992) *If You Are a Devil, You Are a Witch, and If You Are a Witch, You Are a Devil,* Onyinah's (2002) *Deliverance as a Way of Confronting Witchcraft in Modern Africa*, and countries like Kenya, Nigeria, South Africa, Uganda, Tanzania, are known for persecuting witches and victims are said to have taken refuge at some protective shrines or relocated to faraway places. The perception people hold of witchcraft makes them ''fear, hate and wish to eliminate from society those suspected or accused of it'' (GechikoNyabwari et al. 2014: 9). From Central Africa with works like Marwick's (1950) *Another Modern Anti-witchcraft Movement in*

Central Africa, from Nigeria with Ojo's (2007) *Pentecostalism, Public Accountability and Governance in Nigeria*, from Tanzania with Willies' (1968) *Kamcape: An Anti-sorcery Movement in South-West Tanzania*; these dealt with confronting witchcraft activities, public accountability in the politics of witchcraft and the religious fight against its practices. Some authors suggested a possible connection between these cults and changes associated with colonial rule. But there is proof of the existence of such cults even in pre-colonial times. Nevertheless, witch-cleansing cults do not occur in all African societies and mostly depend upon social changes and the emergence of visible witchcraft activities. In some places, enterprising young people profit from the occurrence of these cults. By spreading across tribal and ethnic boundaries, these cults tend to foster a new sense of unity transcending traditional social divisions. But this crossing of tribal and ethnic boundaries doesn't necessarily mean a challenge to traditional social groupings.

7.3 The Prevalence of Witchcraft in the Igbo Society

Witchcraft within the Igbo society can be equated to their knowledge of every other phenomenon that is in existence within the Igbo cosmology. In Igbo society, witchcraft is commonly linked with traditional religious practice. In essence, the use of magic or mystical powers by a sorcerer is neither good nor evil but when maliciously used for magic, sorcery and witchcraft, the outcome is believed to be shrouded in fear, sadness, and anger, thereby resorting to revenge. In Igbo society, where their ethic is based on 'communal living' in the sense that it fuses the society into one big whole; so too the African Religion could be compared to be based on communal living and societal cohesion. Mbiti, affirming this communal dimension asserts that "I am because we are, and because we are, I am" (1969: 8). Therefore, in African traditional society, there is no 'me' but 'us', there is no 'my' but 'ours'. It is amid this beautiful analogy of the Igbo unity that the sorcerer performs evil even through ''the danger of poison in the food offered to a competitor, one's unknown enemy or targets"

(Fortune 1932: 151). The fear of poison is notwithstanding, prevalent in the Igbo society (Nelson 2018). And whenever the motive of poisoning is talked about, "the deed is said to have begun through the envy of the poisoner" (Bastian 2002: 134). Unsuccessful plans of food poisoning can even warrant murder as seen in many instances, such as the case of Zenga also known as Cajethan Ikenna Obi, a 26-year-old man who was killed by the very people he called his own, on the evening of Friday 11th January 2003, in Lagos, Nigeria. He was on his way to the courthouse for the wedding of his elder brother (during one of his Christmas holiday trips to Nigeria from Munich, Germany). This was after several failed attempts of food poisoning and assault at events (*Zenga: The Journey of No Return: A Biography*, currently a work in progress). Thus, Bastian argued that among the Igbo group, murder is generally thought of as a public act, motivated by normal human emotions (notably hatred or envy) gone out of control" (ibid). The claim that the major crimes in the traditional religion are witchcraft and all other forms of treachery are part of the deviant behaviours the Igbo society frowns at, and these are consequential as its negative practice are seen as a violation of ethical codes and could lead to death sentence (Essen 1982).

Ashforth described jealousy as the "source of hatred motivating people to practice witchcraft [...]" (1996: 1200). Hence, the Igbo proverb says "*amusu adighi ebu n'iro"*, literally meaning that a witch doesn't sting in the public place (Metuh 1981: 102). In other words, according to my informant, an Igbo individual who is envious of the financial success of a brother or close relative can easily use witchcraft as prey. One's enemy is easily traceable within the larger family or lineage and that, Bastian described as "an immediate act" (2002: 134). Another school of thought within the Igbo milieu believe that a witch does not attack people outside the immediate locality, it is always perpetuated within. One of my informants in Nigeria argues that "although there are popular beliefs of effective execution of witchcraft from a distance, I am convinced there must be that physical contact with the targeted person". This concept is corroborated in Fortune's (1932: 155) assertion that "the black art is believed to be

ineffective at a distance as it is conducted by men. Men have to work in the flesh. Even witches are believed to confine their work within the locality to which they belong''. Furthermore, Metuh (1981) suggests that:

> An impersonal quality of witchcraft has found its way into the larger Nigeria witchcraft from every angle of its cultural and ethnic manifestation. This quality seems to have come from a widening recognition of social relations among the many communities of Nigeria; in effect, the recognition that community is now a larger and even more complicated entity, encompassing social barriers like language and historical antagonisms.

On the individual level, Douglas (1970: xxv) argues that ''witchcraft accusations serve as a weapon of attack where relationships are ambiguous''. From a political point of view, witchcraft is used during elections to secure positions or kill one's political opponent. Cases of charms found in government offices as a means of eliminating a co-worker or ascending to a higher level or position are not new within the Nigerian society. Cultural tussles, ethnic clashes, and unmerited struggles for attainment of social status have been linked to witchcraft involvements.

How then is witchcraft displayed as an affirmation of the many theoretical claims? As formal curses and blessings are extremely potent and people can travel a long distance to receive them, so also are the cautions applied to curses that are provoked. The implication here is that spoken words when it comes to laying of curses are significant. Even the sorcerer would not work without incantations and proclamations as the person seeking revenge or otherwise wishes. The use of ''charms, amulets, medical portions, rags, feathers, figurines, special incantations, or cuttings on the body'' in the Igbo society are means of transmission (GechikoNyabwari et al. 2014: 10). On the other hand, the positive effect of this power can be used by those who hold firm to it as a protective weapon for their families, animals, farmlands, and other properties. The visible signs of usage of protection against evil magic include, ''a forked pole in the middle of a compound, a potsherd on the roof of a house, lines of ashes strewn across the gate or homestead, a horn sticking out of the ground, an old gourd on a tree,

coils round the neck, waist, or wrist, hair shaved off except for a few locks while some may be knotted'' (ibid).

7.4 Witchcraft: Today's Practice

'Witchcraft in today's practice' has been a subject of discussion for many decades. Some ethnographic works like Ssekamwa's (1967: 31) *Witchcraft in Buganda Today*, affirms that the whole society of Buganda was involved in the belief of witchcraft before Christianity came. This witchcraft consisted of three things – Religion, Medicine, and Culture. Gray's (1981) *Witchcraft Accusations Today*, Shaw's (1997) *The Production of Witchcraft/Witchcraft as Production: Memory, Modernity, and the Slave Trade in Sierra Leone*, Wallace's (2015) *Rethinking Religion, Magic and Witchcraft in South Africa: From Colonial Coherence to Postcolonial Conundrum*, etc., are examples of texts showing how deep the subject of witchcraft in daily practise has been of concern. Thus, is witchcraft really the cause of illness? Amongst other related questions, this work tries to explore the many areas ethnographers have investigated on the effects of witchcraft practices as analysed above. This study explored the animate objects such as animals and sometimes humans used for these ritual purposes which in itself is difficult to comprehend. For the inanimate objects used in those manipulations, see (GechikoNyabwari et al. 2014: 10) as mentioned above. Furthermore, the study also dwells on the ''motives'' governing today's witchcraft practices within the Igbo society, which also exists within the various ethnic groups in Nigeria, and more widely in Africa. It is acknowledged that not every individual or group(s) across these societies take part in witchcraft practices; this is a way of pleading for the innocents. It is not a medium to present these societies in a negative light against the fear of exploring other interesting fields of social, historical, cultural, and scientific ethnology. Hence, the enduring practice of witchcraft in diverse manifestations demands our attention and study.

Witchcraft in today's practice has evolved, and while some Igbo still adhere to witchcraft beliefs, others reject it entirely. For those who see witchcraft as a means of self-protection against enemies, it is not considered evil as long as it does not harm anyone or disrupt the socio-cultural activities. However, extreme forms of witchcraft are strongly opposed, particularly by Christians and those who do not align with traditional beliefs. They describe it as "neopaganism". One extreme form known as *Oke Ite*[126] (pot of wealth), has adapted to modern times, using charms (witchcraft) and digital technology such as social media like WhatsApp, Facebook, and Instagram to scam people worldwide. This practice, also known as "Yahoo Yahoo" (i.e. another degree of charm usage for scams) among Nigerian youths, is driven by a desire for survival due to limited job opportunities. The goal is to acquire wealth at the expense of their victims.

These we have seen with the numerous fraudulent activities, internet scams, and the so-called money rituals which are witchcraft related. Redefining 'witchcraft' as that which is perpetually negative, that which victimizes, extorts, hurts, and destroys the lives of recurrent victims, in this context, would be appropriate. This is what it has become, and I will explain. First and foremost, the debates within the Nigerian society about the success of internet scams as not an 'ordinary' adventure have been in motion. In many cases, we have seen amateur videos of some Nigerian youths involved in these acts, running mad on the streets, screaming "I don't want to make this kind of money again!". This resulted from unsuccessful secret ritual demands as claimed in those confessions in other to succeed in their motives for wealth. Another such example witnessed was some young men hallucinating that "we cannot kill anyone anymore" while displaying signs of madness in light of the aforementioned. The case of "touch and follow" in some instances was in place as rumoured. Others were the "eating of human and animal faeces", and the "acquisition of disposable menstrual pads" as means of

[126] An example of *Oke Ite* ritual. At: https://www.facebook.com/share/v/UVsquFyWMzSMRzk7/ (Accessed: 10.05.2024).

perfecting witchcraft-ritual activities in order to attract richer victims across the globe and victimize those affiliated to things of ritual demands.

Another form of witchcraft, taking into consideration my redefinition, is the upsurge of human trafficking to Italy for prostitution as seen happening among the Edo tribe of the South-South geopolitical zone in Nigeria. The use of witchcraft-oaths of allegiance for money remittance from girls sponsored to Europe and Asia for prostitution was brought to the public domain through a series of confessions made by victims and TV documentaries. Its exposition came to limelight up until the 2014 influx of female migrations to Italy and these movements exposed the lamentations from the victims' frustration. Another aspect of it was the sales of human kidneys and livers as exposed in Malaysia and the killings and sales of human parts at the Libya coasts to awaiting Western buyers (see Mike Omilusi's 2019, *A Researcher's Visit to Italy: Human trafficking and the Nigerian-Sicilian Mafias;* also works like Parreñas, Hwang, et al. 2012 and Stevens 2017). In addition, the new form of enslavement in the name of domestic workers in Jordan, the United Arab Emirate etc., caused the death of many female victims as broadcast by DW (the German Public Broadcast Service)[127] *Imported for my Body: The Africa women traffic to India,* and also broadcast by the BBC[128], the *Libya slave auctions: Reporting on the slavery trade* (the investigators with Diana Swain) broadcast by CNN[129] and other international news outlets. Many of the victims were Nigerians including one of my informants, Ugandans, Kenyans, and mostly African agents. What else can we call witchcraft if not these kinds of evil acts? The rise of Pentecostalism has led to the emergence of numerous small-room churches and self-proclaimed pastors in Nigeria, drawing in gullible and desperate followers with alleged miracles; all in the cause of seeking solutions to illnesses, hardships, setbacks, family problems, healing, search for life partners, prosperity, signs and

[127] ''Human Trafficking to Europe from Nigeria'' by DM Broadcast Service. At: https://www.youtube.com/watch?v=dtNixlubgSo (Accessed on: 31.10.2021).

[128] ''African sex workers to India''. At: https://www.youtube.com/watch?v=0vDe6rUFs90 (Accessed on: 31.10.2021).

[129] ''CNN slave auctions report''. At: https://www.youtube.com/watch?v=PY_0YCbc8gc (Accessed on: 31.10.2021).

wonders etc. This is another form of witchcraft. Thus, according to my informants, there have been serious allegations of church members and children missing and investigations have shown that these missing persons were used for ritual sacrifices in other to obtain miraculous powers; some of the bodies were discovered buried in those places of worship. These are observable facts that have been in public domains, accessible in some news stories and amateur online videos and no official literature has been published in that regard. Furthermore, confessions pointing to witchcraft were made and some perpetrators are facing life imprisonment. These have led some Nigerian Pentecostal Christians to doubt the authenticity of the pastors leading mega and small churches. During my research in Munich and church visitations, I observed significant disunity among Christians stemming from power struggles and the financial accountability with regards to church funds. This has led to the emergence of numerous smaller churches that are subject to taxation. The best description would be Evans-Pritchard's (1976) Azande society of witchcraft and Christianity. Shouldn't these examples as well be seen as witchcraft with the killings of some Nigerian youth that resulted from the 20th of October 2020 (#EndSars)[130] protests in Nigeria? Be that as it may, in every verified or in-progress account, there is always an element of truth - in witchcraft involvement from counter-accusations (particularly by the so-called Yahoo-Yahoo boys), which results in the types of unjustified treatments melted upon innocent citizens - the youths. We also find such similarity of ''breakdown of justice and mob violence in South Africa'' Hund (2000: 366). Most of 'these truths' were coined in proverbs, which are seen playing out in folklore, myths, etc. Did that contribute to the Igbo-Nigerian outlook of illness causation? Let us examine the possibility of some aspects of myths in illness.

[130] These protesters were calling for the end to the Special Anti-Robbery Squad (SARS) whose former goal was to help combat these crimes up until they ended up in extortions and extrajudicial killings. See BBC News at: https://www.bbc.com/news/world-africa-58817690 (Accessed: 23.03.2021).

7.5 Folklore or Myth in Illness

One of the impressions about Nigeria as a country, and thus the Igbo culture, as well as the many cultures that beautify its rich diversity, is that it is all negative. No doubt the analysis on ‘‘*Today's Witchcraft"* creates another concerning atmosphere to ponder upon. Well, it is just a fraction of her beautiful grandeur as a country, in addition to the joys, laughter, arts, nature, foods, music, dance, constant parties, beautiful traditional marriage ceremonies, crowded participation at events of all kinds, Nigerian movies, hospitality and unity of purpose they share as people. Hence, an aspect that has not been much reviewed is the role folklore or myths play in possible illness causation. Folklore or mythical tales are common in Nigerian cultures and those of every ethnic group depict the life, love, sadness, happiness, curiosity, or humour aspects of their living spanning from the time of their existence (Dundes 1965). In some cases, like the many love stories, people tend to take it literally. An example of such is the narrative of ‘‘blood covenant between a boy and a girl in love’’, a way of solidifying relationships for better or worse, till death divides them. Hence, at some point in their life's journey together, having realised they were not meant to be together anymore, found it difficult to separate and such would result in serious physiological problems like illness and frustration.

Have you ever heard of the scary stories and myths that boarding school students often share, like the one about the “Islamic Jinn”? This mythical creature is said to be a faceless demon that is invincible and capable of terminating lives, making it a feared entity. These jinn reside in anthills and can become dangerous if provoked by people stepping on their homes or pouring water into their trenches, so they claimed. Thus, when a school boarder becomes ill through whatever circumstance, poor nutrition in the food served which has been the case, or poor sanitation and lack of purified drinking water or other environmental factors, the jinn is appraised as causality. Other myths are the ‘‘the night shoe dancer’’, whose presence is felt when everywhere is silent and the sounds of human walking steps capture the aura of the

place, it is associated with a soul-taker. Should there be any form of dislocation, the night shoe dancer takes the blame. The ‘‘*bush baby”;* knocking at doors and crying at night; the devourer of the human heart is also dreadful mythology. The Ijaw and Yoruba tribe’s myths of ‘‘masquerade avoidance by pregnant women’’; masquerade is not the Western understanding of a fancy social gathering of persons wearing masks and often fantastic costumes. According to my *Dibia* informant, it is a traditional appearance of men who in cultural costumes disguise, are believed to assume another form, i.e. representing the spirits of their ancestors. The masquerade is revered as having at that moment, an embodiment of spiritual powers (also see Akubor 2016). Mindful of what it signifies, a pregnant woman is cautioned from participating in such events as though her seeing the bad spirit in the masquerade would result in the bearing of an evil child.

Another aspect is the ‘‘moon whistling’’, this is a myth that talks against night whistling especially at moonlight nights because of its ability to wake the spirits of the dead. Night falls are associated with most evil omens and such spirits are said to take possessions at night. The daylights are for humans and nights are for spirits. Hence, when one whistles and gets a whistle back, it is a sign of early death roaming. Mistakes of whistling at night have caused hypertension in people. Night whistling is also seen as a form of snake calling which in this case is almost like the Igbo societal domestic pet, especially the revered *eke*; ‘sacred pythons’ (Patterson 1879, Busse 1949). Another myth is the ‘‘inedible fish’’ from the Kogi River, a state in the Middle Belt of Nigeria. The river is said to have been cursed and fishermen are advised not to fish or eat a particular species of fish that comes from it. How then must one know? Well, it is said to have a raw taste even after cooking and its bites are incurable. ‘‘*Madam koi koi*’’ (the woman in red) is another dreadful tale of a revengeful teacher whose son was beaten to death and in the process lost her shoes. Thus, she comes back to boarding schools in search of her lost child and shoes and in that process, causes harm. These and many more stories are such mythical tales that create fear within young people and those unable to

withstand the shocks, fall into a convulsion, fainting, psychological stress, and trauma, that sometimes lead to illness. Just as these mythical tales are passed down to generations of young people and the same stories refined in some cases, it stays in the hearts and minds of people. Some imagine its reality and others see it in their dreams. These dreams could manifest in various forms, thus the fear of the unknown showing itself through dreams. All these mythical figures and spirits are broadly connected to forms of witchcraft.

7.6 Dream Definitions, and the Anthropology of Dream

According to the *Cambridge Dictionary*[131], a dream is said to be ‘‘an experience of events and images in the mind while sleeping’’. The *Merriam-Webster* Dictionary[132] defines a dream as ‘‘a series of thoughts, images, or emotions occurring during sleep’’. ‘‘A state of mind marked by abstraction or release from reality’’ (ibid). Freud (1999 [1899]: 37) defines dream as ‘‘the mental activity of the sleeper in so far as he is asleep’’. Mindful of these definitions, let us examine what anthropology says about dreams.

As far as cross-cultural understanding of dream interpretation is concerned, anthropology has been appraised for its numerous contributions to this study. The end of the 19th century was asserted to be the phase of a new form of anthropological research on dreams. The results of the ethnographic investigations considered the belief in dreams and their cultural practices as proof of their complicated forms, far different from the Western interpretation of dreams which later lost its importance in narratives. Freud (2010 [1955]) in his psychodynamic approach to psychology, came up with the psychoanalysis theories that were attested to have played a significant role in the analysis of dreams, which was seen as primitive and childish in itself, because of the negative dominance it had in narratives. Freud’s (2010: 35) introduction to *The Scientific Literature Dealing with the Problems of Dreams*, assures as follows:

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131 ‘Dream’. *Cambridge Dictionary* (Online). At: https://dictionary.cambridge.org/dictionary/english/dream (Accessed: 25 September 2020).

132 Merriam-Webster. At: https://www.merriam-webster.com/dictionary/dream (Accessed: 25 September 2020).

> To bring forward proof that there is a psychological technique which makes it possible to interpret dreams, and that, if that procedure is employed, every dream reveal itself as a psychological structure which has a meaning and which can be inserted at an assignable point in the mental activities of waking life.

Anthropologists stepped into the narrative on dreams by focusing on the non-Western interpretations of dreams. Freud (2010: 36) acknowledged earlier ethnographers like Sir John Lubbock, Herbert Spenser, E. B. Tylor and many other ethnographers that have inspired our understanding and ability to dive into this area of anthropology in all its rich complexity. The prehistoric views of dreams, Freud argues, ‘‘no doubt echoed in some attitudes adopted towards dreams by the people of classical antiquity’’ (Büchsen-schütz 1868). Taking it as ‘‘axiomatic’’, dreams were connected with the world of superhuman beings in whom they believed that dreams were revelations from God and daemons’’ as cited in Freud (2010: 36). It was on this basis that my informants, even though unaware of Freud’s argument, were mindful of its cultural interpretation as a sign of an actual scenario that has taken place or will take place and thus revealed in their dreams. Thus, there could be ‘‘no question, moreover, that for the dreamer dreams have an important purpose, which was as a rule to foretell the future’’ (ibid). Prior to Freud, Aristotle’s ([1800]) *Sleep and Dream,* while analysing the concept of mind and imagination through which he explained dreaming, set the pace to the psychological study of dreams when he argued that ‘‘dreams are not god’s sent neither are they of divine character but ‘‘daemonic’’ since nature itself is daemonic and not divine’’ and since they are not, they lack credibility (ibid: 37); also see (Hett 1964; Gallop 1996).

Nevertheless, before Aristotle, there were other positions and counter oppositions on the truthfulness and value of dreams. Gruppe (1906) presented the two classifications of dreams. In it, one class was supposed to be influenced by the present or past but to have no future significance. The other class of dreams, on the contrary, were supposed to determine the future, which includes direct prophecies from dreams, previsions of some future events and symbolic dreams that needed interpretations (Freud 2010: 38). The differences in the values that were assigned to dreams were mainly the problems of interpretations which were

common with middle age dream explorers like Diepgen (1912) and the monograph of Förster (1910-1911), Gotthard (1912), and others. Among the Jews, dream interpretations were accorded to authors like Almoli 1848), Amram (1901), Löwinger (1908) and the psychoanalytic findings of Lauer (1913). Furthermore, pieces of information on dream interpretation from among the Arabs were credited to Drexl (1909), Schwarz (1913), further in Japan by Miura (1906), Iwaya (1902) and the Chinese in the likes of Secker (1909 -1910) and the Indians to Negelein (1912) as noted in (Freud 2010: 38).

In view of the variations in dream interpretations as per cultures, anthropologists like Hassell (1981) assess this variation in line with Stewart and Kilton's (1935) *Dream Theory in Malaya*. Their fieldwork with the Senoi Aborigines of Malayan presented the unifying force found in the family custom of morning dream-telling which was centred around happiness and well-being. Their interpretation of dreams presents a contradictory view of what would ordinarily be of concern for people of other cultures ''as the fearful dream of a child's falling'' was rather ''praised as a gift that would enable learning on how to fly the next night''[133]. Stewart's observation provided a romantic account of dream practices that was free from any kind of interpretative life worries that centred on their reverence for dreams. This argument was based on the perception of the Senoi, Malayan society as an institution that enabled a high state of psychological integration, emotional stability and maturity, social opportunities and a creative atmosphere that enhances both internal and external relationships. In such a stable environment, the rate of violence, conflict and crime, physical and mental diseases are at their lowest. These arguments, therefore, demonstrate that people's dreams are also environmentally influenced. Aside from other personal struggles, in a setting where violence and conflict are constant, a more exciting dream may seem out of reach compared to a more peaceful and smooth society. Other contemporary anthropological contributors to the development of dream narratives include Burke (1973), Beradt (1985), and Tedlock (1987).

[133] As cited in: The Dream Encyclopaedia, Second Edition (2009). At: https://encyclopedia2.thefreedictionary.com/Anthropology+of+Dreams (Accessed: 2 October 2020).

Ethnographers like Lavie and Kaminer (2001) focused on the history of dreams in addition to Schmitt (2003), Rechtman (1993) and Wilmer (2001). Also, Prager had shown that healing through dreams among the Alawites was a common practice (2010/2015). Mindful of the above anthropological insights on dream examination, let us narrow it further to how the Igbo society interprets dreams.

7.6.1 Dream: Igbo Societal Interpretation

The discourse on dreams, trance, or visions in its religious, sociocultural, or traditional forms as Shulman and Stroumsa (1999: 6) argue, are "complex an issue to be treated in passing''. However, as related to the case statements, it will be mentioned as "an analogous problem for differential, comparative analyses." Not much has been written about the interpretation of dreams in Igbo society. The meanings attached to dreams are orally transmitted and no doubt some level of misinterpretations are given as an affirmation of trust, placed in the wisdom of the interpreter. The general notion that certain fearful dreams have negative consequences just like the positive ones having a good outcome is real. Most times, individuals may choose to interpret their dreams based on their mood or dispositions before going to bed or after waking from sleep. By that, I mean, for instance, if one is a traditionalist, certain dreams would be given serious interpretations, unlike someone who cares less about dream interpretations. That also is the case with Born-again Christians who would rather resort to their pastors or prophets for every dream interpretation. Thus, be it *nrọ ọma* (good dream) or *nrọ ọjọọ* (bad dream), dreams in the Igbo society generally receive less attention but not their truth or value, which aligns with the argument that ''dreams are interpreted as either true, valuable or vain'' (Shulman and Stroumsa 1999: 6). The former was seen as a "warning, or to foretell future events, and the latter, fraudulent, and empty dreams whose object was to misguide and lead to destruction" Sigmund & Crick (1999: 4).

Going by its anthropological rationalization, the experience of a dream, trance or vision, Jean-Guy and Goulet (1993: 171) argue, are accounts that "clearly inform social interactions in non-western societies in which the world of spirits is as real as that of work'', though real in different qualitative ways. The psychological analysis of dreams and their interpretations in light of Freud's chapter one on *Scientific Literature of Dreams-problems up to 1900,* attested to the complexity of dreams' interpretations. Freud once again presented Aristotle's discussion on dreams as problematic in line with his argument that:

> A dream is not god-sent, that it is not of divine but of demonic origin. For nature is really demonic, not divine; that is to say, the dream is not a supernatural revelation but is subject to the laws of the human spirit, which has, of course, a kinship with the divine (Sigmund & Crick 1999: 3-4).

Writers of antiquity, Freud argued, "who preceded Aristotle did not regard dream as a product of the dreaming psyche, but as an inspiration of divine origin" (ibid: 4). Dreams either referred to the past or future, Shulman and Stroumsa (1999: 7) argued are "divination, which usually means the immediate future, which can be predicted and often also manipulated". One thing remains certain, and that is: every human and even animal go through this process of unconscious active memory at sleep. This makes "dreams an objective fact that can be found or recovered in the outer world, making itself present in the consciousness through mechanisms, say, of karmic memory or intersubjective sensitivity" (ibid: 8). The first-hand experiences as seen in the case study is an attestation of the aforementioned that dreams in some cases are not just of reminiscent past telling the future but of a continuous manifestation of the present reality of an immediate, unexpected event. No doubt cultural understanding and interpretation of dreams vary. And as seen in these cases, it yielded important insights even though they were 'abrupt' and not immediately grasped by the accounts of my key informants. Furthermore, it is worth considering whether the threats[134] of witchcraft and death that Chika received from his ex-wife had induced fear in him due to his belief in the effectiveness of

[134] The dissolution of a marriage, particularly in a monetarily driven context, often leads to feelings of anger and a desire for retribution. Within Igbo society in Nigeria, the concept of separation, divorce, or abandonment is met with intense resentment and hostility by those who perceive themselves as the most wronged.

witchcraft practices within his cultural context. This fear may have subsequently manifested as depression or stress, leading to illness. Additionally, in the case of Mrs. Ola, she experienced a dream that she interpreted as negative (*nrọ ọjọọ*), which ultimately resulted in significant ankle pain. Consequently, she harboured suspicions of witchcraft being directed towards her by perceived enemies. Dreaming about being served food by an enemy (as in the case of Chika) or abruptly falling off the stairs (as described by Mrs Ola) are considered bad omens in the Igbo interpretation of dreams. In such cases, people are advised to seek an immediate solution. The typical responses to these dreams are prayers by Christian practitioners or incantations and sacrificial offerings for traditionalists. Both methods are intended to rebuke the perceived negative manifestation. Thus, "when coincidentally, there is a manifestation of physical reality based on the dream experienced, the next step would be to seek understanding from traditional/spiritual dream interpreters," Chika's diviner noted. Although these descriptions are more prevalent within the Igbo cultural ambience, the ideology resides within the people that uphold it even beyond the Igbo sociocultural domain. How then is such circumstance handled in another cultural setting as in the case of migration? The first step would be asking questions from within members of said culture as I observed in Germany. But if as in this case such dreams result in illness, visiting the hospital in the quest for biomedical diagnosis as practiced in that context becomes the first port of call in addressing the illness; that also we would argue in light of *krankheitssuchende seuchensuchende Verständnis und Heillösung;* "disease-seeking or illness understanding and healing solution" (Singer and Erickson 2011).

How then was it conceivable that my informants' dream and trance experiences, manifested into some sort of reality that resulted in complicated health conditions? In relation to this discussion, I review the issue of 'reliability' and 'certitude' to cultural healing beliefs with regard to the shift from biomedicine to traditional medicine. Conventionally, the attention that was given to dreams and visions was individually based and interpreted and thus, less valued

as a signal to physical manifestation. However, it was meaningful to the individual called to the office of a priestess in Igbo culture. As Rappaport (1979:130) argues, the empirical and logical rationality that defines ‘‘knowledge as knowledge of a fact is a rationality that is not hospitable to the insights of art, religion, fantasy, or dream’’. These priestesses are socio-structurally placed as the sorceress who in this case deal more with the ‘marine spirits’ and vision/dream interpretation. Thus, they are able to interpret dreams in a culturally satisfied manner that makes sense to socio-cultural reality. It is this method of interpretation of dreams that Lévi-Strauss (1963: 373) illustrated how the progressive immersion into another lifeworld may become the medium through which bits and pieces of incoherent and technical knowledge, including knowledge about ‘‘dreams, suddenly acquire an organic unity and meaning it did not previously possess’’ (Jean-Guy Goulet 1994).

Consequently, the advent and recurrent boom in ‘pentecostalisation’ and its efforts to fight against demons and one’s perceived enemy had made dreams and visions to be seen as vital to the very core of peoples’ lives. Thus, as a result, religious attitudes towards the very status of dreams and visions eventually have had a strong influence on the cultural/traditional outlook of dreams. Shulman and Stroumsa (1999: 6) then argue that “religious traditions with a predominant view of the person as a well-defined entity, set in opposition with the outside world, will encourage a dream culture of some certain nature”. Most of the dream interpreters within the Igbo cultural context are presumed to be psychics who can not only interpret dreams but read minds as well. Their claims of using extraordinary perceptions to identify hidden information that is not visible to normal human senses have put them in the light of people who may be suffering from some kind of psychological imbalance. At this juncture, let us introduce African psychiatry, then Nigerian and Igbo psychiatry and examine what they have to say about mental instability.

7.7 African Psychiatry: Brief Historical Analysis

The viability of cross-cultural psychiatry also referred to as ‘‘ethno-psychiatry’’, a term which was used by both practitioners and their critiques to describe the study of the psychology and behaviour of African peoples, found its way into the African culture within the Kenya axis, prior to the 1950s (Kirmayer 2007). This was accorded to the practical works of a British psychiatrist named Cobb, who until his dismissal, worked in the Mathari Mental Hospital, Nairobi (McCulloch (1995: 1). His dismissal, however, and the appointment of an amateur physician who managed the mental hospital, McCulloch argues ‘‘was consistent with the low priority given to mental health in the colony’’ (ibid). Hence, Cobb has been acclaimed as the pioneer of mental illness in Africa with his research paper on *Mental Illness* (1950) published in London. Despite the above analysis of its inception, the mental health system experienced many difficulties in the quest to find its stability within the cultures, and just like colonialism, it waned away from the mainstream. However, with the study and expertise of various pioneering African psychiatrists[135], Johnson (1994: 58) stated that the theory and practice of psychiatry took another form of awareness. These early pioneers ‘‘brought with them to sub-Saharan Africa the classification systems that they had learned in London, Edinburgh, and Paris, and transferred this knowledge to undergraduate medical students and postgraduate trainee-psychiatrists’’ (ibid).

Consequently, the success of mental health practices within those African countries improved but depended on the traditional healing process already practised within these cultural environments. Because, unlike in the Western culture such as Germany, healing methods are personally centred but the communal involvement of the Igbos in Nigeria, and more broadly, African societies, aid the quick improvement and recovery of a mental patient. In that line of thought, Lambo (1974: 57) argues that ‘‘to understand African psychiatry and psychotherapy

[135] African pioneer psychiatrists include Lambo and Asuni (Nigeria), Bani Forster (The Gambia and Ghana), Tijani El-Mahi and Baasher (Sudan), Allen German and Muhanji (Uganda), Collomb and Diop (Senegal), Mustapha and Muya (Kenya), Swift and Rugeyamu (Tanzania), Bruno Claver (La Cöte D'Ivoire), and Amarguaye, Adomakoh and Sikarnartey (Ghana), (Cf. Johnson 1994: 58).

one must understand African thoughts […], and the ways by which mental illness and its treatments are managed'' [emphasis added]. The effectiveness of Western medical practices and diagnostic methodologies in treating illnesses have been acknowledged in most African cultural societies.

However, within many rural communities, individuals rely on a combination of traditional and Western medical approaches for distinct purposes. In instances of severe illnesses necessitating traditional healing modalities, the ethnomedical model takes precedence in the healing process (Forster 1971). In both rural and urban areas, Johnson (1994: 58) argues that:

> The majority of African people initially consult a traditional healer with their health problems, then a modern Western-trained physician, and finally, return to the traditional healer for a total healing or reconciliation with the community.

In considering the evolution of mental health practice in Eastern Africa, particularly in Nairobi, Kenya, and its expansion into Nigeria and other western regions of the continent, it is essential to examine Nigeria's role in psychiatry treatments.

7.7.1 The Nigerian Psychiatry

In the midst of many modern hospitals sprouting up in Nigerian cities, as well as numerous mentally unstable people seen roaming commercial areas in search of food and other necessities for their state of being, it is critical to examine the type of healing methods being used. Chukwuemeka (2009: 36) argues that:

> The ambience of psychiatric victims or mad people 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.

This was so because, the traditional healing processes for mental illness proved to be more reliable within a known cultural healing environment, unlike the resistance that mental illness treatments were met with in comparison to modern healing methods. These challenges faced in the modern healing process inspired ''new interest into the traditional healing methods within the Nigerian context and its management of ailments'' (ibid). It was also for a similar

purpose that Engel (1977: 129) called for the need for psychiatrists to walk the path of medical models against "unscientific options, assorted philosophies and schools of thought, mixed metaphors, role diffusion, propaganda, and politicking for 'mental health' and other esoteric goals".

Furthermore, reading through various psychiatry research papers in reference to Nigerian Psychiatry, a conclusion is made that, like the complexity in the study of culture, religion and even dreams as analysed earlier, there are no similarities in the interpretations or explanations of mental health illness as related to one culture and the other. This may account for the reason why a mentally ill migrant from another cultural environment finds it difficult to obtain some level of sanity, no matter the treatments or aids rendered. This brings forth once again, the argument on 'completeness or wholeness' in the healing process as emanating better from the individual culture/home of origin. Be reminded that Nigeria as a country is multi-national, multi-cultural, multi-ethnic, and currently is becoming multi-religious. As Azuonye (1986: 115) argues, ''it is this multiplicity of culture that has been one of the greatest problems'' facing this aspect of healthcare. Hence, very few research papers on Nigerian mental health or psychiatry-related issues are representative of what is obtainable in other cultural localities (Soroye, Oleribe, et al. 2021, Aluh, OnuMiguel, et al. 2023). Fyfe (1987: 4) added that ''each health system function side by side in its own distinct sphere and sociology'' as cited in (Iroegbu 2010: 38). Take, for instance, Azuonye's (1986: 115) comments on the appraisal that Brown (1983) *Psychiatry in Developing Countries*, gave to the Nigerian psychiatrist Ayodele Obembe on his analysis of the Yoruba psychiatry practice when he argues that:

> What Obembe's paper describes is really practice of psychiatry in the Yoruba areas of Western Nigeria rather than the practice of psychiatry in the whole country. The terms used in his description of certain aspects of psychiatric practices, such as *Babalawo* (traditional healer) *Onisegun* (traditional doctors) and *Olarisa* would only be comprehended in Western Nigeria and would have no relevance to any other part of the country.

Mindful of the disparities in perception and interpretation of what mental illness means for the Nigerian peoples and cultures – with emphasis on ethnic groups – and the healing methods applied, let us go one step further to the South-Eastern region while focusing on the traditional Igbo psychiatry practices.

7.7.2 Traditional Igbo Psychiatry

In Igbo society, two primary approaches to psychiatry are observed. The first involves traditional healing methods, administered by diviners known as – *Dibia Ara* – in Igbo. The methods of healing applied by these (traditional psychiatric) diviners have significantly shaped Igbo beliefs on mental health healing in the Igbo socio-cultural environment. The second approach is found within the Christian domain, specifically under the auspices of prophetic or charismatic churches and faith centres. They enjoy widespread acceptance and are coordinated by individuals (prophets or prophetesses) or groups of "men and women of God" in some Igbo communities. The former, Chukwuemeka (2009: 36) argues:

> [Have] enjoyed patronage from local people who believe in it and consider it as a more affordable and effective alternative to Western medicine […] when it offers a dim hope for their physical and spiritual well-being.

Furthermore, the concept of insanity known as *iyi ara*, 'madness' in Igbo medical terms, is according to the *Merriam-Webster Dictionary* "a severely disordered state of mind"; or "the state of being mentally ill, or unable to behave in a reasonable way" according to the *Cambridge Dictionary*. In line with the Igbo understanding of "insanity", Rennie and Woodward (1948: 385) avow that:

> Mental health cannot be developed in a social (cultural) vacuum. Powerful factors operate against it, as our present society is constituted of multi-ethnic, social, and cultural factors. Mental health can only be achieved in an environment which provides opportunities for self-expression, socio-economic usefulness, and the attainment of human satisfaction, as cited in (Iroegbu 2010: 33).

Insanity for the Igbo people is "a normative term denoting a state of worthlessness with reference to the social norms" (ibid). In other words, a person considered to be insane is

anyone who is not ‘‘capable of controlling his or her actions in line with the social and cultural norms and who has lost touch with common imperatives of ordinariness’’ (ibid). In most cases, the aetiology of insanity, and poor management of stressors have been linked to hardship, life’s difficulties, unresolved mental health problems and overdue suppression of traumas, which in turn destabilizes the human system while seeking attention. Iroegbu (2010: 34) further argues that ‘‘insanity also holds well for the popular imaginations, myths, and social forces’’; hence, Goldsteirn (1967) added that insanity represents ‘‘culturally ordered condemnation of a split personality and stigma, as well as serve as a symbolic function of the unimaginable illustrious thinker’’, as cited in (Iroegbu 2010: 37). Thus, it is no surprise then that the trauma of marriage separation which is also part of the issues my first informant, Chika, dealt with, has its effects on the persons involved. However, every individual has a personal will or force leading them to whatever choices they choose to make in intense situations. One could be of inner self regress, forceful isolation from stigma and as it builds up overtime, may lead to unexpected bodily reactions. Dreams manifestation at that point may only imply an affirmation of stress that has piled up for a long period of time. On the other hand, as Goldsteirn (1967) affirms that retaliation of any form could also be a result of mental stress and stigma caused by a similar situation. On another note, it is important to point out that madness in the Igbo cultural context is seen as retribution for failed societal norms and customs amidst many other acclaimed causalities. In addition, the traditional psychiatry healing methods are holistic; in that, apart from these institutions, a patient can also find solace through ‘‘psychosocial support’’, in arts, music, and even dance. More so, the support of relatives and friends is equated to the vow; ‘‘in sickness and in health, till death creates separation’’. There is always that ‘‘ability and capacity to heal in time and that is for sure’’, my informant affirmed.

7.8 Conclusion: Witchcraft, Dreams and their Interpretations – Expression of Socio-cultural Phenomenon

In conclusion, this chapter has delved into the influence of witchcraft, myths, dreams, and psychiatry and how they informed my research about Igbo immigrants in Germany. As discussed in the introductory chapter, Chika's illness began with a dream encounter, which is significant in Igbo culture as dreams are often interpreted relatively. Hence, the cases studied are believed to be connected to witchcraft, and such dream manifestations can be reinterpreted as a sign of bad omen; one's enemy(ies) acting as agents of destruction. Additionally, the Igbo tradition places importance on mythology, which according to *Merriam-Webster Dictionary* is defined as "a traditional story that explains a practice, belief, or natural phenomenon"[136]. Thus,

> Belief in witchcraft which serves a variety of social functions and personal defences, is bound to emerge in psychotherapy with individuals from a culture that holds such beliefs (Neki, Joinet, et al 1986: 145).

Migration does not change the Igbo belief in dream encounters that can lead to something positive (*nrọ ọma*: good dream) or negative (*nrọ ọjọọ*: bad dream) as seen in the cases of severe illness, experienced by Chika and Mrs Ola; or the possibility of witchcraft playing a role, even at its farthest proximity. Just like the Igbo traditional religion is considered to be at the centre of their cultural interpretation of events and "acts as one among many forms of overtly expressing and experiencing spirituality that is inward, personal, subjective, transcendental, and unsystematic" (Edara 2017: 273), so too, are their beliefs and interpretation of witchcraft, dreams, myths, and folklore, which serve as an expression of their socio-cultural explanation of sickness causation.

[136] Myth definition. At: https://www.merriam-webster.com/dictionary/myth. (Accessed: 10.06. 2022).

CHAPTER 8

BIOMEDICINE AND ITS APPLICATIONS IN THE GERMAN SOCIO-CULTURAL ENVIRONMENTS

The goal of medical anthropology is to ‘‘maintain a balance of homeostasis for the mutual benefit of both the individual involved and the environment surrounding them’’ (Bernejo 2008: 170-179). Thus, the ‘‘biological approach used in medical anthropology focuses on the physical, biological, and genetic aspects of the disease in mind’’, as these anthropologists try to find ‘‘different genetic markers, lifestyle choices, and different environments in which a person lives in an attempt to find a biological link to what may cause the disease’’ (ibid). The ecological approach examines the ways by which people and other living organisms interact within their shared environment in everyday life (Norman 1963, McElroy and Townsend 1989, McElroy 1996, Prager 2015). Consequentially, the application of biomedical models in the fight against the huge impact of disease infections on humans based on biological or environmental factors has become a ‘natural tradition’. Hence, ‘‘medical ecology’’ coined by René Jules Dubos (1901-1982) is a branch of social science that investigates these effects on the human condition in the context of the environment, health, and illness. An in-depth examination of the various approaches adopted by the Western societies in the war against diseases and sicknesses is analysed as follows. The first step is to briefly give the etymology of ‘biomedicine’, and the ‘historical interests in biomedicine’. The analysis of ‘biomedicine in a clinical perspective’, is preceded by the analysis of ‘biomedicine in transnational perspective’ and the ‘disparities in biomedicine and ethnomedicine’ is followed by the challenges of biomedicine. This section then ends with a summary and conclusion of the general analysis.

8.1 Biomedicine: A Brief Etymological Analysis

In light of Löwy's (2011) "*Bio*", "*Medicine*," *and In Between*, while appraising the works of Henry Sigerist [1891-1957] in the *Bulletin of the History of Medicine*, by Alan Gregg, Löwy (2011: 116) argues that:

> Medicine is the study and application of biology in a matrix that is at once a historical, social, political, economic, and cultural environment, forming a cornerstone of modern health care and laboratory diagnostics.

Thus, ''medicine'' according to the *Online Medical Dictionary* is defined as ''the science of diagnosing and preventing disease and of maintaining health'' or ''the science and art of diagnosing, treating, curing, and preventing disease, relieving pain, and improving and preserving health''[137]. ''Bio'' on the other hand, means ''life'' according to its Greek root word. Hence, by indication, ''biomedicine'' can also be referred to as the science of ''lifesaving'' (Engel 1977). Prior to the formation of what is today known as biomedicine in the mid-nineteen century, physicians were known to have devoted time to the known practice of laboratory sciences (Fire et al. 1998, Venter et al. 2001, Baronov 2008). However, there was a ''scientific turn'' and their defence of "incommunicable" was made known in works like Christopher's (1985) *Incommunicable Knowledge: Science, Technology and the Clinical Art in Britain 1850-1914*. They experienced some difficulties while trying to reconstruct the narratives of changes in medicine in the late nineteen and early twenty centuries, up until post-World War II, ''when the term "biomedicine," coined in the interwar era, became a common shorthand for the work of doctors and scientists'' (Löwy 2011: 116). Biomedicine as a term, Lenoir and Hays (2000) argue ''was linked to the U.S. programs on military and civil applications of radioactive compounds. Later, its growing popularity reflected the increasing homogenization of techniques used to study healthy and sick bodies'' (Keating and Cambrosio 2004, as cited in ibid).

[137] The *Online Medical Dictionary* on ''Medicine Definition'' At: www.yourdictionary.com/medicine (Accessed: 10 October 2020).

Consequently, de Chadarevian and Kamminga (1998) in *Molecularizing Biology and Medicine: New Practices and Alliances,* argue that:

> A growing focus on the role of proteins and amino acids led to the "molecularization" or, rather, "macro molecularization" of biology and medicine and to the increasing homogenization of the methods and techniques used to study fundamental life phenomena and those applied to the investigation of diseases as cited in (Löwy 2011: 117).

These new changes and progress made from laboratory science to biomedical methods of investigation and production lent credit to the post-World War II experiences that stood as the unifying force in the exploration and production of a ''lifesaver'' drug known as penicillin by biologists, clinicians, and industrialists. These successes also inspired a change in the general healthcare system and increased public medical research funding on health insurance extension and pharmaceutical production (Löwy 2011: 117). These changes did not imply a total separation from laboratory sciences to biomedical practices, rather both were, however, intertwined as the ''large scare of drugs testing, and productions were in progress with the manufacture of vitamins, hormones, and sulfa compounds'' (ibid). Cooter and Pickstone (2000) in *Medicine in the Twentieth* argue that: "Science rich" disciplines such as haematology, endocrinology, and oncology rapidly became "bio medicalised", while other medical specialities were slower in turning to the laboratory'' (Löwy: 118). Thus, Koch (1930: 9-31) avows medicine as being synonymous to ''*Krankenbehandlung*; 'treatment of the sick'" and like the old definitions:

> It is the artistic preparedness; *Kunstfertigkeit*; craftsmanship to treat patients, and not the science of diseased and well organisms, together with the theory of their modify-ability, that constitutes the true subject matter of medicine as cited in (Inlow 1946: 250-1).

Mindful of these analyses on the etymology of ''bio and medicine'', we go a little further in the historic analyses on biomedicine.

8.2 Biomedicine and the Historian's Interests

By the 1970s, with the increase in production of medicine, the political-economic boom and influences, and regulations set to control drug agencies – considering the increase in health issues like disease infections and illnesses, and its practitioners (i.e., doctors, scientists, and even pharmaceutical industries) – were all tightened (Glick and Hargreaves 1979). Hence, 1980s was accorded the periodical expansion and professionalisation of the history of medicine with the increase in medical trainees. More than ever, in the history of medical sciences, it created a tense environment, especially in the United States (Mizushima, Goodenough, et al. 1980). Reverby and Rosner (2004) describe it as the phase when ''many younger historians of medicine became interested in gender, race, ethnicity, postcolonialism, and non-Western systems of knowledge and some were later influenced by the "practice turn" in the history of science'' (Löwy 2011: 118). Specialists who went further in finding out the facts about new developments in medicine came to share with historians of the experimental sciences as Daston (2009) in *Science Studies and the History of Science,* points out that:

> An interest in laboratory practices and laboratory cultures, instruments and measures, technical skills and tacit knowledge, the circulation of reagents, techniques, and researchers, and the links between science and other domains, such as craft, commerce, industry, and the military'', took a ''practice turn'' (as cited Löwy 2011: 118).

Furthermore, Löwy added that although the historians' interest in medicine became more popular in the upsurge of biomedical experimentation, other scientific and social disciplines had owned the discourse from the 1930s through the 1950s, ''with a highly ambitious project integrating the history of medicine''. Such disciplines as anthropology, sociology, religion, culture and economy history, linguistics, social and cultural history, etc., were all involved (ibid). It was also of vital importance that medical historians would study what Löwy (2011: 118-9) describes as:

> The social conditions that produce a high rate of suffering and death, the ways diseases were seen, the socially accepted ways to treat the sick, how doctors and other health professionals were trained and evaluated, and how medicine was practiced in a given society.

The recommendations of pioneer and biomedical historian scholars like Henry E. Sigerist [1891-1957], Owsei Temkin [1902-2002], Erwin Ackerknecht [1988-1906] and George Rosen [1910-1977] urged the interests. It is also important to mention that Sigerist (1945) provided an interesting definition of the functions of medicine as ‘‘consisting of promotion of health, prevention of illness, restoration of the sick and rehabilitation’’ (as cited in *What is Health Promotion*[138] 1986: 147). Nevertheless, new studies in biomedicine sprung up in the late twentieth century. In the absence of further analysis as relates to this section, which is not a necessity, may I also add that new changes and continues experiments in biomedical practices relating to the recurrent upsurge of infectious diseases are developed and thus, the process continues. Inlow (1946: 250) added his voice to the evolving nature of medicine by stating that, ‘‘each author will select that meaning which fits their purpose and their general medical worldview’’, hence, they are requested to ‘‘make clear their medical concepts’’. To further narrow it down, let us consider the biomedical analysis from a clinical perspective.

8.3 Biomedical Analysis from a Clinical Perspective

The biomedical perspective in health and disease, Sarto-Jackson (2018) suggests, is a disease model with a ‘straightforward cause-and-effect link’ that is based on quantifiable physical causes of cell or tissue damage or metabolic process dysregulation (Deacon 2013). Biomedicine is inherently disease-related rather than health-related and is based on pathophysiological discoveries and evaluations. Diseases are viewed as disruptions of essential functions in organs or the body as a whole (Kroll 2021). Thus, Holst (2022: 1762) avows that:

[138] ‘‘What Is Health Promotion?’’ (1986): *Journal of Public Health Policy*. Vol.7 No. 2. Pp. 147-51. At: JSTOR, https://doi.org/10.2307/3342250. (Accessed: 11 October 2020).

> They have particular settings of origin (aetiologies), typical symptoms and presentations (clinics), provide precisely definable influence possibilities (therapies), and have practical repercussions (prognoses).

The notion that human health and illness are ‘‘interlocked biocultural processes’’, Leatherman & Goodman (2022: 26) assert is ‘‘best understood through a variety of humanistic and scientific perspectives, and it is a foundational tenant of medical anthropology’’. In light of this analysis, it could be seen as the relationships between the environment and the biology of animals and plants with respect to their effects on general human health. These effects are investigated and controlled by the biomedical model of disease inquiry and diagnostics (Cox & Webster 2013). To comprehend the different health-related components, the biomedical method of healing adopted in accordance with an individual’s culture is of vital importance. Thus, the need to examine human health as it relates to the German cultural context, which is the fieldsite of this study, helps to contextualise the theories that are centred on biomedicine.

As earlier presented in the second chapter of this dissertation under the *Definition of Terms*, biomedicine is defined as a discipline of science or branch of medical science in which physiological principles, as well as biological principles, are applied to clinical concerns (Giddens 2009). The medical model, thus, offers a framework for disease diagnosis, interpretation, understanding, and therapy (Geissler 2005). Ludwig (1975) described the biomedical model postulation as that sufficient deviation from the normal representation of disease that is due to known or unknown natural causes, and the elimination of these causes results in the cure of individual patients (as cited in Engel 1977: 129). The biomedical model of disease and illness treatments has so far dominated and permeated almost every aspect of German medical practice. It has always taken the position of disease aetiology as the effects of biological (generic) and environmental variables (Blaxter 2010). It is strict in its stand on illness causation as coming from the aforementioned variables against the arguments that disease infection; thus, illness is as a result of any form of behavioural, psychological, or social influence (Browne 2011). In addition to that, it is persistent on methods of the

‘biomedical model’ to manage disease investigations as an individual entity that is independent of social behaviours. Quirke and Gaudillière (2008) in *The Era of Biomedicine: Science,* argue that biomedicine pride itself on the descent and acceptable biological research, that is validly not influenced or altered, and is based on factual evidence. No doubt biomedicine is the pillar of all modern health care, which according to Engel (1977: 130) was ‘‘devised by medical scientists for the study of diseases’’. As such, it was a scientific model; “it involved a shared set of assumptions and rules of conduct based on scientific method and constitute a blueprint for research, not all model is scientific’’(ibid).

8.4 Understanding Biomedicine in Transcultural Perspective

Then came a time in history when modern science gained momentum in non-Western sociocultural environments and localities and made a substantial impact with its biomedical models of treatments. Amidst the mandate to civilize, develop and improve the rural Igbo territory through education, religion, trade, modernization, etc, it is widely acknowledged that the current healthcare systems have significantly improved, inspired by the structures set in place during the colonial era, originally established in the 19th century (Isichei 1976). In 1885, the early French, Portuguese, and Irish missionaries in Igboland brought health professionals like Catholic nuns and Western trained doctors, who established Western hospitals such as maternity centres, clinics, and psychiatry homes (Ubah 1988, Okafor 2005). By so doing, biomedicine was introduced into local clinics to prevent the spread of diseases and sicknesses within the communities they inhabited. Such impact was seen for example within the Igbo (Nigerian) cultural context with the discovery of ‘chloroquine’ in 1934 and its introduction to East Africa in 1978 and West Africa in 1985, which aided the curing of malaria disease (Bruce-Chwatt 1982, Plowe 2005, Uhlemann and Krishna 2005). Hydroxychloroquine, which was later discovered in the 1950, in addition to chloroquine, became two of the ‘‘most fascinating drugs developed for their effectiveness in myriad non-

malarial diseases'' Al-Bari (2015: 1608). Despite their grand plans to establish comprehensive medical services in each territory, European officials often encountered obstacles in practice; some of which were "the struggle with communication and coordination within and between territories, hindering the search for solutions to common health issues" (Tilley 2016: 745).

> They acknowledged that their responsibilities were overwhelming, as resources and trained staff were often scarce. Additionally, colonial rule was costly, and most European governments expected colonies to generate their own income, resulting in limited funding for adequate healthcare services (ibid).

Furthermore, the availability of biomedicine like chloroquine within the Igbo medical context, as was intended to help cure malaria and save lives, was misinterpreted by the local people, especially the traditional healers who foresaw it as a detriment to the indigenous medical herbs that were used as preventive remedies, which of course, did not address malaria disease cure. The dominance of colonial medical systems established in Africa, hence, Igbo-Nigeria, "never completely replaced the existing healing practices that were already present" (ibid). According to Tilley (2016: 748):

> This means that medical pluralism was the norm, even though colonial services received the majority of resources and legal protections and established the standards for what was considered acceptable medical practice.

Consequently, the self-prescription of chloroquine and indigenous herbs within the shortest consumption periods became detrimental to health. Pa Okafor (my 85-year-old informant) attested to this statement when he avowed that "those days, we ate coconut fruits and drank its water to subdue the effects of overdose drugs. Other times, we ate palm kernel". In 2005, chloroquine phosphate was banned in Nigeria with the recommendation of the *World Health Organization* because of the many side effects it caused (Olawande 2017)[139]. According to Tilley (2016), deliberate and unintentional efforts were made to differentiate African healing practices from the Western biomedical model of disease diagnosis and treatment. What then is a ''model'' of scientific inquiry? Engel (1977) broadly defines it as ''a belief system utilized

[139] In *Premium Times n*ew Paper of April 1, 2017. At: https://www.premiumtimesng.com/health/health-features/227663-investigation-eleven-years-ban-chloroquine-still- used-malaria-treatment-nigeria.html#. (Accessed: 15.04.2022).

to explain natural phenomena, to make sense out of which is puzzling or disturbing. The more socially disruptive or individually upsetting the phenomenon, the more pressing the need for humans to devise explanatory systems'' (ibid). It is in the efforts to interpret and understand the various disease causes that various cultural models assumed a form of social adaptation. In view of this, Fabrega (1973) points out that:

> Disease is a linguistic term that refers to a particular class of phenomena in its broadest sense that members of all social groups, at all times in the history of man, have been exposed to. The mere emphasis on disease denotes a person-centred, harmful, and undesirable deviation or discontinuity associated with impairment or discomfort as cited in (Engel 1977: 130).

Thus, in the context of disease, sickness and healing, "cultural models" involve beliefs, rules, and conducts that control and manage the treatment actions. It is from these beliefs that an individual's sickness is channelled when faced with difficulties in the available medical model practised in a given social medical context different from theirs. However, such ''culturally belief system about disease also constitutes models, but they are not scientific models'' and these we referred to as traditional, folk or popular models as seen practiced in various non-Western societies (Engel 1977). There were no doubts, however, about the successes made in saving lives with the new 'biomedical' chloroquine introduced. Yet, even with its curative impact, many infected persons and even some Western physicians lost their lives in the medical battle to save lives (Moss, Shah and Morrow 2008). One of the challenges encountered was the heavy side effects that the chloroquine tablets had on those that consumed the tablets; thereby creating another form of hopelessness in Western medicine despite its huge impact on people's health. That also led to a fallback to traditional medicine which also had its limitations. One of such shortcomings of the African traditional medicine was its inability to determine or control the liquid dosage taken by sick persons. A situation of 'just keep drinking until you get healed or feel much better'. Today, the impact of research by medical ethnographers, in addition to indigenous ethnomedical representatives, have created, as Re & Ventura (2015: 230) assert:

> A bridge between the past and the future of medical science exchanging knowledge and experiences and there is perhaps space to bring greater awareness to the relationship between care, environment, and traditional knowledge.

The quest for such balance on the one hand, and cooperation on the other hand, was also a way of bringing into perspective, the varieties of the cultural construct of health and the body. For as we have seen in most research outcomes and even in the Igbo context, just as in every other socio-cultural milieu, humans from every age and through their beliefs and medical practices, have built a representation of their own outlook of the world which has resulted in ‘‘particular constructions of the body, and therefore, of health and disease’’ (ibid: 229). The impacts from the medical ethnographies also revealed that contrary to the outcome expectancy or practice of biomedicine, cultural interpretation of disease is portrayed by relying on different aetiology of health in relation to other social forces. Such social forces could emanate from the family, economic struggles, social status attainment, conflicts, political relations between groups and also the environmental interactions as seen analysed in chapter 7 discourses on witchcraft. These interpretations are seen in the Western healthcare system where sick people are separated from other social factors and made to deal with illness as more or less a personal life adventure with the huge support and influence of biomedical technologies. It was in that regard of its cultural disparity that Re & Ventura (2015: 229) argue again that:

> Medicine is a matter of relationship; it arises from the interaction between a technical professional, varied from the culture’s own doctor, whose task is to bypass the secular culture that permeates the judgment, and attitudes of patient.

These systems of medical interpretations especially the ethnomedical practices have shaped the perception of migrants; hence, the strong link, and relied restoration on traditional healing in moments of confusion with biomedical diagnosis of sickness treatments. Obviously, there are disparities in the application of both models; let us compare its applications to that of ethnomedicine as a step to the ethnomedical discussion.

8.5 Biomedicine and Ethnomedicine: The Disparity in Practice

Ethnomedicine or traditional medical practice in the Igbo culture can only be discussed in the context of healthcare, witchcraft, or sorcery. Like any other human society, healthcare does not occur in isolation but occurs as a result of daily living activities that expose humans to bacteria and diseases or harm through physical contact. Therefore, it brings about a relationship between patients and healers. Ethnomedicine, Quinlan (2011: 382) asserts, has two basic goals.

> First, it examines the health-related theories and acknowledge that people inherit and learn by living in a culture. This information forms the base of a culture's medical common sense or medical logic that people use to explain and treat their illnesses. Secondly, ethnomedicine's other goal is medical translation. We seek not only to understand the medical thinking of one group, but to compare ideas cross-culturally for regional and global understanding. Translation of ethnomedical knowledge is applicable to improve health care delivery for the group studied, or to inform alternative health practices for Western and other societies.

Biomedicine on the other hand, has standard procedures used in identifying and curing illness or disease in the biomedical field, such as laboratory test, comparison of symptoms and bodily functions with standard data, etc. But based on the cultural norm, patterns and social values, illness is given a deeper interpretation in the Igbo culture and also the healing procedures. In situations where biomedical investigations and treatments prove abortive, it is in those cases considered a consequence or punishment of an unworthy negative action or as a result of one's enemy working against the economic, social, and physical well-being of his/her target as discussed before. The presumed target is usually never aware but becomes conscious of an action against them through stages of setbacks, or as the case may be, unidentified physical deformity or illness as claimed by my informants. Such circumstance, therefore, is interpreted by the diviner who also recommends an effective cure for the identified illness.

It is necessary to note that health interpretation or healthiness[140] varies by culture and health situations are better interpreted through the lens of a cultural phenomenon as frequently pointed out. Biomedicine, as practiced in Germany as well as in many Western societies goes through various stages of laboratory tests and scientific investigations to determine a result of a specific ailment. This, Engel (1977: 131) describes as a "biomedical model". This biomedical model is generally used and appraised as such that it generates better scientific results in the medical explanation of physical reality rather than some kind of immaterial explanation of disease or illness as practice in ethnomedicine. Nonetheless, every medical condition has a separate inquiry model, be it biomedicine or ethnomedicine. This, however, presents some sort of limitation to Engel's biomedical model when after such systematic investigations using the above model (as in this research case study) still did not yield adequate results or curative solution but rather an ethnomedical investigation and application. Hence, presenting "home as the place where healing is complete" in light of one's own cultural environment has more explanation for an unexplained medical situation in another ethnomedical domain of inquiry. Biomedical practice in terms of the aforementioned ''model'' has not denied this possibility based on experience and reality that there are obviously distinct and more complicated biological[141] causes of diseases. The ''germ'' theory of Stewart (1968: 291) agrees with this fact by stating that:

> When a disease condition has progressed from a behavioural framework of signs and symptoms to a biochemical abnormality […] the assumption of specific aetiology does not seem to hold when the scientific characterisation of a disease is less advanced, as in the example of schizophrenia as cited in (Ibeneme et al. 2017: 14).

[140] Take for instance my personal encounter with a course mate who I complimented for looking good and enjoying life „per se" due to body-weight addition. Unknowingly for me, it was not an accepted complement for a lady in Germany. She approached me later that day and said: "I now understand that in your culture, putting on weight meant a sign of good living". That was when it became clear that the phrase „put on weight" also implied a medical condition that required attention in her context.

[141] Going by the noun's explanation of the word „biology", this can also be expounded as the […] behaviour, origin, and interpretation of the body reacting to an unknown substance it came in contact with and is totally not compatible, therefore, proving difficult while applying the biomedical model of investigation.

That notwithstanding, the *World Health Organization* 1973 report of the ‘‘International Pilot Study of Schizophrenia’’ also argued in light of cultural influence on health conditions. This was based on medical samples carried out in Western societies by non-Western psychiatrists with patients’ diagnoses (ibid: 2017: 15). The goal was to ascertain how conventional the diagnosis proved. As a result, it however concluded that the biomedical model even though was a careful systematic medical process, is not to be subjected as yardstick to general health determinants. In their *Doctrine of Scientific Neutrality*, Ibeneme, Eni et al. (2017: 14) summarized these arguments by stating that:

> The practice of medicine, and indeed the work of all health care providers, is not independent of the larger society. Rather, healing practice is embedded within society and nurtured by the prevailing culture, politics, and social norms of that society […]. In carrying out this function, physicians have been granted by society the right to define the criteria of sickness and to the determine appropriate treatment. This is true of all societies, including the developing world where traditional healers are also granted customary rights to detect and control illness conditions.

Nevertheless, difficulties mostly occur when physicians have to utilize conventional medical approaches and Western biomedical concepts in diagnosing and treating illnesses, for instance, in the context of migration. Such changes from a traditional medical model to a biomedical model of disease diagnoses and treatments come with challenges; therefore, let us examine some of those challenges of biomedicine.

8.6 Challenges of Biomedicine

The biomedical approach in all its goodness still experiences criticisms. But before we delve into that, I acknowledge that biomedicine through its inception and changes from laboratory science to biomedical models, has been a courageous, dauntless weapon in the fight against diseases and sicknesses. Overtime, physicians and medical sociologists, historians and ethnographers have devoted their time to saving the human race. Yet, despite biomedical advancement in technology, people still face morbidity, sufferings, deaths, and most times lonely deaths in these contexts of biomedical independence. Of course, the goal of the

biomedical model is not to keep life forever, but to sustain, manage or prolong it for a short period of time for the ailing, and that is also the shortcoming in every cultural practice of health. In line with critiques of biomedical models like the reductionists, the exclusionists and the heretic, Engel (1977: 313) argues that we are faced with the necessity and the challenges to “broaden the approach to disease to include the psychosocial without sacrificing the enormous advantage of biomedical approach’’. The exclusionists, for example, argue that according to the medical model:

> A human illness does not become a specific disease all at once and is not equivalent to it. The medical model of illness is a process that moves from the recognition and the palliation of symptoms to the characterization of a specific disease in which the aetiology and pathogenesis are known, and treatment is rational and specific (Kety 19740) as cited in (ibid).

Should conservative practitioners focus only on a one-way thinking method, such as "it is either this way or not," they will most likely find it difficult to diagnose a transculturally related ailment. Because it is so conservative in thought, it required disciplines like medical ethnographers to step in and make explanations. The challenges of understanding such difficult non-diagnostics yet, severely asymptomatic create a kind of weakness in ways of interpretations that do not conform to the ailing person’s ideology or interpretations of health issues. Such difficulties in understanding the non-reductive, non-environmental, non-biological, spiritual, or cultural emphasis of illness are taunted with disregard. Notwithstanding, physiotherapists were more exposed to various medical ethnographies due to their influence on the medical model that enables their outlook on health from various aspects of its existence. Therefore, deep within, it is also possible that majority of people being treated by biomedicine do not think of it as having the ultimate end to healing because it does not explain sickness in totality.

8.7 Summary and Conclusion on Biomedical Analysis

People justify their health-related problems based on the outlook of their respective cultures which at the same time influences their perception and interpretation of phenomenological events related to health and similar occurrences happening around them. Mindful of the above, this chapter dwelt on the analysis of biomedicine and its applications to socio-cultural environments. In the examination of 'biomedical analysis', it was analysed as a discipline of science in which physiological and biological principles are applied to clinical concerns. It applied a biomedical model through which illness diagnosis is interpreted, understood, and treated. Furthermore, it explained the ''model'' in the light of Engel's (1977) explanation as a belief system utilized in the explanation of natural phenomena to put into perspective the broaden approaches to disease investigation. Disease, it argues, stems from genetically motivated causes and environmental factors. In 'biomedicine', I argued in light of Löwy (2011: 116) *Bio, Medicine and In-Between,* a description of Henry Sigerist (1891-1957), who affirms that ''medicine is the study and application of biology in a matrix that is at once historical, social, political, and economic''. It further defined ''medicine'' as the science of diagnosing and preventing disease and of maintaining health'' or the science and art of identifying, treating, preventing, and curing disease, as well as of reducing pain and enhancing and maintaining health (ibid).

Furthermore, I analyse the 'short history of biomedicine' with respect to some founding medical ethnographers historians like Henry E. Sigerist [1891-1957], Owsei Temkin [1902-2002], Erwin Ackerknecht [1906-1988], and George Rosen [1910-1977] whose works urged the interests in the study. Also, it is important to mention that Sigerist (1945) provided an interesting definition of the functions of medicine as consisting of 'promotion of health, prevention of illness, restoration of the sick and the rehabilitation'. Through their works, it presented an understanding of biomedicine from a transcultural perspective with its

advantages within the Nigerian and Igbo medical contexts, with the invention of the ‘‘chloroquine’’ tablet – a curative to malaria disease. Although it saved lives, it had some side effects on the ailing and also posed a challenge to traditional medical practice and healing remedies. Its effects were seen by the traditional healers as an advantage for criticism despite the lack of scientific diagnosis, accurate drug dosage prescriptions, and lack of data storage. These also ushered in an analysis of the disparity in biomedicine and ethnomedical practices. Finally, the challenges of biomedicine were presented based on the limitations it faced despite its huge impact on the lives of the local people. Its strictness in diagnosis was seen as being boastful and the lack of cooperation with traditional healing methods. The inability to sustain and guarantee life’s longevity was seen as its weakness. The influence of colonial authorities seemed to have played a larger role in subduing traditional methods of diagnosis and their approach to illness diagnosis and curative. In the next chapter, we delve into African traditional medicine, also known as ethnomedicine.

CHAPTER 9

ETHNOMEDICAL ANALYSIS AND ITS APPLICATION IN SOCIO-CULTURAL ENVIRONMENTS

This chapter focuses on ‘ethnomedicine’ or discussion of ‘traditional medicine’, exploring its relevance within the ‘ethnomedical discourse in Germany and its application as an indigenous practice in Africa, specifically within the Igbo society. Furthermore, I expand on the subject by examining the ethnomedical practices I observed during my fieldwork and highlighting significant insights shared by the traditional healer (Chika’s diviner) who acted as one of my key informants. From there, I further examine the socio-cultural, economic, and socio-political consequences of divination. Specifically, the chapter delves into the practice of divination, the role of Igbo diviners, and the case study of Chika in Igbo healing. Additionally, it examines the significance of divination in African traditional religion and its connection to prosperity gospel, with a specific focus on the relationship between divination and Christian healing ministries. Finally, the analysis identifies challenges facing ethnomedical practices in general. This analysis of ethnomedicine is based on my ethnographic observations, in relation to my informants’ cultural practices as applied by their understanding and interpretations of traditional medicine and its applications in their socio-cultural environment. Keeping the above headings and subheadings in mind, let's begin with ethnomedical analysis.

9.1 Ethnomedical Analysis

‘Ethnomedicine’ as a discipline covers the area of anthropology that focuses on the study of different societal perceptions and interpretations of health and illness-related issues and above all, the healing methods and processes involved in its practice by various ethnic groups (Johnson and Sargent 1996). Like many other aspects of ethnographical studies such as religion, culture, ritual, etc., ethnomedicine studies different societal notions of health and

illness. In this discussion of ethnomedicine, I am referring to for instance, Bavarian medicine, Igbo medicine, Massai medicine, Roman medicine, etc. (Lee and Balick 2001, Acharya and Shrivastava 2008). In this instance, ethnomedicine is further seen as indigenous, in that it is practiced by ethnic people that have no access to or are being influenced by Western medicine (Buer 2015). Therefore, when referring to ethnomedicine as an indigenous African medical practice, it is only used as a synonym. Each society certainly has its own medical model and style guiding how they go about its medical practice (Kleinman 1980). For the indigenous African medical cultures, Quinlan (2011: 381) asserts that the social norms, beliefs about the body and the cause of illness, ‘‘the concerns of when why and who to seek for medical help comprise one’s culture of medicine or ethnomedicine’’. No doubt then, that some related cultures may have common ethnomedical beliefs just as they share similar customs, norms, linguistic dialects, and so on. Morris (2006: 233) justified this claim while citing the Melanesian diversity of language and religious culture and argued that notwithstanding, ‘‘there are patterns of beliefs that are widely shared’’. But even with such an example, close cultures could still differ in all ramifications of ethnomedical beliefs (ibid).

Furthermore, the term ‘‘ethnomedicine’’, Quinlan (2011) argues, has divergent meanings in various academic literature. For instance, ‘‘medicine’’ in ‘‘ethnomedicine’’ is usually referred to the knowledge and idea about health and healthcare’’ in the American Anthropological literature; while in the European scholarly literature, ‘‘medicine’’ implies medication and treatments given to patients or of treatment practice. The English word for ‘‘medicine’’ also does not have a specific meaning as it presents general meanings to issues related to ‘‘health, illness, the body, sickness causations and preventions, and in some cases, diagnosis, and treatments’’ (ibid). The main concept of ‘‘ethnomedicine’’ is the ‘‘explanatory models (EMs)’’ of Klienman (1980 [1978]), which are notions about the causation of disease, illness/sickness, its diagnostic criteria, and the treatment options prescribed. McElroy & Townsend (2015: 10) on the other hand, argue that to clearly understand how the ethnomedical perspective works

better is to also ‘‘employ cultural models on how people cope with interpersonal stressors, provide care for the sick and distressed individual, and teach their children necessary skills for survival’’.

The goal of ethnomedicine as posited by medical anthropologists or scholars in the subdisciplines, is to seek out the basic ideas, notions, practices and understanding of how it all works out for the local people they study. Spiro (1992) described this anthropological type of study of ethnic culture as a challenging one, in that, it is carried out by a foreign researcher who seeks to understand an aspect of a cultural practice that is far different from theirs. Quinlan (2011: 382) argues that ‘‘emic views are not easy for an outsider to come by because they reflect developmental experience within a particular framework’’.

> However, it is advantageous in some sense when considering the efforts invested into seeking to clarify practices of an emic system. A foreign researcher who investigates medical issues from an ‘‘etic’’ perspective can recognize and inquire about cognitive and behavioural models that a native of the culture could take for granted or not notice (ibid).

Another aspect of the ethnomedical goal is for translation; a way of presenting a cross-cultural or regional understanding, aiding to improve healthcare within the society being studied, and other societies that accommodate people from those cultural localities being studied. It can also serve as an alternative health practice for Western societies unfamiliar with the methods.

9.2 Ethnomedicine: A Historical Overview

In our analysis of health-related illnesses in regard to my informants’ accounts and the experiences observed in these hospitals, one may presume that such notions of illness are new to physicians. But on the contrary, it is not a new phenomenon in the German medical context. Because even at the very point of migrants’ arrival into this cultural domain, concerns about their healthcare have been in place and the nationwide medical discourse was as well important. Prior to 1978, works like Husserl’s (1937) *Die Lebenswelt*, ‘‘The Lifeworld’’ and Victor von Weizsäcker’s (1956) *Pathosophie,* advanced ideas concerning medical

anthropology and issues of illness and conflict. Thus, in their works, they analysed these issues. Other works like Schröder (1978: 55) *Ethnomedicine and Medical Anthropology,* were more concerned with the investigations of:

> Ethnographic studies to serve cultural identity, problems of medical care by describing and comparing medical concepts and cognitive systems, especially in settings of conflicts, and medical transfer situations and thirdly, impulses for new medical anthropology: historical and transcultural studies of therapeutic patterns, focused on the suffering and health seeking human; the "homo patients".

A follow-up to his concept was the work of Schipperges (1988), *Homo Patiens*, *"*on the history of sick people", where he argues not on the fight against illness, but on how best to deal with the situation in the area of support and comfort. Their research was more focused on sick persons and the health management of the individual while bridging every other aspect of social, cultural, and political studies. It was an attractive field of concern for many disciplines like philosophy, sociology, anthropology, and sciences. Inspired by lists of physicians[142] across German-speaking countries like Austria, Switzerland, and Germany. Despite these discourses, Schröder (1978) also argues that ''folk medicine was treated marginally and unkindly'' (ibid). This argument was made four decades ago, and while there might have been a series of ethnomedical literature investigating different aspects of ethnomedicine, this present work on Igbo migrants' health practices in Germany, nevertheless, is one of its kind and plausible in its in-depth method of observation. Ethnomedical interests, despite the awareness, have fallen short of further emphasis in institutions and the healthcare contexts. Drobec (1955) argue that:

> Such lack of interest was expected because of the disparity in both fields of medicine where ethnomedicine is seen as "'primitive'' and a new approach by the cultural sciences was hindered by the over-importance placed on the concepts of religion and mythology, thus, complicating a true evaluation of the rational elements in native aetiology and therapy as cited in (Schröder 1978: 56).

Despite the lack of interest, there has been another chapter of interest in which Schröder pointed out that ''interest in ethnomedicine has increased during a phase where doubting one's

[142] "Wilhelm Wundt, Adolf Bastian, Rudolf Virchow, Sigmund Freud, Felix Fr. von Luschan, and others, who deeply influenced the direction of medical anthropology" (Schröder 1978: 55).

own values seems to have opened up alternative ways of thinking, acting, healing, and experiencing'' (ibid).

In this regard, I would work alongside Schröder (1978: 59) in outlining the activities of "*Arbeitsgemeinschaft Ethnomedizin*[143] "an associate that centres on sponsoring studies of medical, social, and cultural sciences with the purpose of evoking interest and inspiring research on non-Western healing traditions, thereby, facilitating interdisciplinary dialogues. Today, it has expanded and is well known as ''*Abeitsgemeinschaft Ethnologie und Medizin*'' (AGEM). In line with the footed conferences, it has carried out many other activities not only within Germany but in many parts of European countries. The Jagiellonian University Kraków 2020 conference on "Health and Healthcare in Europe", and "Between Inequalities and New Opportunities" are examples. In 2021, the Free University of Berlin hosted its 33rd conference, "Radical Health: Doing Medicine, Healthcare, and Anthropology of the Good". These conference activities represent the pinnacle of Western involvement in exploring and understanding ethnomedicine, particularly in relation to the many migrants' health concerns that are currently being witnessed in Europe. Ethnomedicine in general discussions, as portrayed by ethnographers like Sheikh-Dilthey (1977: 302), is seen as:

> A distinct area of study in medicine, similar to anthropology, that addresses the sociocultural aspects of illness and health of which its intention is to compare aetiology, pathogenesis, and therapeutic concepts from different origins.

In addition to the above description, there are several other ethnographic contributors to the study of ethnomedicine in various cultures of the world. Physicians like Schiefenhövel (1977) was appraised for his ''informative synopsis of the various methods and problems of ethnomedical fieldwork'' – in which he tackled – ''the problems of verifying the validity of the information that arises in subtle situations'' as seen in his several long surveys in Papua

[143] In the 1970s, it had more than one hundred members of various professions and a new quarterly periodical called "Curare-Zeitschrift für Ethnomedizin und transkulturelle Psychiatrie''. Its "Fourth Conference on Ethnomedicine" with the theme: *Traditional Gynaecology and Obstetrics* was held in December 1978 at Goettingen. Munich hosted the conference in 1973, on *Methods in Ethnomedicine*, Heidelberg in 1974, on *Factors of Recovering Health in Social and Ethnic Groups*. Then again in 1977 on *Concepts of Family and its* Meaning for Social Security (Schröder 1978: 59).

New Guinea, and Iria Yaya (Schröder 1978: 60). His work on *The Healing Plants of Papua* inspired Wolff-Eggert (1977) who further analysed it as curative to respiratory diseases, and a quarter of the 115 plants collections are used in combination with magical concepts. Her research pointed out that ‘‘the study for rationale drug usage of most of the plants is based on the exact observation and the empirical knowledge of their effects’’ (ibid). Others like Venzlaff (1977), focused on the Moroccan drug salesman and Lind (1975) on the Ayoré of Paraguay and his goal was on the ‘‘etiological concepts of the origin of diseases and of therapeutic techniques’’. On the contrary, Schlosser (1972) was known for her rich edition that focused on Zulu mythology, philosophy, and knowledge (ibid). Mindful of ‘ethnomedicine’ and its analysis as seen above, and as synonymous with indigenous African medical studies, let us specifically examine ethnomedicine as indigenous to Africa.

9.3 Ethnomedicine: The Africa Traditional Medicine

According to Ezekwesili-Ofili & Okaka (2019: 191), the main focus of ‘African traditional medicine’ is ‘herbal medicine’, i.e., ‘‘a holistic healthcare system organised into three levels of speciality namely divination, spiritualism, and herbalism’’. African traditional medicine, its medical methods and divinations vary across cultures, localities, and environments within African countries. In its pluralistic form, it involves specific indigenous herbal components that are inclined to various forms of spiritual divination (Mahomoodally 2013). Like biomedicine, it claims to be very effective in the cures of various urinary tract infections diseases such as syphilis, gonorrhoea, staphylococcus, and even sickness like cancerous diseases, HIV and AIDS, and the deadly Ebola. When in big commercial cities like Onitsha, in Anambra State, one will often hear advertisements about a newfound ethnomedicine for sicknesses like high blood pressure, psychiatric disorders, cholera and venereal diseases like anxiety, epilepsy, depression, high fever, asthma, and eczema (Edward, Cooper et al. 2005). The African traditional medical diagnosis, unlike the biomedical model that is carried out

through laboratory tests, is performed through divinations, and then the treatments are determined. Such treatments are centred on herbal remedies that have symbolic spiritual significance in addition to their healing abilities (Berends 2014). These practices of traditional African medicine as already argued centre on social imbalance theories, cosmological forces, agents, through witchcraft or sorcery, as the causation of illness (Mbiti 1990 [1969]). Based on this process of illness diagnosis that was seen as ‘‘primitive’’ in nature, the traditional healing methods and medicines experienced a huge turn and challenges with the arrival and introduction of modern Western medicine from colonialism, as seen in Abdullahi (2011) *Trends and Challenges of Traditional Medicine in Africa*.

Historically, prior to the African invasion and into the colonial era, modern science considered the traditional African healing practices as not having a base to fall back on and thus, declared them illegal while promoting Western medicine (Paton 2012). During these periods in history, the traditional system of healthcare underwent several revivals in various social and cultural contexts (Onwuanibe 1975). Hence, with the abolition of colonialism, traditional medicine found its way back not only in the cultures but also into the hearts of the local people through its consolidation of what is considered ‘‘wholeness in healing’’, i.e., the feeling of being well again and being at peace with society and spiritual entities (Ajima and Ubana 2018). No doubt that the tropical forests in Africa have produced medications and knowledge-based inquiry through its traditional medical practitioners. On another note, the traditional use of plants to produce medications or drugs has also faced the loss of natural habitation due to urban developments and deforestation (Pengelly 2014). The need for herbal plant cultivation that is systematic and sustainable in accordance with the demand for raw medical plant materials for drug production has become apparent. Furthermore, against the criticism of lack of documentation on the healing process and specific herbal plants for a specific illness, it is important to note as Okonkwo (2012: 70) argues that ‘‘many kinds of research have been

conducted on various aspects of traditional medicine by scholars and the like, using individual societies as case studies''.

African countries and localities like Madagascar are said to have utilised immensely their tropical forestry, thereby, producing numerous herbal medicines. In the Eastern part of Africa like Kenya, Tanzania, and Rwanda, a plant like the *Securidaca longipedunculata,* a family of milkwort (Polygalaceae), is used as a laxative by people of subtropical areas (Bente and Claes 2007). In Malawi, dried leaves from a specific plant are used as headache curative. Other plants-based knowledge seemed to have been unlimited in the minds of the local people in such a way that juice from a specific plant in Igboland known as *ayigbo mmuo,* literary called ''spirit squish'', is used to stop wound bleeding. The same plant is food for goats, ram, and cows and since it is not edible, the people believe in the consumption of these animals in order that they would obtain the benefits of herbs these animals consume. Generally, some specific plants or seeds (like the *Uziza* leaf and its seeds – Piper guineense) commonly found in West Africa are considered remedies for antioxidant illnesses like cough and catarrh, because they contain anti-inflammatory components that treat colds and sinuses. Wounds, scorpions and even snake bites throughout African localities have their herbal antidotes (Dumville 1988, Aruwa, Mukaila, et al. 2020). A dry plant root that is commonly used by fishermen in Mozambique, has symbolic and religious importance in a country like the Benin Republic and Guinea-Bissau; in Ghana, a similar component is a cure for epilepsy (Verzár and Petri 1987). In other words, every plant has dual effects depending on the society and its applications and so too are the healing procedures. Mindful of this analysis on healing plants, let us specifically analyse the Igbo traditional system of healing.

9.4 The Igbo Traditional Healing System

The Igbo traditional healing system cannot be discussed in the absence of the *Dibia* (diviner) who performs the act of divination and healing. *Dibia* is a shortened form for *Dibiala,* i.e., a

master of things of the land, community, cosmological forces, fortune, misfortune, illness, and remedy (Iroegbu 2011). A traditional healer can, therefore, be described as a ‘‘person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods’’ (Okonkwo 2012: 70). These traditional diagnostic methods are social, cultural, and religiously centred, in addition to the common ‘‘knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental, and social well-being’’ (Sofowora 1982 as cited Okonkwo 2012: 70). The Igbo traditional healing practitioners pride themselves in successive records of curatives they are able to provide for the people within and outside their immediate communities, who suffer from both biological forms of diseases and those that are unidentifiable by biomedical diagnosis. In his medical research of the Nsukka people of Enugu State in South-Eastern Nigeria, Ugwu (198: 71) describes some of the diseases as:

> *Iba;* Malaria, *Etito*; boils, *ime nwa*; infertility, *Ezhi-era;* swollen breast, *Odema; swollen legs*, *Afo ototo;* swelling stomach, *Afo oruru;* stomachache, *Mkpoyi; dysentery* (Bronchi pneumonia), *Osise;* convulsion, *Mgbapia;* tonsillitis. Apollo (Eye-disease) and snake bite. The origin of these diseases ranges from spasmodic contractions of muscles, germs, bad blood, mosquitoes bite, abnormal growth in the throat, to socio-cultural and religious factors like magical powers, evil spirits, poisons, sacrifices, etc (ibid).

The use of local edible herbs, animal fats and boiled juice extracts from goat, ram and cow meats has been associated with enhancing the healing process. We can see the connection between the ‘‘spirit squish’’ (*ayigbo mmuo*) leaf consumed by goats which I mentioned earlier in the ending argument on *African Traditional Medicine*. Another instance is the ‘‘bitter leaf’’ from the Vernonia amygdalina family of plants, which serves as a vegetable for certain meals in Igbo society (e.g., *onugbo* soup). In Cameroon, Central Africa, it is the main ingredient for *Ndolé* meal, eaten with plantain, yam or even rice (Kokwaro 2009, Ijeh & Ejike 2011, Farombi & Owoeye 2011). Bitter leaf is said to contain a variety of components that reduces fever, lowers hypertension, and diabetics, prevents cancer, and are effective for typhus disease, reduces itching, increases endurance, and treats appendicitis, gallstones, bacillary dysentery,

diarrhoea, typhoid (Uchendu 2018, Appiah 2018). We were taught by our grant parents that animal fats like those from boiled cow bone are used for curing serious dislocations especially broken bones and the fat from python is very effective in healing wounds and serious scars. In light of the aforementioned example, Okonkwo (2012: 71) avows that:

> Not only the organic properties of the plant that are beneficial in the healing process but also the magical or spiritual forces embedded by nature in all living things and the contributions of ancestral spirits and God.

Other medical benefits derived from specific plants and vegetables include good eating habits and proper hygiene practices in living environments, both of which are attributed to contributing to good health and sound minds. Igbo healing methods, for all their effectiveness, are both financially and physically demanding. This also depends on what type of healing method an individual is seeking. In many Igbo localities, there are sets of illnesses considered minor because of the huge availability of herbs curing such illnesses. One of my informants explained that a typical example of an expensive healing process required the purchase of 'local goats', a good number of barnyard fowls which are more expensive than the poultry produced types. In addition to these animals was a huge sum of money that was meant for the purchase of various items like the Schnapps drink[144] used for incantation, 'cowries shell' scientifically known as *Cyprea maneta*, eagle feathers, a symbol of spiritual freedom or release from illness, and so on. Thus, there seems to be a correlation between these listed items presented in the Igbo traditional medical context and that of *The Healing Gift* (Platenkamp 1996) – in which the centrality of gift exchanges between health practitioners and patients, is seen as not only a necessary procedure for healing but also as "an amendment of broken relationship between the patient and certain supernatural entities". Thus, the *Dibia* in the Igbo context seeks to heal patients by mending the rupture through gift presentation.

[144] Originated from colloquial German known as 'Schnäpse; spirituosen Getränk' spirited drink. ''Schnapps is a type of alcoholic beverage that may take several forms, including distilled fruit brandies, herbal liqueurs, infusions, and ''flavoured liqueurs'' made by adding fruit syrups, spices, or artificial flavourings to neutral grain spirits'' Bertelsmann (2006): *Wahrig: Deutsches Wörterbuch.* See ''Branntwein'' in Pg. 298 and ''Schnäpse'' in Pg. 1305.

Even after healing, patients are inspired to appreciate their healer through gifts, according to my informant (Chika) who cheerfully performed all of the above.

In view of the healing ritual, serious body immersion is performed. The traditional healing process would not only require the above, i.e., depending on the seriousness of the sickness but would go another length on painful bodily piecing. This process is termed as the removal of said ‘‘bad blood’’ and incision of traditional medical mixtures are applied on the wounds. These medicines (*Ọgwụ*), Ugwu (1988) argues are:

> Prepared in lotion or powdered form; medicinal belts (amulets) or rings worn around the waist and finger(s); bitter kola (Garcinai kola) [*Igogoro*] a seed containing fluid for detoxification and believed to be an antidote against suspected poison by sorcerers; ‘*Uro’* (Earth chalk), believed to possess curative powers when mixed with many chemicals, medicinal plants, and animals wastes’’ as cited in (ibid).

This is then accompanied by medications to be consumed for a particular period of time while observing various precautions which are summed up as part of the healing process. The Igbo ‘‘medicine man’’ or the ‘‘*Dibia*’’ or diviner takes all the accolades for such effective ethnomedical healing practices. Let us further analyse the Igbo diviner. A *Dibia*, one of my informants argued:

> Has the knowledge that makes up *ọgwụ* (medicine) which can be used to save a life, boast fertility, protect himself and his household, and advance his community. The same *Dibia* also knows how to make up *ọgwụ* which can be used to destroy terminate lives […][145].

Another instance was when the argument about the *Dibia* arose in another group setting, this time in an African restaurant in Munich. I had walked in to meet one of my informants who invited me to dinner in the African restaurant of about forty seat capacity. It has a mixture of German and African decorations on the seats. On the walls painted white and ash were traditional artefacts and pictures of prominent customers and good moments in the restaurant. A continuous blast of African hip-hop and Igbo highlife music gave a momentary feeling of home. On the left end was a group of friends who occupied two tables of eight seats. The

[145] Open ended unstructured interview with informant, at Afro shop in Munich, In Igbo language, November 2019.

extreme right was occupied by scattered groups of immigrants whom I presumed were close pals or people in courtship. Everyone seems to know everyone judging from the sense of familiarity expressed in greetings and names (nicknames) called out. At various intervals, some immigrants (Africans) branched in, to pick up orders or to say 'hi' to the owner of the restaurant. I was seated with my informant, who had invited two other friends for dinner. Their faces were familiar and one of them seemed to remember my face as someone he saw at a cultural gathering. One of the things I observed is the free flow of sensitive discussions that were profitable to my research, was the discussions about "the *Dibia* who saves life by curing sicknesses but finds it hard to preserve his own life in moments of great danger". The narrator's voice was loud due to the high volume of the music, and we could hear him speak from a close distance in Igbo that "*Dibia gworo ozo, ozo gburu Dibia*", a literal translation of the point of his argument. At that moment, I considered him a person of interest by sheer providence despite not being the one who invited me, but he was of the Igbo tribe.

The works of a native healer also known as the ''*Dibia*'' emanated from the conception that ''physical ailment is caused by evil spirits; a belief that placed native healer at the apex of traditional healing institution'' (Okonkwo 2012: 72). There are, however, various specialities in the healing process being practiced by various diviners. There are also the general school of diviners practicing two or more kinds of healing diagnoses. In light of the Igbo explanations of who a ''*Dibia*'' is, Okonkwo (2012) describes a diviner as ''a diagnostician endowed with special skills of divination''. Diviners basically foretell the cause of the problem(s) and the ''appropriate way of managing them" (ibid). Ijeh (1997:163) added that the ''diviner's art is largely mystic, deeply magical and involves the use of several instruments purported to have a magical or mystical power of consulting the spirits". They are the dominant guide of doctors (men and women in charge of ministering traditional medicine and are said to possess the power of extrasensory perception. Igbo (2013: 165) describes them as "reliable diviners who were used in the events of unclear circumstances to unravel the puzzles surrounding the

unexplained situation''. They are usually seen as the last resort to cosmological explanation (Femesia 1972: 24). Therefore, we cannot analyse ethnomedicine in the Igbo cultural context without talking about the customary custodian (the *Dibia*) whom the powers of healing are said to have been bestowed upon. More so, the correlation between a belief system and traditional health practice is deeply rooted in the Igbo culture. Despite the influence of Christianity, traditional practices tend to be the last resort to a medical healing process (Ikenga 1981). There is no doubt, therefore, that socio-cultural interpretation of the universe in that sense of ethnomedical practice is embedded in their religious beliefs, so also are inclinations to empirical logic that supports or guarantees the healing process (Morris 2006). These are manifested through various aspects of ritual practices that help maintain both their social structure and social relations. According to Eboh (1993: 226):

> The Igbo see life as an "inter-relationship between the visible material world and the world of the spirits. It is a constant and close interaction, communion, and communication between the two worlds.

Furthermore, it is vital to separate the functions of the diviners as they are of different categories such as *dibia-afa* (diagnostician; the one who foretells the cause of the problem) and *dibia-mgborogwu* (the one skilled in the language of herbs and leaves). The *dibia-okpukpu*, Orthopaedists, specialises in all kinds of bone settings from fractures, dislocations, muscular disorders, skeletal deformities, etc. *Dibia-ara*, psychiatrists, are the ones in charge of behavioural, emotional, or mental disorders. There are also ''traditional midwifery or birth attendants'' who are in charge of childbirth and maternity for women within their localities (Shelton 1965). One may wonder about the fate of a pregnant mother, as in the case of a child's birth complications. Until the introduction of modern hospitals and technologies, the Igbo society did have their fair share of childbirth complications, morbidity, and high mortality of pregnant women (Egwuatu 1986). Thus, these *Dibias* are said to possess both skills and the technical know-how for traditional diagnosis and not the modern type. The traditional Igbo healing environment with these diviners in action is better described in the

words of one of my informants, ‘‘one man’s loss is another man’s gain, and one man’s misery is another man’s satisfaction’’, while analysing Chika’s misery. There are certainly some limitations with respect to all kinds of divination practiced. As one is effective in a particular instance, others still could show no sign of progress in healing despite the application of important healing components. These components are prescribed as a result of various traditional diagnoses performed through acts of divination. To bring this analysis into context, I draw on Chika’s case to explain the Igbo healing.

9.4.1 Igbo Traditional Healing: Chika’s Case Study

In mid-2017, Chika began to lose faith in biomedical treatments. Despite frequent visits to the hospital in Munich and therapy sessions – aimed at improving his healing process – he no longer seemed to appreciate the practice. The packets of pharmaceutical prescriptions he consumed were visible on the right end of an orange couch on a glass side table in his living room. During one of my weekend visits, I asked Chika about the effectiveness of these medications. He sighed and stuttered my name as he expressed uncertainty about their effectiveness. “I think my body has developed resistance”, Chika retorted. He mentioned feeling weak and restless and not noticing much improvement in his symptoms. He added that while a week felt better, the next week brought back the same symptoms and reactions. I remembered walking out of the hospital in Munich with his close friend one of those evenings when Chika was readmitted for the third time, and he mentioned that Chika’s doctor talked about conflicting laboratory results from his blood samples. While speaking in Pidgin English, Chika’s close friend noted:

> From my perspective, I would recommend that Chika explore alternative treatment options. *When I asked for clarification on what type of treatment, he suggested the* “African traditional healing”. I think that Chika’s condition may not be a typical illness and that external factors may be at play (conversation in August 2017).

He mentioned witnessing similar incidents in the past in Munich; thus, has already recommended this option to Chika and spoken to his father, who promised to consult a *Dibia* in Nigeria about his health issues. “In my opinion, I would suggest that Chika go for an alternative healing” he repeated. While with Chika the following afternoon in his hospital room, shortly after a nurse brought his lunch, his phone rang. “Help me with the phone”, Chika requested. Your dad is calling, I announced. Please put it on loudspeaker and lower the volume, he said. After the pleasantry exchanges and check-ins, Chika’s father requested that he plan a return home for alternative healing. Why? Chika asked. In his words in their Igbo dialect:

> *Nwa m, biko kwadebe ịlaghachi Alaigbo. Maka ọrịa ha na-agwọ abụghị ihe kpatara nsogbu ahụ* gi literally means “my son, please prepare to return to *home of origin*. For what they are treating is not the cause of your sickness problem”. How did you arrive at this conclusion, Chika asked? I will let you know later tonight. I have some visitors in the house, his father responded, and the call ended (Phone conversation in Chika’s hospital room in Munich, August 2017).

At this moment, Chika realized he will be travelling to *Alaigbo,* his native home. Thus, the shift from biomedicine to traditional medicine was introduced because of the conflicting cultural understanding of diseases and cure. Chika later informed his close friend about the latest development. He needed to be done with the current treatments before preparing to travel to Nigeria. A week later, Chika mentioned to me that he preferred to travel home in December (2017). His close friend was concerned about Chika enduring frequent hospital trips until then. Chika explained that the *Dibia* advised that he manages his condition until December to regain strength from his illness experiences. He also needed to save up for the costly flight to Nigeria and treatment. When I asked about the *Dibia*’s statement, Chika replied, “*Ihe n’eme* - things are happening,” and proceeded to share the shocking part of his dream narrative based on the previous call from his father.

> The food I consumed in my dream was the manifestation of *Ajọ Ọgwụ* (evil medicine, witchcraft) that was sent my way. She wanted me dead! They are waiting to hear the news about my obituary announcement! She is the one behind my sickness dilemma! She is retaliating against our divorce (*a narrative that I would rather not delve into because of the volume of this work*). My dad said my

> picture was placed in a shrine, pinned on a wooden sacrificial object alongside many others for whatever reason, as the *Dibia* informed him. My ex-wife performed this ritual some months ago and requested that I be killed for hurting her with the divorce. The *Ajọ Ọgwụ* was directed my way through the dream, and the food consumption was when I got infected. Look at where that has brought me.

I listened to these claims of Chika's predicaments, skeptical yet intrigued. It was beyond biomedical comprehension, an Igbo ethos about disease transfer from a (sender) perceived enemy to a receiver (the victim). Immigrants from the Igbo society and culture where such beliefs and practices are paramount, understood the implications. The traditional rituals to be performed were not feasible in Germany because his physical presence was needed in Nigeria, more so the *Dibia* performing the healing rituals. In view of the healing items, most of them are not found in Germany. The environment, religious and social factors were to be considered in this case, in view of the Igbo traditional interpretation of cosmic ontology. The German physician may be aware of this concept but may not comprehend the thoughts of an external force piloting and worsening a patient's health condition, aggravated from an outlook of such phenomena as emanating from the metaphysical domain (in Africa, Nigeria, or Igboland, where everything is believed to be mystically controlled). So too are the limitation of their skill in the principles/rules of Igbo traditional healing, and so, cannot perform this. It was obviously the case of a transnational medical journey back to *Alaigbo*, Chika's home of origin, as that is a common practice I got to know from my informants in Munich.

Furthermore, after I visited Mrs Ola (the key informant in the second case study) in August, Chika inquired about the outcome of her medical journey to *Alaigbo* (her homeland) which I had previously shared with him while he was still receiving treatments at the ISAR Klinikum in Munich. Mrs Ola's healing inspired and solidified his belief and interest in the alternative healing proposed. Our conversation was one of many roundtable discussions between Chika, his close friend and me at his apartment in Munich about his plans for the future medical voyage to *Alaigbo*. As an ethnographic researcher, observing traditional healing practices and meeting more informants in Nigeria was crucial for my research; also, this was an opportunity

for me to delve deeper into the postulations, theories, ideas, and concepts that emerged during my interviews in Germany. It was an opportunity to take a break from work and prepare for the second phase of my ethnographic research in Nigeria.

On the 28th of December 2017, we were set to embark on a crucial transnational medical journey to Nigeria. The journey that commenced at 9:00 AM from Munich International Airport ended the next day at Chika's family home. The three of us: Chika, his close friend and I sat side-by-side on the flight en route Port Harcourt (Rivers State in South-South Nigeria), where we landed at around 7:15 PM. Should you wonder about the importance of extra consociates, it was because Chika needed support which I could not guarantee alone – for instance, carrying our luggage and holding Chika by the arm to support his movements due to his bodily weakness. We took care of our flight bills separately, and I got some extra drinks for a few elders I met in his village and mine for the interview sessions. On landing at Port Harcourt International Airport, we lodged at one of the airport hotels due to insecurity issues. The following morning, we were woken up at around 7:30 AM by a call from Chika's immediate younger brother on arrival with a bus which was part of the logistics. Shortly afterwards, we plied the road, and after a stop at Owerri city (in Imo State) in South-Eastern Nigeria, we arrived at Chika's village home in Anambra State around 11:30 AM. It was a road journey through states (Rivers, Imo, and Anambra States), cities and villages, and we were entertained by the sounds from car hone, roadside sellers, numerous police checkpoints, and bustling marketplaces. On arrival, I sighted an arch-coloured brick wall fence and a black gate around his father's big compound. The clay soil was red, and some parts were covered in green vegetation and a few fruit trees around the surrounding area. Noticeable also were the palm nut trees scattered around the beautiful, vegetated village. It was a mixture of an African (Igbo) village with a spice of urbanization judging from the houses built around the patrilineal cognate. Chika's mum, dad, aunts, uncles, and siblings (about 9 to 12 people) anxiously anticipated our arrival. His father was informed of our journey every step of the way through

phone calls. At the moment of arrival, that feeling of being ‘‘home’’ meant more than anything else for Chika and his family. At the signal of our presence from the transporter bus, those waiting for our arrival stood to welcome us and their ailing son. There was Chika in the arms of his father who said, *nnọ nwa m,* ‘‘welcome home my child”, while his mother fell on the reddish earth, rolling herself on the ground in a dramatic gesture of thanksgiving on seeing her son home alive notwithstanding his state of health. *Kutere nu m mmiri ọnunu*, “get me some drinking water”, his father said.

Looking straight at Chika, he calmly called out his Igbo name and commanded him to take off his shoes and step his feet on mother earth. I noticed a locally made, small, reddish calabash pot known as ‘*ite ọku*’ (a small ceramic ritual pot), *ọmu* (a fresh green palm leaf) meant for ritual purposes, and a machete by the side, close to a little guava tree. Having received the cup of water, Chika’s father kept it on the crimson floor and offered prayers for healing to *Chukwu*, their ancestors, his *Chi*, and other cosmological powers, in their Igbo dialect. In the end, the earth was wet with some *ogogoro* (a regional aromatic Schnapps) and cola nuts (*Ọrji Igbo*)[146]. Chika was instructed to drink from the cup of water, then take a sip and spit it out forcefully three times after every sip while saying, “*Ọ biara igbu m, gbuo onwe ya*”, that is, “may who plans to kill me, be killed otherwise”. Chika was then instructed to smash the ceramic pot while cutting off the palm leaf dropped on it with the machete on his right hand. He was then told to kick it left and right after breaking the pot into two parts. At that point, the people gathered exclaimed *Ihaa*, i.e., ‘so shall it be!’. Subsequently, we were formally received and served food and drinks after breaking the kolanut. Then, from a Hennessey whiskey[147] I presented to Chika’s father, he opened it and prayed over it in thanksgiving for our safe arrival

[146] This specie of kola nut is typically called *Ọjị́ Igbo* because it is cultivated in Igboland and its neighbouring environs/states (localities). It is reddish and sometimes pinkish. This is different from *Ọjị́ Gworo*, which is yellowish, that are cultivated and exported from Northern Nigeria to other regions of Nigeria. The Igbo reverence *Ọjị́*. It is an item of prayer as much as it is edible and contains high bitter content. It somehow intoxicates when a high amount is consumed. The Igbos offer it to guests as a sign of welcome before offering food and drinks.

[147] When meeting with an elderly or titled person for a momentous occasion, it is customary to bring drinks as a gesture of appreciation, recognition, and respect for the host. This act also serves as a reciprocal gift and helps foster positive social connections.

and for bringing his son (‘‘our brother’’) home alive. My astonishment during and after these ritual processes reminded me of how deep the logic of “home” meant to my Igbo informants in Germany. The significance of the rites performed by Chika’s father who is a traditionalist and happens to be deeply rooted in Igbo *Ọdịnànị̀* (Igbo traditions), having been instructed by the diviner noted:

> By this singular act, we have separated Chika from “evil forces that hindered the success of the treatments in Munich, Germany. We have created a new path for his healing journey. By stepping on mother earth, we connected him to the land of his birth, the earth goddess that received his placenta, and the cradle of his forebearers[148].

As expressed by his father, there, we were, in the abode of Chika’s forebearers, his *Chi,* and other spiritual forces that began to work in his favour and this time, not from a distance and across several oceans. With a deep breath from Chika, a sign of relief was expressed by everyone present, especially his parents. Chika’s face lightened up more than I ever saw. Although the moments consumed his appetite for food, he was glad to be home, in the arms of his parents, in the presence of his ancestors and the diviner (who he was scheduled to meet the next day). Thus, the optimism for his healing felt rest stronger.

The next day, when we got to Umuhu-Okabia, a town in Orsu Local Government Area of Imo state, Nigeria, the residence of Chika’s diviner, we received an invitation into the shrine of the *Dibia* located in the backyard. The *Dibia* was already aware of our visit, as arrangements were made months prior between him and Chika’s father. In contrast to Western hospitals, this location boasts of traditional artefacts, such as remnants of items used for healing or traditional rituals, which are easily noticeable (see appendix). Within the shrine, I observed blood stains from slaughtered animals, and their skeletons, like those of cow, ram, and goat heads. Fowl feathers and pieces of red and white fabrics adorn the scene.

[148] Statements made by Chika’s father, in his home village in Anambra state, South-Eastern Nigeria on the 29.12.2018

Noticeable are the sacred *Nzu*[149] (non-edible calabash chalk or kaolin chalk) drawings on the floor (Basu & Kalu 2020). In the centre of these image/drawings, one could find cowries, kolanuts, alligator pepper, a bell, and a small metal musical instrument known as *Ogene*. Chika and his father entered the inner section of the shrine, removing their shoes (as were instructed) before taking a seat. I sat some meters away with group of about six people (the *Dibia*'s workers), who were busy with other preparations, while I observed the ritual processes very closely. Meanwhile, the healing items prescribed for Chika's healing were seen being prepared by the *Dibia* and his helpers when we arrived. The mixture of the healing items is known as *Icha Ọgwu* (medicine modification). The money meant for the purchase of the ritual items (about 800 Euro approximately) was sent to the *Dibia* by Chika through his father before we arrived in Nigeria. I also noticed the he-goat that was wailing for release from an uncomfortable position he was tied. Inside the shrine, the *Dibia* officially welcomed us to his abode and back to Nigeria. He inquired about our travelling experience, thanked me for being a brother-caregiver to Chika in Germany, and finally presented us all in his shrine with some *Ọji Igbo* (kolanuts) and *Ose Ọji* (alligator pepper). He offered prayers upon our individual *Chi* and wellbeing. Because of the next chapter's analyses on the "Efficacy of *Ọgwu* in Healing: Diasporic Discussion," I shall reserve the explanation of the significance of *Ọji Igbo* (kolanuts) and *Ose Ọji* (alligator pepper). The *Dibia* then proceeded with his *Igba Afa* (incantations) and repeated the same findings about the cause of Chika's sickness which had been communicated to Chika by his father on the phone while he was at the hospital in Munich. There were other private talks between the Dibia, Chika and his father. About twenty minutes later, we all stepped out of the shrine for the slaughtering of the goat ritual, whose blood was mixed with those prepared ritual items. One of the things I found mesmerising was the careful thoughts and actions displayed at each instance of the ritual; for example, after the

[149] *Nzu* in Igbo society has various significance. Some of these are spiritual invocations, offering sacrifice to deities as a medium to channel, communicate, and connect to ancestral spirits. It also signifies peace. When receiving a guest, *Nzu* is offered as a sign of peace, hospitality, and welcome. In such a scenario the host, his guests and anyone present would take turns drawing *Oguama* (four lines) on the ground (*Ala*) representing four deities of the Igbo market days, *Eke* (fire), *Orie* (water), *Afor* (earth) and *Nkwo* (air).

slaughtering of the goat that was associated with invocations, the *Dibia* touched the bloody knife on his tongue, dropped the knife on the reddish soil, and carried on with the mixture of the blood with the prepared ritual items that appeared like a mound of dung mixed with herbs.

The mixture of ritual items during such rituals is a blend of physical, spiritual, and social elements of the Igbo society, the *Dibia* noted. It relies on the indigenous knowledge system of the people's socio-cultural and religious beliefs. As Adu-Gyamfi and Anderson argue:

> It incorporates plants, animal or mineral-based medicines, spiritual therapies, manual techniques, and exercises applied singularly or in combination with other things to treat, diagnose and prevent diseases (2019: 70).

In the Igbo traditional medical contexts, according to Chika's *Dibia*, there are two types of *Ọgwu* principles: *Icha Ọgwu* (medicine modification) and *Ichake ihe* (medicine manifestation). When Igbos refer to *Ọgwu*, they are referring to the scientific use of herbs, roots, and energy. Chika's *Dibia*, brought herbs and roots together because he understands their properties and characteristics. He then modifies them under certain conditions using the principle of *Icha Ọgwu* to achieve a specific intention or command. Through countless modifications which involve changing or transforming an object from one substance to another cosmically, chemically, or biologically when it is plant-based, *Ichake ihe* is then manifested to work positively on an individual for whom the *Ọgwu* ritual is performed. Hence, it is evident that genetic manipulation of plants is indigenous knowledge. *Ọgwu*[150] is a generic term that covers every scientific expression of indigenous knowledge, but it is used differently depending on the reference to roots, herbs, and other harmless condiments.

The *Dibia* entered his shrine and requested that Chika undress, leaving only his underwear on. The actions performed during these procedures of Chika's healing ritual are similar to my analyses of the "Igbo Traditional Healing System". In Chika's case, there were various bodily

[150] The Igbo society does not solely rely on *Ọgwu* within their cosmology my informant argues but sees it as a booster that adds to existing phenomena without replacing human intellect and capability. The Igbo ancestors limit the use of *Ọgwu* to promote human capabilities against over-dependency, especially in areas of financial liberation.

incisions: double cuts (modification) of about one centimetre on his left and right shoulders, double cuts on his chest (right-side), double cuts on his left arm, and double cuts on his back (both sides). Chika who had only his underwear on, was soaked in his own blood, the "bad blood" according to the *Dibia*. He was bathed with an already prepared herbal water mixture and left to dry. It was the harmattan season in Nigeria, and that hastened Chika's body to dry up. Although the bleeding did not stop entirely, the cuts were not bleeding as much as they were in the beginning. The final part of the day's healing ritual was the application of the mixed ritual items on Chika's body, specifically on those wounds. Chika was given some herbs to bath with at home for the next day. Chika also received some mixed herbs (medicine modification) for application on those incisions for the next three days. Since Chika had taken a lot of biomedicines in Germany, the *Dibia* insisted that Chika should discontinue for three days before he could be placed on prescribed traditional herbal medication.

The above ritual narrative is an important aspect of the Igbo ethnomedical healing process as I witnessed first-hand. It cuts across religious inclination even though its ritual procedure is religious in nature. The *Dibia,* 'diviner cum healer' who treated Chika using the Igbo traditional healing model argued that:

> It is natural, customary and has been in place through generations […] Failure to seek a better alternative to disease curative may lead to suffering and death. And adherence to some sort of miraculous healing without the application of natural and supernatural substance would yield to futility.[151]

By these statements, he was referring to Christian believers who regularly preach against traditional healing practices. He proclaimed further that even so-called Christian preachers and members visit his shrine when faced with tougher health situations. He gave instances of cases he encounters on a daily basis involving delicate medical health conditions such as infertility, sorcery, stroke, and even poison, whether physical or spiritual in nature. Furthermore, encounters like these are not peculiar to men only and in spite of that, women and children could be a point target (as seen in the case of Mrs Ola) when it is

[151] Interview with the *Dibia*, in Igbo, at the diviner's village home in Anambra State, Nigeria, on 15.03.2018.

difficult to get the father or husband in question i.e., when analysing ‘‘mysterious’’ sicknesses from the point of view of a perceived enemy as my informant noted. Besides, a communicable, non-communicable or environmentally caused disease does not select or limit who it affects as long as it is a human body. The healing of Chika based on my observations took approximately two weeks after his visits to the *Dibia* and its effect with respect to total healing was reviewed in the following months.

9.5 Acts of Igbo Divination

Divination – *Igba afa,* according to Tedlock (2001: 189) ‘‘is a way of exploring the unknown in order to elicit answers to questions beyond the range of ordinary human understanding’’. Thus:

> Questions about future events, past disasters whose causes cannot be explained, things unknown hidden from sight or removed in space, appropriate conduct in critical situations, including the healing of illness, determining the times and moods of religious worship, and making choices of persons for particular tasks – all these are common subjects of divinatory inquiry.

Divination in the Igbo cultural interpretation is the very ‘ritual art or practice’ that enables gifted individuals to pass along pieces of information or messages from Spiritual Beings to humans regarding issues or circumstances that are beyond human immediate grasp (Iroegbu 2001). The Igbo worldview relies on divination in their quest to get answers to problems and complications of daily life (White 1997, Devisch 199). In other words, the essence of divination in Igbo culture is to provide insights and solutions to difficult situations that individual(s) or the community encounters as they attempt to understand the world around them (De Boeck 1993, Soldier & Pierre 1995). It is an act that is performed with a series of ritual proceedings as religiously and culturally required as Peek’s (1991) *African Divination Systems: Ways of Knowing* argues. Furthermore, in her description of the very act of ‘divination and the land’ from where her inspiration originated, Zolrak (2019: 1) presented it

as an ‘‘inexhaustible source of spiritual resource, where nature expresses itself with greater intensity’’. She further argues that:

> Among its landscape, everything comes to life, and even the most conservative and sceptical minds relax and end up considering what they never would have admitted as possible or true. There, the foreign becomes natural and the natural becomes supernatural. Everything acquires extreme dimensions. Strong and powerful, behind each leaf, flower, plant, rock, body, or water we are able to perceive the creation of God in his most refined version.

Divination has been in practice from time immemorial, inspired by the curiosity to understand the supernatural phenomenon and be in constant connection with the most supreme forces of reality. The act of divination goes beyond the diagnosis of illnesses but extends its interpretations to dreams, emotions, anxiety and to some extent human psychology and body movements. Divination practice within the Igbo cultural society slightly differs from those practiced within the Yoruba, Hausa, Igala, Tiv, and other cultural contexts in Nigeria. These are due to the disparity in language, perception, and interpretations of natural occurrences, affected by tropical rain forestry that differs by region and even the soil, plants and vegetation found within these localities (Igboanusi 2008). Nonetheless, there is that sense of importation and exportation of traditional herbs and emulation of diagnosis that had worked out in the different contexts in curing certain diseases. Also, to note that just like in the modern medical field, where physicians of different medical disciplines have to study to become specialists, so also, no divination act is acquired easily without years of observation, participation, and personal practices (Amadi 1983). Hence, the latter is more demanding in the sense of dealing with thoughts and ideas of things that are spiritually comprehensible and connecting them to the reality of the corporal world. One of the criticisms of the African divination is the possibility of prejudice in message interpretation and of the wrongful presumption that because events occurred three years ago in a particular sequence, certainly implies a repetition of pattern.

9.5.1 Igbo Socio-cultural Interpretation of Divination

The Igbo divination practice is hereditary, usually transferred from a father to a son or mother to a daughter in some cases, who is expected to carry on with being a mediator between his or her people and the gods of the land, in addition to other forms of diagnosis and healing. The ‘‘old Igbo’’[152] socio-political structure, especially the lineage system, not only recognised but placed the diviner performing various acts of divination at the centre of their living activities (Igbo & Ugwuoke 2013: 160-167). The ‘‘old Igbo’’ cosmology considered the acts of divination as more or less mystifying; from the diviner who is believed to have the monopoly of the spirits of the gods. The diviner is regarded as a socio-religious figure, also regarded as the eyes of the spirits in serious cases yet act more or less only when needed. Socio-politically, the diviner in the Igbo traditional hierarchy referred as *Eze Mmuo* (chief priest) in this case, is the second in command after the *Igwe* (a village king). He embodies the powers to confirm and install a new village king after the death of the ruling king. He is consulted for the explanation of metaphysical events and through his specification other diviners are brought up (Iroegbu 2011). In and through his generation lies the continuation of the ascribed ‘mysterious’ position and he is the sole guardian of the *ofo-ala* – the mace of the land.

Onwurah (1990: 45) further describes the diviner performing divinations as ‘‘the mediator between God or divinity and man’’. He knows divinity hears him and speaks to him for himself and others. He is the embodiment of the presence of the deity among the people as popularly believed by the traditionalists. As hopeful and convincing as these may sound in the minds of the people who hold this belief, the profession of divination could hardly survive if it took up proceedings that placed it in the greatest danger. For instance, when a diviner gives

[152] The present Igbo cosmos has been filtered with all forms of Christian religious practices, with the Roman Catholic missions taking the lead and followed by the Anglican communion and very many individually formed Christian denominations. That notwithstanding, every segment of the Igbo political structure remains the same except for the absence of the *Eze mmụọ;* chief priest or diviner, whose role has faded and been taken over by Christian priests, pastors and the self-acclaimed prophets. Thus, *Eze mmuo* is rather consulted unlike before when he is expected to show up in given instances to pass on spiritual messages or install a new village king.

false interpretations of events that turn out to be the opposite. Fortune (1963: 166) in his analysis of the Dobu kind of divination, argues that ‘‘the magic in divination is decidedly secondary to the amount of private judgment displayed in it. Such secrets with divination methods Fortune (1963: 174) asserts:

> Are not obtained easily by the white man. The native usually gives a facile lie or preserves silence on the matter. The literature on the area has no instance of such clear truth-telling in it.[153] For where there is the fire of sorcery or witchcraft, for instance, there has been very often the smoke of quarrel.

In light of the latter arguments on a false interpretation of divination, it presents a series of consequences in the Igbo socio-cultural environment, which I examine further.

9.5.2 Igbo Socio-cultural Consequences of Divination

The art of divination performed by the *Dibia*(s) in all its goodness has an opposite effect on the lives of the people who rely on it. Thus, the philosophical question of the reliability of interpretations made by my diviner which is not scientifically verified comes in. It also puts into perspective the term ‘‘primitive’’ used by the colonial masters as well as Mbiti (1990 [1969]) in describing the traditional diagnostic methods used to determine sickness by African traditional healers. Should that also be why the modern scientific diagnostic model continues to threaten or compete with traditional healing methods? Thus, this question is important considering the various infiltration of fake ethnomedicine by some unqualified homeopathic physicians in the present Igbo society. They not only reproduced herbal treatments that are commonly known by the local people but also perform wrong diagnoses, misinterpret illnesses, and cause multiple damages, morbidity, and mortality (Athanassiadi 1992, Edmonds III 2019). Environment of many negative occurrences affecting the lives of people such as unidentifiable sicknesses, accusations and counteraccusations of sorcery and witchcraft, and illnesses like the *achiare* ‘‘leg disease’’ analysed in *Common Diseases in the Igbo Cultural*

[153] May I add that the preserving silence or lie is not really to conceal what the diviner does. From my observations of the Igbo diviners, they are very slow in revealing the secret about what they do. This is also a challenge an ethnographer encounter while trying to present an aspect of divination that is not clear.

Environment, are associated with fake divination. Men and women who claimed to have been called to the office of divination have seized these opportunities to further expand problems people who consult them for solutions have, my informant avows. Another aspect of divination that has negative effects in Igbo society is the very act of witchcraft performed by the diviners against a fellow man or woman in the community in form of charms, either buried to be stepped upon and infected or kept in the sight of the targeted person that could have other effects like blindness, stroke, etc. A poisonous substance added in the food served to a perceived enemy or in a drink so as to eliminate or cause serious bodily suffering is associated with the works of some diviners whose purpose of divination is to destroy lives as narrated by several of my informants. As seen in some lineages or kindreds within the Igbo communities, there are visible signs of mistrust, non-verbal communication, and the sense of brotherhood and communality lost due to accusations of such incidents or direct affirmation of its occurrence among family members (Wilson 1972; Douglas 1970). The family of a diviner is feared because of the many negative connotations that are associated with them; hence, they face stigmatization. This stigmatization, however, is common among the negatively perceived diviners based on encounters and experiences people have had with them my informants noted. Despite the healing received from such diviners, they generally do not cut across the community as good people. In addition, most traditional healers have in the recent past, distinguished themselves far apart from those perceived as evildoers. Some of them have joined the traditional praxis also known as homoeopathic hospitals. Socially speaking, the works of diviners as in the ‘‘old Igbo’’ era when the college of diviners was revered and respected, which lost its importance in the past two decades, have regained social validation in the sight of the younger generation of the present Igbo – and this is seen as a form of revival. Their role in healing has not diminished as they continue to perform their divination and are more revered by the traditionalists and those who still hold tight to their abilities to do good works. Certainly, false practices are motivated by the need for survival for

those forcing themselves into the act of divination as self-acclaimed *Dibia*. Let us, therefore, examine the economic consequences of divination.

9.5.3 Economic Consequences of Divination

The act of divination is certainly not performed without various forms of financial involvement. Bear in mind that agents wishing to act upon a prey would have to put in a good sum of money so as to be able to fulfil their part of the necessary ritual bargain as seen in Chika's case. So too is the money the targeted receivers of witchcraft spend in fighting against its effect on their bodies. In some cases, financing may go beyond physical cash to eliminate a perceived enemy, my informants argued. Thus, in extreme cases, landed property like a house, farmland, and even giving away of one's child serve as remuneration and compensation for high-profiled commitments. The possibility of success in some cases is fifty-fifty and sometimes a waste of time and resources. The puzzling question of why the rain makers only show up in rainy seasons, as seen in the Igbo society at events and ceremonies where they charge fees to halt rainfall but not in dry seasons or drought when they are most needed, has kept me wondering. In such instance as the *Sorcerer of Dobu*, Fortune (1963: 171) argues that:

> The rainmaker will tell of droughts broken, and the gardener will tell of great harvests. The sorcerer will describe people who caught an illness through his tabu while imparting a tabu. Such beliefs are patently false. Now sorcery, in general, is but a part of the magical complex, and subject to the same limitations.

Thus, what remains visible is that a sorcerer seeker tends to remain poor for life while his generation continues to feel the karma or nemesis of acts that went against social norms and against humanity carried out by a parent, my informants noted. On the other hand, there are also no visible signs of financial progress made by such diviners performing such acts and claiming lands in compensation. Most times, these property are sold off or remain uncultivated, usually under the claim that it is a sacrificial property and, therefore, belong to a supreme being. As time proceeds, property such as these face decay due to lack of

maintenance and even the money gotten from land(s) sold off are wasted on frivolous living (coming from an insider's observations). Second, the affected, as in the case of my informant, must spend large sums of money fighting for their lives, ranging from flight tickets, hotel reservations, and general well-being while in another environment, to numerous expenditures in consultation with the diviner performing the healing. As seen in the political realm of Africa, Nigeria and even the Igbo sociocultural contexts, witchcraft divination is not left out and how these are played out is what we consider next.

9.5.4 Socio-political Consequences of Divination

It must be remembered that witchcraft or sorcery is an element of political and social prestige that is quite expensive when the plans are to achieve a greater level of social status or recognition. Socially, the claims that individuals who seek public offices fortify themselves against any form of witchcraft from their political opponents are not far-fetched (Gregory 1991). This is because, there have been cases of poisonous substances used against people running for the same political positions and a typical example is the death of the former Nigerian senate president, Dr. Chuba Okadigbo[154], which was preceded by series of political tussles between him and the then Nigerian democratic president Olusegun Obasanjo (1999-2007). A similar discourse was analysed in *Public Discourse on Witchcraft* while citing the political turmoil in Cameroon. The sudden illness and death of the then Nigerian information minister, Prof. Dora Akunyili also came as a shock to many Nigerians after the pronouncement of the death of President Umaru Musa Yar'Adua (in 2007) which was hidden from the Nigerian public for some months by the Nigerian Northern cabals who were uncomfortable relinquishing power to the vice president, Goodluck Ebele Jonathan (2007 to

[154] The then Nigerian Senate President Chuba Okadigbo (1941-2003) was said to have been tear gassed with a poisonous substance and died in Abuja, a day after he returned from a controversial political rally held Kano State, Northern Nigeria due to breathing problems. He was fondly known for his gifts of political and philosophical gaps. He was once a lecturer of political sciences in the USA and in Nigerian universities after his education at the Karl Marx University Leipzig, Germany. At: https://www.thetimes.co.uk/article/chuba-okadigbo-rlxcpkqkqrp (Accessed on: 11.08.2021).

2015). One may argue against such claims, yet the actions and incidences that played out during these periods were obvious (Briggs 1995, Gaskill 2007). In the Nigerian political context, politics is a ‘‘deadly and dirty game’’.

Furthermore, as seen played out within local villages in the struggles for either social status attainments or recognitions, witchcraft has been acclaimed as playing a central role in silencing an opponent through unidentifiable illness that weakens the receiver’s body, causing morbidity, and inability to fight for survival (Geschiere 2003). Because of such claims, individuals in such situations fortify themselves with all kinds of protective charms to ward off metaphysical attacks. In other words, an individual’s safety and life are of vital importance in such a struggle. In such cases as seen in the death of a ruling monarch, transfer of power is made from one lineage to another and not by inheritance (i.e., from father to a son). (Comaroff and Comaroff 1993). This also implies that the lineage or kindred whose turn it is to produce a new ruler must seek their most accommodating brother over anyone suspected of having a strong interest in the position. It is also important to state that the use of these charms, be that as it may, is not public, but for the most part, and such intentions are carried out in the most secret, and only in a few cases are threats or face-to-face confrontations made (Bastian 1993). Nonconforming conduct from an interested individual is taken as an equivalent to dubious intention, thereby, breeding forth some form of high tension in the environment in the Igbo context. In view of Fortune’s (1963: 175) assertion, ‘‘there is no pattern of an anonymous message after execution; complete anonymity is sedulously preserved in most cases’’. Certainly, there is no belief that ‘‘the diviner is necessarily right and that one must be found out if one is successful’’ (ibid). If a threat of execution can be averted by payments, such payments are usually made.

Another level of social status recognition within the kinship family is such that was witnessed within my informants’ family where open threats were made to a man who was said to be the rightful person to lead the kin’s family; he was told to prepare for his funeral as he would not

last long leading the family. This threat was issued by another kin brother who happened to have acquired wealth and uses it to intimidate others. Witchcraft threat is used to cast down a man from his rightful position – a practice that breeds ‘‘great resentment against a suspiciously successful man’’ (ibid: 176). That notwithstanding, ‘‘there is respect for old age and for primogeniture, but nothing except anger for any differences in success due to ability’’ (ibid). These analyses are very few examples of the many witchcraft involvements in attainment of social status. Witchcraft as a practice in which divination is performed be it of good or of evil is tied to the African Traditional Religion; hence, the analysis of divination in religion.

9.5.5 Divination in Igbo Traditional Religion

Awolalu (1976: 1) clearly states that ‘‘when we speak of African Traditional Religion, we mean the indigenous religious beliefs and practices of Africans’’.

> It is the religion which resulted from ‘‘sustaining faith held by the forebears of the present Africans, and which is being practiced today in various forms and various shades and intensities by a very large number of Africans, including individuals who claim to be Muslims or Christians.

The word ‘traditional’ means ‘indigenous’; that which is fundamentally handed down through generations, upheld and practiced. Thus, the Igbo traditional religious practice, from time immemorial has always perceived natural occurrences like rainfall, sunshine, mountains, or rock formation, etc., as blessings from *Chi-ukwu okike;* ‘God the all-powerful creator’ to man, according to the Igbo ‘oral tradition’ known as *Ọdịnàla* (Nwauwa and Anyanwu 2019). In light of divination in Igbo traditional religion, they believe that other human-related occurrences like *ahu mgbu, ‘*body pain’; *oria, ‘*sickness’; *ihe mberede,* accidents; *ihe odachi,* disasters, are given some kind of metaphysical or spiritual interpretations – usually as a punishment from God based on man’s failures (Smith 1966, Mbiti 1969, Idowu 1973). These interpretations are of two possible kinds. First, if there were no feasible explanations for the

‘mystical occurrences’, it is believed that the Supreme Being oversees the affairs of man (Knighton 1999). Secondly, if the illness occurs weeks or months after incidents like disputes, fights, or negative altercations, it is then interpreted as coming from the ‘perceived’ enemy (Zuesse 1975). The effects of such illnesses are physical manifestations, and their meanings or interpretations are attributed to spiritual actions from an agent[155] or force. This spiritual interpretation of natural phenomena or agents causing sickness is tied firmly to the Igbo traditional religious belief. Thus, religion Awolalu (1976: 1) argues:

> Is a fundamental, perhaps the most important influence in the life of most Africans, yet its essential principles are too often unknown to foreigners who, as a matter of curiosity make themselves constantly liable to misunderstanding the African worldview and beliefs.

The Igbo belief in *Chukwu,* the *‘*Supreme God’ is monotheistic and panentheistic in nature. In the Igbo *Ọdịnàla, Chukwu* is associated with various high attributes. Hence, as Awolalu (1976) argues, every locality in Africa, just as in Nigeria, ‘‘may have its own local deities, its own festivals, its own name, or names for the Supreme Being but in essence, the pattern is the same’’. There is that noticeable “Africanness” in the whole pattern of religious practice (ibid). Traditional religious belief like that of many tribes in Africa is peculiar; that is to say, a religion that is based on oral transmission, written in the people’s minds and through continuous rituals are enshrined in history and cultural performances. Also, in this context of sickness and healing, I argue in line with the ‘‘indigenousness’’ of the Igbo ethnomedical practice as independence from the notion of homogeneity of the African traditional healing that is tied to religion. Mbiti (1969: 1) presented African religion as a ‘pluralistic’ practice when he asserts that ‘‘there are about one thousand African tribes, and each has its own religious system […]. Hence, I chose to walk in the path of Bowie (2006: 2) ‘‘tell it like it is’’, against the background of various investigations on the definitions and analysis of religion

[155] ‘‘Someone is always behind every occurrence’’ my informants argued, and nothing happens in total isolation of nothingness. So are every kind of happenings within their cultural environs interpreted from the point of view of belief system.

and the divination practices attached to the pluralistic arguments of Mbiti. I would also like to be exempted from the idea of 'going native' as a researcher (Goulet 1994).

Thus, I chose to focus on the Igbo religious practice as it relates to this thesis' analysis because having read through various notable scholarly literature on the meaning and definition of religion, it appeared clear to me that each anthropologist and sociologist's[156] interpretation is influenced by the backgrounds of their ethnographies. Evans-Pritchard (1976: xxi) argues that ''these beliefs and assumptions are collectively held, which every individual unconsciously accepts as a result of the pervasive influences exercised by their society [...]''. Theories about human and God always created deep controversies and that is not this thesis' interest. Schleiermacher (1996[1799]: 103) again argues that ''religion consists in the 'sensibility and taste for the infinite' within finite experience''. We can deduct from his argument in favour of this analysis that humans, limited in their sense of metaphysical explanations are in constant search for comprehension of natural occurrences. Amidst all the narratives about religion and beliefs, Durkheim (1995: 227) added that:

> The generative source of religion cannot simply be ignored. Otherwise, religion would have disappeared long ago under the pressure of massive disconfirmation because religious beliefs are ''barely more than a fabric of errors. Durkheim then proposes to explain the persistence of religion in its ''ever-present causes'' despite the errors it contains.

The discussion on the Igbo practice of religion and belief system in line with their understanding and interpretation of illness and healing through various forms of divination is currently intertwined with the new forms of Christian practices coordinated by some former *Dibia*-turned-pastors because of the quest for wealth, influence, affluence, and attainment of social status.

[156] The Polish Catholic Malinowski (1923: 314), the Scottish historian/ Philosopher David Hume (1956), the German Philosopher Emmanuel Kant (1788 [1790]), Lévy-Bruhl ''who thought he owed the concept itself of 'collective representation' to Durkheim, who had explored their nature much further than anyone else before'' (Cf. Evans-Pritchard 1976: xxi). Marx (1957) as well had joined in sharing a concern to explain the tenacity of what seems to their rational religious beliefs (ibid). Others are Freud Sigmund (1975), James William (1958), and Lawson Thomas (1990).

9.5.6 Religion in the day-to-day life of Igbo Immigrants

Religion is adhering to rituals, usually involving a belief in a higher power and the study of inherited ancestral customs, knowledge, and wisdom pertaining to understanding human life (Durkheim 1995 [1912]). The word "religion" encompasses more extensive shared systems of belief and smaller, more private religious practices. A belief system might be a philosophy of life, or a particular religion utilized (ibid). The term, "worldview" is often derived from the German word "*Weltanschauung*". The German words for "world" and "view" or "outlook", respectively, are "*Anschauung*" and "*Welt*". It is a concept in German philosophy promulgated by Georg Wilhelm Friedrich Hegel (1770-1831), David Hume (1711-1776), Søren Kierkegaard (1817-1855), and epistemology by John Locke (1632-1704), Martin Heidegger (1889-1976) and others, and refers to a perspective of the entire world. Religion in the day-to-day life of Igbo immigrants, as I observed being practiced in Germany, alludes to the system of principles and convictions they use to understand and engage with the outside world. At every gathering, even in a non-religious meeting, they begin and end with prayers. This is not an analysis of their passionate devotions to churchgoing, nor to a religious act of adulation typically made to a deity or observations to traditional and cultural rituals at specific times. This is an argument about their adherence to nature or cosmos as possessing both material and ethereal components and thus must be acknowledged. However, they express their fervent faith through structural social organization, or 'single moral community' referred to as church, shrine, temple, mosque, synagogue (Durkheim 1995 [1912]). In the German context of childbearing, for instance, as peculiar to one of my key informants' family, this was my observation of a bathing ritual performed on their three-month-old baby. I arrived at their apartment in Munich to pay homage to their newborn child, as it is customary for a friend to do so in Igbo culture. Coincidentally, I arrived at his residence while the baby was being prepared to be bathed by his wife's cousin that evening. While mixing the warm and cold water, I noticed another liquid substance was dropped three times in the water from a special

plastic bottle, a religious ornament. It looked like Dettol (i.e., a cleaning antiseptic or disinfectant). But out of curiosity, I inquired if the drops were not excessive considering the amount of water therein. It was received with laughter and a response that "it is a spiritual water''. You mean "Holy Water," I asked to ascertain what I heard. No, she reemphasized, "it is a spiritual water". The difference, gleaned from and predicated on the conviction of the lady performing the water mixing ritual, is in the spirituality of 'who' performed the act of praying on the water. This also determines the preference for "whose" substance, whether it is water in this case or other elements that are more valued based on the concept of "spiritual" or "holy" water. Thus, the belief is that the more spiritually powerful an individual is perceived to be, based on various miraculous works, the higher the chances of protection from physical and cosmic forces the child would receive from being bathed with the water. The "spiritual water" in question was "still water" or "seltzer water" (sparkling water), which the lady argued was prayed upon by a powerful man of God during one of his yearly 100 days prayer and fasting rituals. A member (her colleague) who travelled to Nigeria for the finale of the event returned to Germany with some of the "spiritual water" (a sacred significance for believers).

Furthermore, there seems to be a correlation between this argument and Gottlieb's (2004) *The Beng World*. Her work was inspired by ethnographic research carried out among the Beng farming community also known as the Gan or Ngan, of Cote d'Ivoire in West Africa. Gottlieb (2004: 189) presented her failure to persuade these farmers, especially her host neighbours on the importance of boiling and filtering their drinking water so as to reduce the effects, damages and deaths caused by the outbreak of the Guinea worms. This time, not boiling the water or Ditto drop to kill the germs, which is similar to Gottlieb's argument, but applying more "spiritual water" implies there are, maybe, spiritual worms in the water. My informant mixing the water sounded more like Yacouba Kouadio Bah's response to Gottlieb; in other words, there is nothing wrong with adding spiritual water in the bath water.

> Anyway, he argues, even if the *spiritual worms* come to us through the water, they are put there by witches […] and boiling the water would not stop the witches *but the spiritual water* [emphasis added] (2004: 189).

The implication is that the three drops of spiritual water are as powerful as any amount of disinfectant used, based on my informant's religious belief. There again, we find religious belief consciously appearing even within the tiniest actions, such that spiritual water is deemed more proactive than a cleaning antiseptic in a baby's bathing water performing the same purpose - if not more than the latter. But belief and protection against unforeseen entities are matters of "societal condition"/construct (Platenkamp 1998b). Thus, the fundamental paradoxicality of humans is the desire to live unclogged from organic or incorporeal contaminations, as my informants upheld, that may lead to minor or severe sickness. This, Scroggs (1966: 17) avows that Sigmund Freud accepted ''as the common-sense point of view that the major dynamic ingredient to human nature is the will to live''. It is not surprising that most Africans live their lives as influenced by the consciousness and principles of religious beliefs. They eat religiously, speak religiously, and think religiously too. The visible signs of this practice are mainly seen among practitioners of the African traditional religion who hold firmly to customs and ritual observances of the land, as well as extreme Christian believers whose doctrine of faith is not meant to be questioned. Another aspect of the Christian element unconsciously appears when a traditional prayer is said, and at the end, concludes with ''...in the name of Jesus Christ, our Lord, Amen''. Some informants welcomed the idea of freedom of religious practice. In a way, they became more lenient in allowing other non-religious observances to take place in their own time. Thus, the problem here is that religiosity, or should I say, 'personal spirituality and devotion', has taken its toll in every nook and cranny of the Igbo people's lives. Hence, it is fair to argue that today's Igbo society thinks, eats, and acts religiously (Ugwu 2014).

9.6 Divination and the Christian Faith

My concern in this section is to evaluate an aspect of my field research with regards to my observation of the Igbo Christian community in Munich, as well as in Nigeria, especially the ones that held firm to the ‘‘new form of Christian religious practice’’ under the umbrella of ‘‘Pentecostalism’’ also known as ‘‘prosperity gospel’’, or ‘‘health and wealth gospel’’. According to its American brand, it is popularly called the ‘‘Word of Faith’’ movement or ‘‘the Bible-believing Christians’’. This is a form of Christian religious practice that holds firm to the belief that God rewards good faith and works with an increase in wealth and health (Wilson 2007). For these believers, it is an ‘automated’ or ‘divine right’ gained through faith attainment in the sure hope for salvation that guarantees freedom from all kinds of sicknesses and poverty. Thus, any doctrine that goes against such beliefs is coming from the evil one – the devil. This belief of theirs was seen expressed firmly in the responses they gave to the questions regarding their experiences with biomedicine and or ethnomedical treatments received during health crises.

As analysed in the *Research Question* of this work, the mere mention of biomedicine not to talk about ethnomedicine raised serious debate about the practice of healing in general. As groups that pride themselves in miraculous powers, ‘‘words of mouth’’, without the application of biomedical diagnosis was, nevertheless, their kind of curative method for sickness. An informant who was a Christian believer had backed up this argument while quoting Psalm 107 verse 20, from the *Good News Bible*: ‘‘He sent out His words and healed them and saved them from the grave (death)’’. This was and still is their format/pattern of healing which is totally different from the biomedical and traditional kinds of medical practice within both cultural environments. Although the traditional African methods of diagnosis make use of word of mouth in incantation and divination to dictate illness, herbs and other medical components are used for curatives. The biomedical model as we have seen makes use

of laboratory diagnosis and medical prescriptions. Yet, these are three types of models used in treating and curing illnesses and each model, works out for those that adhere to them.

Furthermore, the total reliance on what was asserted as the ‘‘ultimate power of healing in the blood of Jesus’’ triggered a series of other questions as regards the meaning(s) in the above assertion and how that is applied. ‘‘Ultimate power in the blood of Jesus’’ is a terminology mainly used by leaders and members of these ministries to imply ‘‘healing by faith’’ through ardent belief in the biblical miraculous works of Jesus Christ to heal sick people. For instance, the book of Psalm 6 verse 2 compelled believers to pray with words like ‘‘Have mercy on me, Lord, for I am weak. Heal me, Lord, for my bones are in agony’’, and so on. I began to wonder if there were other material components they used on sick persons like the ‘‘anointing oil’’ Baynes (1878: 90) or ‘‘oil of the sick’’ Conybear (1911: 79) and if they were as effective as other medications applied during sickness. The Christian holy oil has been used to anoint sick people and is believed to toss out demons and malignant spirits seen as aetiology to sickness and to grant comfort to the afflicted. The Christians’ professed faith in God and the healing by faith also imply a total renouncement of any form of biomedical and ethnomedical consultations. Divination in this practice is totally dependent on biblical injunctions, prophetic visions, and revelations.

Hence, conservative Christians, believe in “faith and good work” in the sense of consulting either Western physicians or sorting out other forms of healing like in the case of my key informants who identified themselves with this group. In addition to more physical actions, Chika went about his healing process by doing all it took to perfect his healing rather than relying on faith and ‘word of mouth’. Chika for instance, was quite convinced that healing promises made in the scriptures are perfected when ‘‘faith and nature’’ come in contact through the handy works of physicians. Another aspect of the question would be – does an individual’s religious ideology constitute an immaterial value to the efficacy of the curative? Well, my response, drawing from my participant observations among the Igbo community,

would be, that it all depends on the individual and the nature of the illness experienced. That is, if an individual has a headache, which could as well be caused by stress and lack of enough sleep, resting and even a glass of water could remedy the situation. Serious morbidity or mortality could be averted if either the biomedicine or ethnomedical healing models was consulted. While faced with this question, I was once again referred to another scriptural text that one of the church pastors brought forth, arguing that ‘‘If my people who are called by my name would humble themselves, and pray and seek my face and turn from their wicked ways, then I will hear from heaven and will forgive their sin and heal their land’’ (2 Chronicles 7 verse 14). This also implies a connection to the Igbo traditional interpretation of ‘‘wholeness’’ in healing as not just of the body but of humans being at peace with their ancestors and the socio-cultural environment – the land. The question of how it affects an individual who failed to adhere to the societal medical model prescribed based on religious belief, brings us back to the same response of suffering in sickness and death; that is, when sickness invades the bones and individuals fail in their part to seek for proper healing remedy, the earth underneath would become a final resting place for the ailing dead. Another aspect of prosperity gospel practices according to my informants is the use of witchcraft formulae and divination in what is also known as Christian healing ministries.

9.6.1 Divination and the Healing Ministries

This form of divination is not far apart from the type seen practiced by prosperity gospel preachers, whom I would rather refer to as ‘false or fake prophets’. According to Chika’s diviner’s claims, they happen to be working hand-in-hand with the killer sorcerers who performs ritual charms and objects they use in winning members to their various locker-room churches as seen today in some of the Nigerian Christian Pentecostal context. There are other popular notions, including the fact that some of these fake prophets were ‘sorcerers-turned-pastors and prophets since their former works as diviners were not yielding much financial

income. This again brings us back to the argument on the quest for more material wealth and possessions being a motivational factor to divination in some quarters. As a result, as the Christian religion took precedence over the Africans' traditional belief systems, some diviners converted to Christianity. The sudden U-turn to traditional religious practice that we see today stems from divination testimonies and social media, where successes are advertised and young people are swayed to tap into its glory. There is no official literature backing these claims but the reality of these practices and transformations within the Igbo and Nigerian contexts are all out on Facebook and YouTube[157]. Okeke Ibenwa et al.'s (2017) *Conflicts Between African Traditional Religion and Christianity in Eastern Nigeria: The Igbo Example*, has a bit of this narrative. Other self-acclaimed (false) prophets emerged due to a lack of job opportunities, and since this aspect guaranteed quick and easy financial gain through unrealistic divinations, they become like the African traditional sorcerers, who exact themselves as diviners and most times are influenced by sentiments to cause harm. These fake preachers/diviners get carried away easily by the spontaneous combustion of unrelated evidence. They take pleasure in the manipulation of natural occurrences and misinterpret visible observable facts that are self-evident while twisting them to suit or validate their actions. Their divinations are engrossed in lies, corruption and they yield absolutely no results. The notion that divination was meant to foretell illness, its aetiology and the best possible cure for the sick ends up becoming a kind of ''deliverance through prayers'' no matter what illness conditions are being presented.

The conviction and conversion of their followers amidst the various purported claims of sorcery and magic being part of what they do are seen in the lavish lifestyle they put on, the magnificent church buildings they build, and the huge amounts spent on radio and television adverts/broadcasts. The African, Nigerian, and thus those operating within the Igbo cultural

[157]"Is this the End of a *Dibia*'s Scam". At: https://www.youtube.com/watch?v=mEIKVnhfJVE (Accessed: 20.05.2024). "Okongwu Dibia in Fresh Trouble with Onye Eze Jesus". At: https://www.youtube.com/watch?v=nlPutK5i7Nw (Accessed: 20.05.2024).

environment have created a much bigger problem in the area of ethnomedicine based on the false pretence of curing all manner of illnesses that are beyond human comprehension. The appearance of the 2019 Coronavirus is a testimony to the falsehood of their assertions. The fear, isolation and silence experienced by these prophetic healing ministries showed the inaccuracy of healing claims held for ages by their followers. Furthermore, in light of the limitations found within the ethnomedical divinations, let us examine this in the context of general public health not only within the Igbo society but across the African medical contexts.

9.7 Ethnomedicine in the Context of Public Health

The slow development of the Nigerian local communities has affected sectors promoting the well-being of people, including the health sector. This is due to the pluralism of medical practitioners and the kinds of counterfeit medications/drugs produced in rural areas. The inability of the government or local authorities to fully control what type of drugs go into the market in some places has hindered the effort of organizations or departments set up to control both trado-medicine and biomedicine (Acri & Lybecker 2008, Beta 2009). Likewise, many African countries are falling into the trap of privatization of medical sectors. It is a kind that also poses challenges to Western hospitals which in most cases are managed by the government within the African and Nigerian contexts. The importance of this privatization, they argue, is due to the failure in maintaining the status quo of medical facilities which provide basic and necessary health services to people (Chapman 2014, Obuaku-Igwe 2015, Ifelunini 2017). The fact that the majority of the local people tend to fall back on the traditional healing methods is, in itself a subject of interest. Furthermore, the high costs of medications and diagnostics prescribed at modern hospitals had encouraged many individuals to practice self-medication and presumed bodily diagnosis to cure sicknesses like malaria, using commonly known herbs (Muhammad, Oruche, et al. 2021). Besides the above, the expensive procurements of pharmaceutical products from Western countries, the inability to

build up various indigenous pharmaceutical companies that would utilize available resources and plants are of great economic disadvantage, not to the indigenous medical practice but to foreign medications which the African governments seem to rely solely upon. Locally produced medicines should be consumed as soon as possible, in addition to healthy eating habits. Going natural with diets that do not include imported processed foods is also becoming more common in rural communities.

Furthermore, the local people have adopted a means of self-medication that seems to be temporarily effective, only to fall back on traditional doctors or available modern medicine when successive efforts of self-treatment fail. It is also easy for local people to presume that the cause of their illnesses is not necessarily in line with witchcraft but in light of environmental causality, they find a natural way to treat them. The use of common medicinal plants and vegetables at the early stage of disease infection tends to subdue the higher effect of a particular illness (William 1995, Wise 2014). These methods of self-medication are visible within most African societies and not necessarily because of the discontentment with the prices of both biomedicine and ethnomedicine but because people have grown to be totally self-reliant. Another motivational factor to self-medication could be seen as a personal belief in spirits, mind and the body which also goes in line with the diviner or healer to be consulted when the need is not of great importance. With the development and improvement in traditional healthcare, its pharmaceutical productions in recent times have adopted the Western model or pattern of dosage measurements. I would not be surprised if various experiments have been in place to maximize these processes. Even if a modern healthcare system exists in rural areas, its independence without the incorporation of some elements of ethnomedicine would gradually lose popularity. Considering these factors, let us highlight the various challenges facing ethnomedical practice.

9.8 Challenges of Ethnomedicine

Ethnomedical practices, just like those of modern medicine, have faced numerous challenges and criticisms. Amongst these critiques were its claims on effective healing of the aforementioned diseases highlighted in *Ethnomedicine: The African Traditional Medicine* and *Ethnomedicine: The Igbo Healing System.* Some of the criticisms are lack of scientific verifications of diseases, weakness in regulations, poorly researched and the lack of knowledge transfer through documentation (Mills, Cooper, et al. 2005). Bear in mind that the oral traditional methods of information transferred from early practices diminish to an extent the main contents of what was while bringing in new findings. Furthermore, there is no doubt about the prevalence of modern health systems finding their way into many urban cities in African societies and competing with traditional medical practice. Traditional healers did not simply disappear with the advent of Western medicine. According to Ijeh (1997: 161), they were ‘‘gaining more prominence even among the urban populace which is rather seen as a glowing testimony to the inadequacies of modern medicine.”

The Igbos usually consult both systems for different medical purposes and reasons. Some diseases or sicknesses they claim are better and faster treated in either biomedical or traditional systems. Modern medicine has made a name and found its way into the hearts of many within African societies, to the extent that traditional healers would easily refer patients to this option when the disease is found to be genetically influenced. Modern medicine on the other hand is strict with getting involved in the discourse of traditional models of diagnosis or prescriptions. We cannot overlook the other side of the typical traditional medical environment that appeared to be hygienically scary with ritual artefacts and decorations that stimulate patients’ anxiety in extreme cases of ritual performances. For instance, the visible sight of blood of animals being killed for sacrifice and the sprinkling of blood on the tongue during vital proclamations. Also is the piercing of a sharp razor blade on the skin, the sick person removing what the diviner termed as “bad blood”, and so on. Whereas in Western

hospitals, where the sanatorium is neatly adorned, surgeries are performed while the patients are induced into a coma without having to see much of what is being done to their bodies. Although these concerns are cultural, nonetheless, I would not want to be judged as being too hard for an insider observer. There are, however, no soft peddling in tradition and customary ritual activities that gear towards saving lives nor are processes of ritual activities to maintain peace in the land taken lightly, as the *Dibia* noted. Other factors affecting the developmental expansion of ethnomedicine as earlier mentioned are the lack of interest in the support for African-made medications and the government promotion of these drugs in the common market. International sponsors or buyers of traditional herbs used in the production of modern medicine also contribute to its poor development through cheaper bargains of raw materials from Africa-based farmers or herbalists. General agricultural production technology for both cultivation, harvesting and storage is limited and most time inaccessible. In all, it makes it difficult and at the same time affirms the argument about the lack of data accumulation for successive traditional medical healing procedures/. Coming from such a struggling medical background, and faced with the challenges of survival, how would migrants be confident in confronting sicknesses in another socio-cultural context?

9.9 Confronting 'Sickness' in Foreign Land

Here, I highlight some of the challenges that Igbo immigrants in Germany encounter during times of sickness, based on their testaments. These are issues that are also typical among immigrants from Nigeria, the African continent, and perhaps other developing nations; specifically, immigrants in particular who play a significant role in providing for family or other relatives back in their country of origin. In the consolidation of personal needs, their ability to maintain jobs for eight hours or more per day and an additional two or more hours per day as *Nebenjob* (side job in German) transforms into a form of stress that affects both their physical and mental health. When not appropriately controlled or addressed by adequate

rest, this ultimately leads to sickness. The financial strain they experience, not just in their places of residence but also outside it, is what my informants cited as the reason for their flexible work style. For instance, taking care of household needs in Germany and back home, the financial needs of immediate family members like supporting their feeding, accommodation, school fees for siblings, health-related issues for parents, and support for community projects. For immigrants whose families are self-sufficient, these are not always feasible. It is difficult to meet an immigrant who does not understand the concept of ‘‘international money transfer”. Whether people openly acknowledge it or not, it has many negative impacts on the subconscious mind, and migrants experience severe physical and mental strain as a result of their poor performance, or more accurately, as a result of their inability to meet these demands. Mental and physical stress is a gateway to falling ill. One of the frequent discussions I overheard at the news of an immigrant’s death due to sickness centred on the immigrant’s long-term stress from chronic labour and their incapacity to continue for very long. ‘‘*Na your back go hear am or your body go tell you*’’ is a common pidgin[158] axiom, loosely translated as ‘‘much work, less rest breeds health complications’’. When asked why migrants could not handle such mental stress by seeking for assistance or counsel, and most crucially by getting regular check-ups or taking time off of work to rest after doing many jobs, the response was that it is seen as a sign of weakness or laziness. Contrarily, a lack of concern and affection, or ‘‘material affection’’ for close relatives who require assistance due to a medical issue or otherwise is viewed as a lack of love for one’s family. In light of my argument about the ‘‘independent self,’’ Nigerian Igbo immigrants find it challenging to talk to people from other backgrounds about their problems because they feel they would not comprehend the stress they face. Furthermore, mental health illnesses can be brought on by physical and emotional estrangement from one’s home, family, and loved ones

[158] A pidgin language or Pidgin English, spoken in Nigeria, Cameroon, Equatorial Guinea, Ghana and Liberia, whether it is created impromptu or by convention, is fundamentally a simpler form of verbal communication between individuals or groups of individuals. Pidgin is a language that is taught as a second language and is not the native tongue of any speech community (Bickerton 1976, Thomason & Kaufman 1988, Todd 1990, Özüorçun 2014).

as well as by a sense of profound loneliness (Lasker 1960, Strang & Quinn 2014, Vimont 2016). In unfamiliar settings with unfamiliar people, laughter and feelings are less likely to be exchanged, but in their minority groups, thoughts about domestic and family issues are. They, to a certain extent, provide consolation and relief from the realization that ‘‘I am not alone in this struggle’’. In spite of this, both bodily and mental health must be operating at the same rate.

Finally, when immigrants experience marital issues or separation and divorce, these individuals are hit with high emotional disorders, and it creates serious challenges and stress that cannot be quantified given the expensive nature of Igbo marriage rites (Nwaogaidu 2017). It is a situation where the dowry payments and ceremonies could cost between five to ten thousand Euros excluding flight tickets and other expenses that go alongside such marriage ceremony. Then again, the loss in divorce settlements. In case of death, separation is met with great loss of the person and the money spent on expensive funeral arrangements, flying the corpse back to the country of origin, etc. No doubt, therefore, that such situations could also contribute to the underlying factors causing illness regardless of how it manifests in the human body. The best way to confront sickness in a foreign land is to keep up with health checks; take time off from work to rest; go for a vacation, support your family back in your home country but within reasonable limits; getting involved in sociocultural activities, festivities and ceremonies of the host community and worrying less about situations that one does not have control over, and above all, taking it one day at a time.

9.10 Conclusion

This chapter on “Ethnomedical Analysis and its Applications in the Socio-cultural Environment” examined traditional healing as practiced within the African (Nigerian) cultures and as indigenous to the Igbo society’s notion of health and illness and the native procedures of treatments and healing rituals applied. Going by Kleinman et al. (1980 [1978]), this chapter

stresses the importance of the "explanatory model" the Igbo immigrants (patients) apply. This exposition rekindles the physician's knowledge about the beliefs immigrants (patients) hold about their illness diagnosis, the personal and social meanings attached to their disorder, and their expectations about what will happen to them should they continue in the biomedical healing, when it proves unsuccessful; thus, the course of action they need to take in light of Igbo traditional healing and therapeutic goals. Such alternative healing solutions by immigrants, however, is not new to the German medical culture because it has studied ethnomedicine since the 1960s while focusing on traditional divination that is pluralistic yet specific to individual cultural practices. The German medical culture understands that such divination and diagnosis are based on social imbalance theories that link illness causes to forces, agents, witchcraft, sorcery, etc. Since the Igbo traditional healing system accentuates the importance of Igbo traditional diagnostic methods as essential for sickness healing, so are its attempts to interpret supernatural phenomena, dreams, emotional, psychological, and bodily reactions of sickness connections. The events that propel socio-cultural and religious consequences of divination and the socio-cultural implications of divination, as examined, draw from the premise of my informants' belief that a deviation from cultural values may lead to negative impacts on health, family orientation, marital success, the seriousness of sickness, suffering and death. Values of culture remain paramount among all other elements of culture. My diviner informant avows that it comprises spiritual representation and socio-cultural significance in the role it plays in the treatment of sickness outcomes. An example of the importance of the Igbo value in traditional healing rituals is seen in the economic aspect of transnational healing journeys; Igbo informants readily participate while spending huge amounts of money on travels, accommodation, purchases of ritual items and payments of treatment procedures. Their constant longing for healing (as we shall see in the next chapter) and reconnection to cosmic forces in view of this work is my informants' ardent way of preserving life.

CHAPTER 10
ETHNOLOGY OF HEALING, ANALYSES AND CONCLUSION

This final chapter presents outcomes from the medical contexts of ethnographic investigation, Germany and Nigeria, based on the unique case study of Chika and Mrs Ola. These case studies, however, epitomize a broader category of cases and provide the context for understanding how some Igbo immigrants respond to biomedical and ethnomedical models of healing in severe cases of sickness. While making specific references to the case of Chika, this chapter presents the results of one of the methods by which inductive data were analysed through the Igbo diasporic discussion on the efficacy of *ọgwụ* (lit. medicine) and the traditional principles guiding the use of an *ọgwụ* plant known as *ósè ọjị́* (alligator pepper) which ia an item for healing. Their thoughts and emotions in the German clinical context, the Igbo healing ontology, and the interpretation of what it means for sickness healing to be "complete" based on research findings are presented. Finally, this work ends with a general summary and conclusion. Let us begin with the question: Why is "home" (i.e., Igboland or *Alaigbo*) a vital place for Chika and Mrs Ola's healing experience?

10.1 Why is Home Vital for Healing

In the final section of the chapter on *Between Home and Migration,* I gave a detailed analysis of the different meanings of home as construed by the Igbo immigrants in Germany. I then established a correlation between the discourses on "home" according to the Igbos. The home (Igboland, *Alaigbo*) I analysed represents the cosmological abode of the Igbo ancestral spirits that bear physical and spiritual significance.

> Such a cosmological dwelling is not only the container of the ancestral spirits and the inheritor of some of their characteristics but also of an innate self; or breath, that can dynamically evolve though not fully free of the forces of fate or spiritual constraints (Salami and Tabari 2020: 46).

Thus, taking a step further to comprehend why home is vital for healing for Chika and Mrs Ola, this study found that the preservation, sustenance, and reverence for "life, health and well-being", a concept that also appeared in our analysis of Health – *Ahu ike*, is the most important, significant logic of their being. One of my informants asserts that "there are, according to the Igbos, a few major blessings in life, among them are "*ogologo ndụ, ahụike, ike, na akụ na ụba*", which means "long life, good health, strength and wealth". These blessings are a pattern of prayer invocations which is fondly expressed during official and unofficial gatherings (occasions, prayer meetings, one-on-one conversations), etc., and in every expression of good wishes among the Igbo people. These affirmative concepts can be connected to our discussion on *Ike* and *Ndu* and their traditional interpretations, which were detailed in Chapter 6. Funlayo (2013: 376) argues that:

> For many people of African descent – both on the continent and in the diaspora – these blessings are lacking as African-descended peoples collectively experience worse health outcome.

Going by the Igbo logic and importance of *Alaigbo*, I presume by these assertions of "African descent in the continent", Funlayo implies those who have lost touch with their locus of origin through neglect and have been deprived of these beatitudes of life. And those in the diaspora who have lost connection to their homeland and source of origin, thus deprived of the same beatitudes, and struggle to obtain total healing when sickness occurs. Therefore, to regain (complete) health and well-being in the most arduous scenario of health complications, my *Dibia* informant argues that "the urgent need for reconnection with local spiritual and cosmological forces in their homeland, where fate in Igbo traditional healing is possible and the genesis of sicknesses can be easily traced, and in this context, *Alaigbo,* is vital". And going by the Igbo understanding of cosmology, an individual is able to reconnect with the land where his/her placenta lies in union with other ethereal forces; the *Chi* of an ailing individual also acts as the mediator for healing, according to the *Dibia*. Also, the individual is in proximity to the healing power of nature, which then establishes, guarantees, and restores

health through the various natural remedies it provides and thereby makes the healing process personal. This makes the act of healing material and spiritual. During this process of sickness healing in *Alaigbo*, individuals also connect with other entities, like the custodians of traditional healing practices who perform the acts of healing. Additionally, their families and lineage, in collaboration, function as caregivers during the healing process; thereby making the healing experience a profound one for an individual.

From another perspective, I argue that there are traditional and socio-cultural understandings of these issues as analysed in view of the Igbo ideas, as well as environmental comprehension of sickness that may also motivate individuals to recourse to their home of origin when efforts fail in a different medical context like Germany. For even within the Nigerian context, there are still sickness that would require going back to one's source of origin (see Chukwuemeka 2009: 36). Take, for instance, the case of pneumonia and the need to survive better in a warm climate/environment, immigrants are advised to visit the sunny Africa at every time. As Fyfe (1987: 4) avows, ''each health system functions side by side in its distinct sphere and sociology'' (as cited in Iroegbu 2010: 38). Thus, health complications might arise due to environmentally influenced causes, climate change, and the biological factors of sickness causality found therein. For traditional people, these views might differ, leading us back to how individual cultures perceive and interpret sickness and healing, hence, making healing cultural, personal, and profound.

10.2 The Efficacy of *Ọgwụ* in Healing: Diasporic Discussion

To portray the discussions about the efficacy of *Ọgwu* in healing, I cite as an example, an important debate that arose in April 2023 after attending the monthly meeting of the Assembly of Anambra state Indigenes (AASI) in Munich, which usually occurs every second Saturday, from February to December. January is an exemption to enable members who travelled for the

Christmas and New Year holidays to *Aligbo* (Nigeria) or any other part of the world to return to Germany. The same practice of January meeting exemptions is replicated in all the Igbo, Nigerian and African unions. On one of the meeting days, held in July 2022, a group of five men and one woman who attended the day's meeting, in a roundtable discussion, speaking in Igbo (in their Anambra dialects) and making their fair of contributions to the question regarding the difference between the Igbo spiritual practices and perhaps its adjoining counterpart, i.e., *Omenala* (Igbo custom or tradition) and its prevalence and tolerance of *ọgwụ*, i.e., charm, regarding some cultural practices – a topic that has been published @odinaala_Igbo. One of the concerns that arose at the AASI gathering that led to the above follow up discussion after the day's meeting on "*ọgwụ*" was the breaking of *Ọjị́ Igbo*[159] (kola nut) and more specifically, the opening of *Ósè Ọjị́* (alligator pepper), i.e., Aframomum daniellii, also known as African cardamom, a species in the ginger family, Zingiberaceae (Engler 1904) which is an important medical (*Ọgwụ*) plant. The elder who was called upon to perform the *Ọjị́ Igbo* ritual was cautioned immediately when he attempted to break open the *Ósè Ọjị́* after saying the prayer – a rite that must be performed backwards. In otherward, one must open the *Ósè Ọjị́* from behind their back as that is the traditional ritual. In trying to correct his mistake as well as educate those who were not aware of this important Igbo tradition, another elder in the meeting made the following remarks:

> *Ósè ọjị́* is a spiritual item that must be handled carefully. To retrieve it, you must use your fingers to open it from behind and bring it forward. You can pour it on a plastic, ceramic, or wooden plate, but not on a metal plate or object. To maintain its effectiveness, there must be no hand crossing above it, and everyone must remove the tiny seeds (i.e., three to seven) by themselves. When used for prayer and libation, seven pieces must be pealed, circled the head three times, and thrown away, avoiding any path where a menstruating girl or woman may cross or step on it. *Ósè Ọjị́* cleanses the body against charms and other spiritual forces, expelling all unwanted ailments from the body. It is recommended to perform the cleansing

[159] This specie of kola nut is typically called *ọjị́* Igbo because it is cultivated in Igboland and its neighbouring environs/states (localities). It is reddish and sometimes pinkish. This is different from *Ọjị́ Gworo*, which is yellowish, that are cultivated and exported from Northern Nigeria to other regions of Nigeria. The Igbo reverence *Ọjị́*. It is an item of prayer as much as it is edible and contains high bitter content. It somehow intoxicates when a high amount is consumed. The Igbos offer it to guests as a sign of welcome before offering food and drinks.

> ritual before embarking on a journey for safety, good luck, and protection. It can also be used to lay curses on enemies, but make sure to prove your innocence. For morning prayers/rituals, one must be barefoot, in connection to mother earth, put three seeds in the mouth and call upon your ancestors and your *Chi*. Command your day the way you want it to be, and when done, chew and swallow the seeds[160].

This informal, unstructured interview brought insightful thoughts to our understanding of the Igbo perception of *ọgwụ* and its practice in Igbo society because of the many discussions that arose from that singular rite of *Ọjị́ Igbo* and *Ósè Ọjị́* prayer ritual. Thus, Nze Ebubeagu (67 years old) notes that:

> *Ọgwụ* is a gift of nature that originated from *Chukwu Okike*, also known as "God the Creator," whose benevolence put upon earth the vegetation from which humans can feed, survive, and recover from illness. *Ọgwụ*, also known as "*Igwọ Ọgwụ*" or "*Isu Atikpa*," is a human conformation that is exercised through the combination of herbs, seeds like *Ósè Ọjị́* and is intended to follow a scientific process of repetition, trial, and testing (making medicine). The many techniques of conformation *Ọgwụ* has thus been communicated to others over time, either through socialisation or through the passing down of generations and that which we witnessed today is one of those examples (op. cit. open ended informal interview).

The word *Ọgwụ* (charm) is a relative term which can also be associated with – medicine: *juju, jass, otomokpo, nsi, nsi-na-aja, ọgwụ ojoo, arusi ojoo* – or witchcraft and sorcery, depending on the context. Regardless of the context, it is frequently connected with hatefulness. With good knowledge of this word, it becomes clear that the aim of configuration and context are the two fundamental factors that determine the nature of any *Ọgwụ* formation. To differentiate, my third informant at this gathering asserts that:

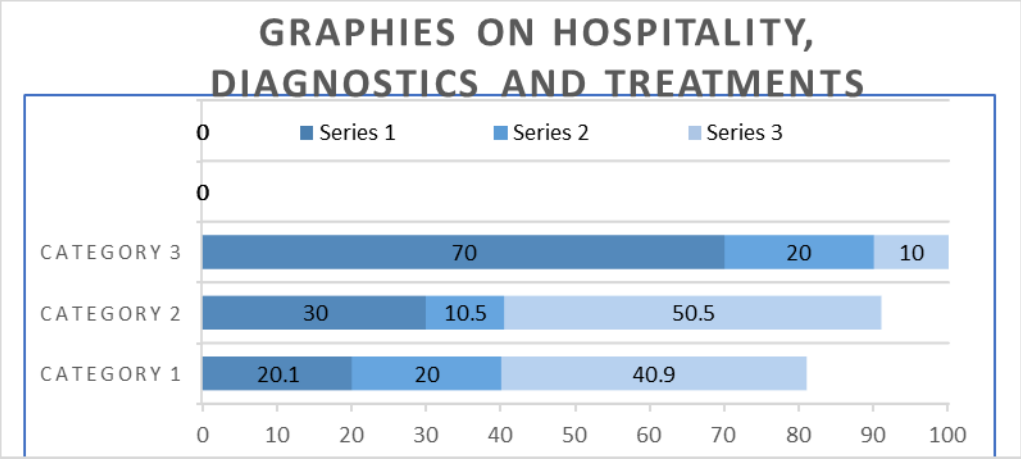
> To convey the meaning of *Ọgwụ* that should be associated with vileness, our ancestors used the words *Ajọ Ọgwụ* (evil medicine) or *Ọgwụ ike* (hard medicine). This means that the *Dibia* may direct it to carry out a specific task at the time of formation, and in return, an animal offering would be presented. Initially, this setup would comply, but with time, it has the propensity to develop and carry out tasks that fall outside of its domain and necessitate a greater reward. When it does not receive a comparable exchange, it turns to a superior framework and absorbs more than it should (op. cit. informal unstructured interview).

[160] Words from Ichie Chucks Ifeacho (Ozomma), in Igbo language, at the AASI meeting, in Munich, on 09.07.2022.

This realization is one of the reasons why our "ancestors only applied the *Ọgwụ* principle when it was genuinely necessary for our spiritual practice", according to another member of this focus group. Chika is a staunch believer in things of Igbo tradition (*Omenala*) and a member of the said group. Mrs Ola is also of Igbo descent. They both understand the concept of *Ọgwụ Ojoo* (i.e., evil charm) and its propensity to develop and carry out tasks that fall outside of its original domain – Nigeria to Germany – as intended by the sender . Thus, a transnational medical journey back to the homeland becomes a necessity, as seen in the cases of Chika and Mrs Ola (the latter inspiring the former as seen in their narratives in the "*Introduction*" and "*Methodological Approach and Personal Role in the Field Work*"). Immigrants often participate in these rituals without delay at cogent moments of sickness and confusion, especially when they perceive less progress in biomedical treatments and healing. This, however, is not the case of one medical model being more superior than the other in terms of its effectiveness. But the important question is how to implement the idea of cosmology in the German clinical context. Kleiman (2009 [1978]) who is in fact a key thinker in medicine**,** in his **"**Explanatory Model of Illness (EMI)", recognizes that cultural and external factors have an impact on how individuals perceive and experience illness.

> Eliciting that patient's (explanatory) model gives the physician knowledge of the belief the patient holds about his illness, the personal and social meanings he attaches to his disorder, his expectations about what will happen to him, and what the doctor will do, and his own therapeutic goals. Comparison of patient model with the doctor's model enables the clinician to identify major discrepancies that may cause problems for clinician managements. Such comparison also helps the clinician know which aspects of his explanatory model needs clearer exposition to patients (and families), and what sort of patient education is most appropriate. And they clarify conflicts not related to different levels of knowledge but different values of interests. Part of the clinical process involves negotiating between these explanatory models, once they have been made explicit (1978: 251).

The diagnostics and treatments in the German Hospital Context



Overall: 100%

Figure 15. Research Graphic on Hospitality, Diagnostics and Treatments.

From Left to Right:
("C" represent CATEGORY) – **C3:** Very satisfied, **C2:** Satisfied, **C1:** Neutral
("S" for Series) 1-3
Series 3 – Hospitality: C3: 70%, **C2:** 20%, **C1:** 105%.
Series 2 – Diagnosis: **C3:** 30%, **C2:** 10%, **C1:** 50%.
Series 1 – Treatments: **C3:** 20.1%, **C2:** 20%, **C1:** 40.9%, (remaining 10% no answer).

This assessment is based on my ethnography of healthcare in the German hospital context. It represents an evaluation of diagnoses and treatments and the overall standard of hospitality my informants acknowledged to have received.

10.3 Healing: The Construction of Clinical Realities

My intention in this section is to analyse the research question: How does migration affect the perception, attitude, understanding and management of sickness/illness and disease as experienced by the Igbo migrants in Germany, based on biomedical treatments received in relation to ethnomedical practices from the country of origin. I analyse the above question through what I termed the "*construction of clinical realities*" vis-à vis the relationship between the migrants and their caregivers (doctors and nurses). In other words, I present spontaneous occurrences based on my hospital observations with concepts like language

barrier, confidence building in hospital care management, and the construction of self in clinical context.

10.3.1 Language Barrier, Confidence Building in Hospital Care Management

Among the many issues that came up as a challenge between ailing immigrants and their caregivers – the physicians – were the complex social dynamics in hospital care management. For instance, the ability to communicate and comprehend, in clear terms, the 'how' of their illness manifestation by the patient and the outcome of illness diagnostics by the physician; more so, which method of treatment the physician will possibly apply within the framework of conventional assessment and along a hermeneutics of medical outlook while replacing them with Western biomedical concepts as in the case of immigrant from wide socio-medical background. One of such reasons was the preconceived beliefs that my informants held about their disorder and the personal and social meanings they (Chika and Mrs Ola) attached to their illnesses (see Kleinman 2009). The outcome of diagnostics conflicted with Chika's expectations regarding biomedical treatments as that was not what he anticipated stemming from the long delay in healing. These issues were also evident in the case of Mrs Ola, who had concerns about what the orthopaedic would do, coming from the backdrop of the testament of those immigrants whom she claimed had been rendered paralysed due to surgeries performed on them by orthopaedics they termed as "unqualified". Although Chika had the advantage of language knowledge (German), he still struggled to decipher why clinicians asked so many questions about his medical history, symptoms, and indicators of illnesses. Such an experience is the fate of multi-ethnic and regional migrants/refugees who struggle with communication barriers, and so too for the physicians who do not speak any other foreign language. And while it may seem that a physician's role is solely to diagnose, treat, and release patients, I observed that they made conscientious effort to uncover the

medical histories of sick immigrants, despite facing resistance and withdrawal coming from the lack of proper communication. These were despite friendly gestures and humble conversations to enable confidence building. The lack of trust on the part of my informants was spurred by rumours of unprofessionalism on the part of some physicians who they felt violated the ethical rules or oaths of confidentiality not minding the patient's legal status. Also coming from some kind of racial discrimination faced by patients who happened to come from countries or cultures where there have been incidents of illnesses like Malaria, Ebola, etc. Some of these migrant experiences made it difficult for the physicians to fully understand where rare symptoms of illness were coming from. In one of those frustrating moments, Chika lamented:

> Since they have the medical technologies that can dictate whatever is wrong with me, they should figure it out. I would not say much before they report me, *was Chika's vehement position*[161].

By mere uttering of such a statement, I was indirectly barred from making any further comment or personally sharing information with the physicians. Also, bearing in mind the nature of my informants' illnesses that started off through a dream encounter, as narrated in the introduction of this dissertation. Thus, I perceived Chika's attitude as coming from "fear or shame" in expressing how it all started, believing that his narrative would be misconstrued by the German doctors. Certainly, individuals react differently to situations and that should not be ignored. It comes as no surprise then that some of the influential factors that affect treatment of illness are language barrier, lack of trust, and the lack of confidence, which may lead to treatment failure. While laboratory tests can detect an illness, inadequate communication of medical history and diagnosis, as well as poor follow-up of prescribed medication, can hinder progress in healing. This may lead individuals to seek alternative healing methods in addition to relying on traditional practices.

[161] The above statement came as a shock to me because based on my experience with visiting clinics, praxis or hospital as a patient, I have been open to stating how I felt inside in other to receive the right diagnosis and treatments.

Nevertheless, we cannot overemphasise the successful treatments immigrants have received from biomedical diagnoses and prescriptions in various instances of ill health in Germany. Thus, these case statements are few of its kind and if a good level of confidentiality and communication was built – I think – in many successful cases, the situation would have gone way better. But as a matter of fact, while ‘‘confidence’’ is usually connected to and cited as ‘‘predictor of behaviours and outcomes’’, its definition and construction are flexible and not ‘‘universally consistent’’ (Oney et al. 2015, as cited in Owen 2018: 97). Confidence, Gist (1992) argues ‘‘is closely associated (but not synonymous) with constructs such as presence, self-efficacy, expectancy, self-esteem, and trust’’. Bandura (1988) added that ‘‘the cultivation and presence of confidence lends others to perceive a person as more competent’’ (as cited in Owen 2018: 97). The reverse of the latter arguments was seen playing out at moments when information regarding unsuccessful diagnosis were being presented. Moments like this for a person like Chika (which is analysed in “Chika: In Health and Sickness” below), can easily resort to the construction of self.

10.3.2 The Construction of Self in the Healing Context

Amongst the cultural shocks experienced by immigrants in general while settling in Germany is the reality of the individually centred, very closed system of small family units and relationships. A monogamous system of marriage, where a typical German family comprises of mother, father and one to three children, in addition to grandparents, uncles or aunts and their children (Preble 1962; Fowler 1969). This is basically a smaller unit of a typical African nuclear family, where polygamy is in practice and a family unit is made up of five to fifteen children excluding aunts, uncles and their children and grandparents (Murdock [1960]1980, Goody 1976). Therefore, coming from the latter cultural environment where life is communally centred especially in the rural areas where most of the immigrants first started before relocating to urban areas, then, settling in the German sociocultural and political

environment, immigrants have no option but to reconstruct for themselves, a life of self-dependence. Such interdependent self was also seen playing out in the clinics (hospitals) where patients experience a higher level of loneliness. As it is, no two persons – even if from same family – are allowed to lie on a single hospital bed when only one person is ill, neither are more than one or two members of a family expected to pay short visits to a sick person at fixed hours of the day. The need for personal space and privacy is of importance for a sick person; to enable rest and prevent disease contamination, as the case may be. One would assume then, that the self-dependent construct seemed to be a distinct feature of Western societies. But like Markus and Kitayama (1991: 226) argue:

> The Western notion of the self as an entity containing significant dispositional attributes, and as detached from context, is simply not an adequate description of self-hood. Rather, in many understanding, the self is viewed as interdependent with the surrounding context, and it is the "other" or the "self-in-relation-to-other" that is focal in individual experience.

Thus, in line with the various anthropological and psychological pieces of evidence, Geertz, (1975), Sampson (1989), Shweder & LeVine (1984), Platenkamp (2014) and others, proved that immigrants' notion of what appears like the German culture of individuality or dependability, or self-containment or autonomous self ''is based on one particular view; the so-called ''Western view'', that the individual foremost, comprises a unique configuration of internal attributes (e.g., traits, abilities, motives and values) and secondly, behaves primarily as a consequence of these internal attributes'' as cited in (Kitayama 1991: 224). As a result of these internal attributes, Kennedy, Scheier, et al. (1984) assert that the individual develops a ''mono-cultural approach to the self'' which is certainly different from what is seen practiced within non-western societies. Hence, as Markus and Kitayama (1991) argue, ''psychologists' understanding of those phenomena that are linked in one way or another to the self may be unnecessarily restricted'' (ibid). Some of these psychologists include Bond, ([1986] 1988), Cousins (1989), Maehr & Nicholls (1980), Stevenson, Azuma, & Hakuta (1986), Triandis

(1989) and Triandis, Bontempo, Villareal, Asai, & Lucca, (1988) as cited in (Kitayama 1991: 224).

In line with the many debates on the construction of self, I rather argue in light of the "self in relation-to-others", as seen in the hospital context, which was more present mentally, emotionally, and spiritually and that will be explained further. But before that, let us note that this is not an argument against the ''high level of loneliness'' observed, which certainly was present as a result of the hospital general guidelines. Thus, in my ''emotional and mental'' state of mind as an observer, I would rather argue that the ''self in relationship to others'' is convincingly even more powerful because the influence of family members in absentia was clearly reflected in the manner in which family pictures and flowers were brought and displayed in various patients' rooms. When there was the visible presence of a family member(s), the bonding and assistance rendered were even more intriguing. These feelings, thus differ among cultures; wherein the reverse, food is prepared by immediate family members and as many as they could, would take turns in visiting and staying overnight. This latter practice of non-western cultures acted as a contributing factor to the frustration or loneliness my informants felt in the hospital as further illustrated in the *Personal Behaviour in Healing* and *Emotions in Sickness* analysed earlier. In Igbo culture, the concept of individuality or aloneness during illness is not common. The illness of a family member is seen as a shared burden among all family members, and sometimes even extended kinship family members and relatives partake in the process of caregiving. Achebe's (1959: 76-77), portrayed the severity of the malaria disease on an Igbo child (children) and how involved the family can be as portrayed in Chapter 6 as follows:

> Ekwefi one of the three wives of Okonkwo, the main character in *Things Fall Apart* (1959) had banged on his door very early in the morning informing him about the seriousness of the health condition of Ezinma who happened to be her only surviving daughter out of the nine children that had died. ''Ezinma is dying,'' came her voice, and all the tragedy and sorrow of her life were packed in those words. Okonkwo sprang from his bed, pushed back the bolt on his door and ran into Ekwefi's hut. Ezinma lay shivering on a mat beside a huge fire that her mother had kept burning all night. ''It is *Iba*,'' said Okonkwo as he took his

> machete and went into the bush to collect the leaves and grasses and barks of trees that went into making the medicine for *Iba*. Ekwefi knelt beside the sick child, occasionally feeling with her palm the wet, burning forehead […]. Okonkwo returns with ingredients, and he and Ekwefi prepare the medicine. Once the medicine is ready, he forces Ezinma to sit under a blanket with the steaming pot. She struggles, but is held down, and when at least the blanket is removed, she falls asleep on a dry mat.

From the above excerpt and as the text further indicated, children between the ages of one to three, suffered a great deal from mosquito bites, and thus, died in considerable numbers. Achebe (1959) further described the agony that went along the devastation of infections when he argued that ‘‘because of these death experiences and as Ekwefi buried one child after another, her sorrow gave way to despair and then to grim of resignation’’ (ibid). The birth of her children, which should be a woman’s crowning glory as seen in the Igbo culture, became ‘‘mere physical agony devoid of promise’’ [162] (ibid). So too are the presence and basic involvements of relatives once a family member becomes bedridden up until healing is achieved or otherwise.

On the other hand, as in the German context of sickness, the spiritual aspect of “self-in-relation-to-others” was seen in the number of phone calls that came through, bringing inspired words of exhortations, comfort, and prayers in some cases to the sick person. In other instances, as I observed, the calls from relatives and friends were filled with laughter and those moments of joy and calm helped mellow the pains of sickness. Based on these notions, it may be unreasonable to suppose that the notion of self (i.e., dependent) is far apart from the others across societies. However, these notions or constructs are interpreted, it is culturally influenced and defined and, in that manner, anthropologists like Allen (1985) pointed out that:

> In some cultures, on certain occasions, the individual, in the sense of a set of significant inner attributes of the person, may cease to be the primary unit of consciousness. Instead, the sense of belongingness to a social relation may become so strong that it makes better sense to think of the relationship as the

[162] In the Igbo culture, child’s naming ceremony that takes place after seven market days took another form for many parents that loss their children from either of the aforementioned infections or other causes. In this case, when there is slight chance of the child’s survival, the name takes place as soon as possible – to give he/she an identity. Such change was their own way to cope with their inability to control the high death rate caused by diseases. Hence, ‘‘one of such names was a pathetic cry like Onwumbiko; ‘Death, I implore you’, Ozoemena; ‘May it not happen again’, Onwuma ; ‘Death may please itself’’ and so on (ibid:78).

> functional unit of conscious reflection'' as cited in (Markus and Kitayama 1991: 226).

Making our arguments on "self-in-relation-to-others" more inherent (i.e., as a permanent and inseparable element) in acknowledgement of the feeling of belonging, being part of a common fold, though not physically present at a given moment but at the same time indirectly present through (financial) supports/actions. Thus, the sense of privacy was always visible and because of that, Chika at some points expressed confused feelings on the level of privacy and comfort because it was not a practice that he was used to seeing at situations of serious medical treatment in his home of origin. Thus, that is the general standard offered as I realized in Munich, as well as other German hospitals I visited, which were quite different from that of the Igbo cultural context.

Furthermore, adherence to the German laws guiding the general health system seemed to have influenced every nook and cranny of the hospital life and management. That was also visible in the ways doctors and nurses displayed respect, honesty, transparency and professionalism and ethicality in their duties, as I observed. One of the arguments I presented in my analyses of "Language Barrier, Confidence Building in Hospital Care Management" was the ''lack of medical information'' put forward by some of my key informants in Munich due to preconceived notions or misjudged claims which I am not arguing for or against. For example, the German doctors asked a series of questions that made my informant suspicious and anxious about what the outcome of his diagnosis might be.

> I sensed fear and possible feeling of isolation or quarantine had it been I cooperated by responding to series of medical history questions being asked at those moments of discussion with that doctor that asked too much question, Chika expressed.

The bottom-line of those questions asked was to enable a better understanding of his past sickness experience so as to provide an appropriate and effective treatment method. Could that have caused the delay experienced in his treatment? The answer is not mine to give. Nevertheless, it was necessary, as well as important that detailed information regarding

medical history and former diagnosis from native culture were openly discussed. Needless to say, these experiences were kind of stressful for the doctors, my informant, and myself as the researcher for having to just observe the continuous changes with laboratory tests and new treatment recommendations applied. Since treating and curing illnesses was the primary objective, promptness and efficiency were always necessary.

Just as cultural environments and beliefs are different, so are people's perceptions and attitudes to care in their various contexts. The hospital may be home for some (who have to stay longer due to severe health conditions) and just a temporary and unacceptable place for others (who are uncomfortable to visit hospitals not to talk of being admitted). Modernity, exposure, infrastructures, technology, have roles they play in various contexts of healthcare. Besides homeopathic hospital, there are other advanced hospitals within the Igbo cultural contexts offering to some extent, similar kind of treatments and care, albeit in a lesser degree. Also, there are the traditional healing centres doing their own kind of practices.

10.4 Placing the 'Self' at the Mercy of the *Ärzte*

To place oneself in the standard treatment of an illness equally boils down to the patient and physician relationship. Such a relationship can be related to Pembroke's (2007) *Empathy, Emotion, and Ekstasis in the Patient*. In his work, he chastised the attitude of "depersonalization of medical encounter that is linked to the dramatic advances in science and technology" (also see Glick 1993; Spiro 1993, Graber and Mictchram 2004).

> Thus, while there may not be an inherent conflict between technology and humanism, it does seem that human dimension of medicine has been diminished […]. The strong interest in empathy shown by medical practitioners, however, represent an attempt to strengthen the human element in clinical relationships (Pembroke 2007: 287).

The analyses on "Igbo migrants in the context of healthcare", and "confronting illness in a foreign land" validate the importance of good rapport between physician and patient seeking immediate diagnosis when infected by disease within a diasporic milieu. More so, placing

oneself at the mercy of the medical models applied within the cultural ambience should be void of dissuasion. The best treatments from diagnosis outcome can only depend on these factors: (a) immigrants have trust and confidence in the system, (b) the individual is open to discussing health history and diagnosis, and (c) can exercise patience in the healing attempts made. However, the fear of isolation or quarantine, the publicity that may ensue in extreme cases and the stigma it may arouse, and statutory impediment stand as counterproductive to this logic. The motive behind making do with the available medical model can be seen, therefore, as that of ‘‘trial-and-error’’ that is based on ‘‘resigned fate”. A good number of my informants in Munich believed biomedical technology would figure out whatever the illness is/was without further complications from past medical history that are not recorded in German hospitals. Some were more positive in their responses on placing their health condition at the wisdom of the physicians in the German medical culture. On the other hand, that the physician can ‘‘speaks truth to power’’ in their approach to complex health manifestation and ‘‘avoid the use of unwarranted variations of treatment for complex problems’’ (Ventres 2018: 69). Regarding opinions on the patient-physician relationship enhancement, some of my informants suggested that physicians more specifically, can give actual knowledge on theoretical orientations, decision-making, abilities, and procedures to handle difficult patient visits and problems. This will close any trust or confidence gaps in the healthcare system.

Furthermore, views on the reliability of the biomedical model expressed by informants are not negatively implied, rather they are based on their responses; some placed their hope in whatever becomes the outcome of their sickness diagnostics. According to an informant, trust in a physician treating a culturally defined illness can only be based on testimonials of healing experiences from prior illnesses; “if any, by someone I can verify from,” the informant stated. Notwithstanding, no medical history is the same. Secondly, the question about openness to sharing medical history with the doctor had similar reflection on trust but this

time that it would not jeopardise an individual's reputation within a strictly medical context and be treated as an isolated case; for instance, Malaria which is a non-transferable disease and in some quarters are treated as such. To avoid such a situation, my informant indicated that they typically self-medicate by purchasing off the counter drugs, such as those for malaria, antibiotics, and traditional herbs, upon their return from overseas vacations, particularly from Africa. Hence, this I termed the basket of medicines as seen in African immigrant households shown in figure 16 below:

Figure 16. Basket of medicines is an image gotten from one of my key informants' apartments in Munich.

This element of fusion arising from the combination of biomedicine and traditional medicine is typically not caused by the dose of medications used during times of illness but rather by the shift of attitudes after intervals of unsuccessful therapies. However, self-medication occurs when a paradigm is inefficient. For instance, one of my informants developed a swollen face from reactions during the summer plant pollination, accompanied by numerous allergies. The antibiotics prescribed by his doctor could not remedy the situation. He talked about repeated allergies every year. Based on how serious it became this time; he was advised by one of his Cameroonian work colleagues to drink some herbs he gave him. The next day my informant noted, ‘‘my swollen face disappeared’’. Sometimes, the purpose of medical consolidation is achieved but the disadvantage involves medical concussion, which

can occur when one drinks biomedicines and traditional herbs within the incubating period of one medicine which can be detrimental to health. Hence, this work was enthusiastic about what the people who switch between both methods would do in situations of preference if left with only one choice of the medical model. Some of my informants did not accept the option of one medical model over the other. Thus, switching from biomedicine to traditional medicine was motivated by the desire to cure illnesses and diseases, especially when one model fails to be effective. Hence, strategic motives are at play here. About elements from both healing diagnostics that can be maintained, the majority of my informants argue in light of "safekeeping only the best of both medical methods" adding that they have enjoyed both medical models at different instances of sickness conditions. Those who opted for 'dieting' added that too much intake of concussions kills faster than the disease itself. And because of that, they live by intentionally avoiding any drugs: biomedicine or traditional herbs and consuming more of fruits and vegetables. The informants who were confused about which medical model to adopt appeared less bothered by the outcomes of treatments as long as they got cured.

10.5 The Question of Interpretation

Lastly, we could agree that the issue of how to interpret and treat immigrants' illnesses was based on cultural influences and responses to situations that reflected the way that culture has shaped people, from diagnosis and understanding the true nature of the issue to how my informants' perceptions or attitudes were impacted. Geertz, in the second chapter of *Impact of the Concept of Culture on the Concept of Man*, made an important point when he argues that:

> It is among such interpretations as these, all unsatisfactory, that anthropology has attempted to find its way to a more viable concept of man, one in which culture, and the variability of cultures, would be taken into account rather than written off as a caprice and prejudice, and yet, at the same time, one in which the governing principle of the field, "the basic unity of mankind," would not be turned into an empty phrase (1973: 41).

Furthermore, the life of individuality, the fear of isolation or quarantine, the shame of illness expressions coming from lack of confidence or understanding between the objects involved, were visible in various aspects. All these emanate from one thing and that is individual cultures. Culture as it stands plays an important role in sickness just as in every aspect of life's phenomenological interpretations. Just as culture gives meaning to human behaviours, so does it explain conceptions and beliefs surrounding diseases and health. An important premise in the study of illness behaviour, according to Mechanic (1989: 1) is that "illness, as well as illness experience, is shaped by sociocultural and social-psychological factors, irrespective of their genetic, physiological, or other biological bases''. That notwithstanding, the perceptions of illness are also affected by the language domain as analysed above in light of interpretation and understanding. Inspired by this analysis on health care in the German hospital context, let us analyse the ethnology of healing and what it means when the Igbo talk about "completeness" according to the traditional Igbo cultural understanding.

10.6 Ethnology of Healing: An Igbo Interpretation

When an illness is present and manifested in a human body, the first reaction – and, consequently, the judgment – is the desire to identify the illness and determine its true cause. The next step would be to consider the nature or degree of the feelings within, then weigh it against a cultural understanding of such signs or symptoms, which then compels the individual to figure out the best way to go about treatments. Some illnesses are easily handled or cared for with the use of available medicine or folk therapy and those are culturally acceptable practices, while other serious illnesses need the help of a specialist for proper diagnosis. Romanucci-Ross (1969) describes the former as the degree of ''medical pluralism'', or series of treatment options beyond self-treatment, which one tries in a ''hierarchy of curative resort''' (as cited in Singer and Erickson 2011: 391).

Consequently, the concept of healing just like that of culture and religion is a complex topic that frowns against any form of generalization. ‘‘Sickness seeking healing’’ is understood and defined by culture because of the differences in meaning and practices. Healing in its holistic nature consists of a single process that comprise the healing of organs, tissues, and bones, thereby indicating a fundamental special order for healing that is bio-medically centred but can still be influenced by religious rituals. In the revised contexts, individuals experience a type of personal healing transformation as a result of a relied faith in religious, cultural, or spiritual practices, even when there is no physical progress in bodily function. To further explain the above, Singer and Erickson (2011) argued in line with Kleinman (1980) that:

> Anthropologists ‘‘sorted treatment options into three useful realms of practitioners; the *professional*, who required formal training and certifications like medical school and medical licence to function. Secondly, are the *popular health sector*, consisting of regular people who care for themselves and for their family using common knowledge of treatments. Thirdly, *folk healers* like herbalists, a traditional midwife, who require training, talents or experience that are limited to the general population and are likely to learn as an apprentice (Singer and Erickson 2011: 391-392).

Thus, these groups of healers or practitioners vary between cultures. However, our analysis on healing would be considered from an anthropological standpoint in relation to the Igbo conception and interpretation of healing practice which agrees with Kleinman’s (1980) arguments in *Popular Sector of Health* and *Folk Healers*. The modern conception of healing embraces both the physical and psychological aspect of the ailing body. However, the Igbo perspective on healing, or “wholeness” as it relates to the medical consideration of the whole person (free from illness), is social in the aspects of man's relationship to his environment and spiritual in the aspects of disease treatment. According to Crowther (1995: 561) healing means “to become or make healthy again, to restore to health or cure disease’’. The *Cambridge English Dictionary*[163] defined it as the ‘‘process of becoming well again, especially after a cut or other injury, or of making someone well again’’. Thus, as the saying

[163] Healing definition: Cambridge English Dictionary https://dictionary.cambridge.org/us/dictionary/english/healing (Accessed: 1 August 2020).

goes, the process of healing begins in the ability to share the pains or hurts felt by the sick individual. Therefore, healing is an ongoing process and the ‘‘completeness’’ of healing is based on reliance on religious, cultural, or spiritual practices, but the emphasis should be on making the individual ‘‘whole’’ again; a total restoration to health that enables a shift in the role of illness behaviour. Thereupon, I conclude my analysis on the ethnology of healing in this section by examining ‘‘the role of personal behaviour in healing’’, ‘‘emotions in sickness’’, “ataraxis in healing” and ‘‘completeness’’ in healing.

10.7 The Role of Personal Behaviour in Healing

This is an aspect of illness behaviour that is significant in the healing process. The feeling of dissatisfaction, frustration, or hopelessness voiced within and seen displayed through Chika’s body language are normal with very sick persons. Such reactions are to be recognized as behavioural responses that inspired what appeared to be a quest for an alternative remedy to curing his sickness. Bear in mind that an individual’s attitude or mental disposition in the healing process enhances or constrains the fight against infection, disease, and sickness, and in the long run, promotes recovery or otherwise. However, the behaviours displayed within the hospital or traditional healing environments are culturally interpreted as coming from the individual’s inability to carry out normal activities or be fully involved in social life due to disability.

Illness behaviour according to the *Medical Dictionary*[164] is ‘‘any of the ways in which an individual acts or reacts to his or her own illness or the illness of a family member. Common reactions include frustration, anxiety, denial, anger, and withdrawal’’. Thus, illness behaviour is all-encompassing vis-à vis the actions or inactions of both the sick and the caregiver

[164] Illness behaviour. (n.d.) Medical Dictionary (2009). At: https://medical-dictionary.thefreedictionary.com/illness+behavior (On: 3 September 2020).

towards one another. Since sickness is defined by cultures, so are the degree of actions or reactions displayed and thus, felt. Cook & Hoas (2008) examines illness behaviours based on cultural understanding of how health is interpreted, morally defined and influenced by rural custom and values that enable the caregiver to act based on those terms. While these actions and reactions take place, they bring forth emotions and these emotions could be negative or positive and are part of 'sickness seeking healing'.

10.8 Emotions in Sickness: Informants' Experiences

People need their emotions to survive. As Bowman (2001) argues, it is believed that while most patients may experience emotions like fear and grief due to their sickness, anxiety and depression are unlikely to be typical of what most patients go through. The fear of falling ill amongst many of such fears is the feeling of isolation, in that, the joys of sweet togetherness once felt are lost and the risk of rejection in some cases no doubt appears. It is one of the deepest (saddest) experiences of a sick person as I observed even my late father while on his sick bed for many years. Acceptance of a health condition that appears to be a thing to be managed 'for God knows how long' is a battle to come to terms with. Thus, as seen in the various instances, complaints of abandonment because of their current health condition by friends and sometimes family members, or by those they least expect makes them feel so sad. ''I am no longer useful to them'', Chika lamented as he wiped off tears dripping down his brown weak eyes while lying down, covered in a white blanket while his right hand stretched out to accommodate the blood infusion equipment. Sighing at every moment of body pains he felt. I remember asking severally, Chika, what is wrong, and he would sigh again in the process of explaining the momentous pain or inner loneliness he felt[165].

The reason for this statement was that, compared to his siblings, only his parents from his hometown spoke to him on the phone. Additionally, among those he regarded as his friends.

[165] Statement made by Chika, in Igbo language, at ISAR Klinikum, Munich. In August 2017.

Even in participant observation, illness is not felt physically but rather is experienced by arousing depressing emotions that are expressed by the ill person, so the pain felt at that moment is shared but not fully understood. Such a feeling of isolation and social abandonment becomes a reversed social behaviour that in some cases breeds courage to live-by-self in acceptance of current health condition. Thus, for the strong sick individuals, they are able to rise from their sickbeds and maybe because their illness is manageable. But for the very weak ones like those with disability or cerebrovascular disease (accident stroke), the illness automatically becomes a form of life sentence.

The feeling of frustration from a sick persons' inability to do the things they were used to doing on their own is also observed. This is understandable in the sense that it is a new phase of the sickness journey, and the mind and body need to be adjusted to it. Sensitivity (in body and mind) becomes more visible in several ways; apart from the other senses of the body becoming more active as in the case of blindness. In that case, the ears and nose, touch (i.e., bodily feeling) and imaginations take the lead. Every sound is questioned, every smell is more perceived and even the wind is felt as soliloquising becomes the order of the day. Talking to oneself is a way of filling-in the gap of loneliness created by illness and in some cases abandonment as was related to me by several informants from the Igbo community in Germany.

10.8.1 Ataraxis in Sickness and Healing

This study makes a connection in view of Hahns' (1995) *environmental/evolutionary*, *cultural*, and *political/economic* theories in a broad spectrum of explanations of ''sickness and healing'' as witnessed in the German and Igbo medical (and cultural) contexts of my ethnographic research. Thus, Hahns (1995: 57) argues that:

> For the *environmental/evolutionary theory*, the physical environment and human adaptations to it are the principal determinants of sickness and healing; *a cultural theory*, which poses cultural systems of beliefs, values, and customs as basic determinants; and *a political-economic theory*, which proposes that economic

> organization and contending relationships of power are the principal forces controlling human sickness and healing.

In concurrence, we see these theories playing out in the cases studied and other analyses in this dissertation. For instance, *environmental/evolutionary theory* was portrayed in the ‘‘new’’ forms of sickness discovered in foreign settings – sicknesses that may appear strange and implausible on the first encounter. For a *cultural theory*, we see ‘‘the disparities in beliefs about sickness and practices of healing which are equally a ‘‘cultural system’’. The *political/economic theory* this work equates to the costs of medical treatments and medical transnationalism (Hahn 1995: 2). It can be argued that illness is an inherent aspect of the human experience, regardless of environmental, cultural, or political-economic factors. Humans inevitably encounter biological agents and living components throughout their lives, from conception to death. While some illnesses can be treated and cured, others can force even the most active individuals into a period of inactivity. Unfortunately, some illnesses can even lead to death upon exposure to pathogens.

Inhorn and Brown (1990: 89) added:

> In the face of such attacks by microscopic invaders, humans have been forced to adapt to infectious agents on the levels of both gene and culture. As agents of natural selection, infectious disease, has played a major role in the evolution of the human species. Infectious disease has also been the prime mover in cultural transformation, as society have responded to the social, political and psychological disruption engendered.

However, going by the Igbo cosmological logic on illness etiology, ‘‘something’’ would undoubtedly be connected to the physiological, emotional, mental, or psychic alterations that impact individuals. The certainty of the medical course that may be applied is not guaranteed, whether in Germany or *Aligbo*, i.e., the homeland of my informants in Nigeria, where the possibility of complete healing is dependent on the severity of the illness. Hence, it is not just about the determinant but the ‘nature’ of the determinant cause of sickness.

Furthermore, mindful of the implications of the case statements, this work asserts that beyond genetics, biological agents, environmental factors, social imbalances (i.e., forces, agents,

magic, witchcraft or sorcery), or however one decides to interpret sickness causality, other factors are to be considered. These include the importance of healthy living, healthy dieting, healthy working conditions, a healthy lifestyle, a conducive environment and ataraxis – "a peaceful mind", which was recurrent during therapy sessions. Sometimes, people can become overwhelmed by stressful situations that can negatively impact their overall wellbeing. This can manifest as physical symptoms and potentially lead to illness without them realizing it. From an observatory perspective, I would not completely rule out the probability that this might be the case with Chika. Although there were no subsequent health complications after his recovery, the ordeal left him in a perpetual state of fear of the unknown, as evidenced by his behaviour during and after his recuperation. He embraced a new phase of life and was selective of the food he consumed. Chika felt significantly better when I concluded this research. Yet, the joy of living 'normal' as one would expect became obscured by the experience of 'minor' health conditions like having a headache or feeling pains. It goes without saying that when one is afflicted with a disease that causes sickness, seeking medical attention at a hospital should be of utmost importance.

Additionally, if questioned about my lasting impression of those sessions – my response would be the ataraxis in healing, i.e., ''a sense of peace'' or ''peace of mind''. It was evident that achieving serenity and tranquillity was a significant theme and an essential aspect of life. I noticed a connection between the concept of "peace" discussed in the German hospitals during counselling sessions and the Igbo cosmology, which emphasizes making peace with the land as a crucial element of complete healing. For instance, in the Igbo cultural context, when humans violate the custom, participate in incest or murder, or adulatory actions, they are meant to undergo a ritual cleansing process, and failure to do so could result in banishment from the cultural society and land (Aguwa 1993, Sharaby 2019). These have social and moral implications (Obiajulu 2022). The need to feel accepted once more into the immediate cultural society; as resulted from the above case and also in the case of sicknesses that are

considered as ‘‘not ordinary’’, or the case of ‘‘shared guilt’’ according to my informants, are the ways to reconciliation – making peace – with the ‘‘self’’ and ‘‘society’’ in which one belongs. These procedures enable people to live in harmony with themselves and their surroundings. It is a method of releasing someone from the stigma or trauma that could be bought on by the effects of their direct or indirect negative actions. In view of that, this work asserts that ‘‘peace of mind’’ is vital to life and health. It is the bedrock to every other aspect of the human (mental) stressor, and it is the right step to healing sickness. Since the solution to recovery starts from the mind, the mind can be liberated via knowledge of the realities within the world of sickness. Thus, ‘‘a happy heart is a good medicine, and a cheerful mind works healing, but a broken spirit dries up the bones’’ (Proverbs 17:22). For even when physicians are unsure about what a diagnostic procedure may reveal, they still encourage patients that ‘‘all is going to be alright’’. They provide the patient with a sense of hope and mental tranquillity by doing so. Additionally, it could bring comfort to a severely ailing body. In the Igbo worldview, two parts of healing are to be considered: healing of the body and re-establishing connection with the spiritual and cosmological forces that guarantee an improvement in health (mind), according to my *Dibia* informant. Finally, considering what has been seen in the German hospital context, healing is not only based on the medications that doctors prescribe for patients, but equally is based on the follow-up sessions of therapy. However, when considering the holistic nature of healing as peculiar to a culture or society like the Igbo, additional elements should be considered, such as cultural belief, interpretation of the cosmological phenomenon, and the practice of ethnomedicine specific to a culture.

10.9 “Completeness” in Healing: Igbo Interpretation

In our discussion about how sickness is understood in the Igbo culture, we discovered that their beliefs about life and health are based on a holistic view of human well-being. We agreed that the biomedical model does not sufficiently ensure complete healing based on the

cases studied. Thus, in the traditional healing methods, spiritual, religious, and cultural ritual practices are also essential. In other words, it is all-encompassing. Healing in the Igbo contexts as also argued is spiritual and social in the aspects of man's relationship with 'the self', 'immediate family' and the 'environment' that harbours, nourishes and sustains him. In other words, the domain in which he lives, moves, and has his being in a relationship with everything material and spiritual. The critique against the notion of ''completeness'' in healing is quite in order because even the argument on ''wholeness'' after many organs or tissue repairs experienced in the body is not feasible. However, with the advancement in medical knowledge and traditional practice in healing, the possibilities of being made well again have been considerably improved in many respects (Garber 2003; Laakmann 2016). As seen in our analyses on the curative methods used by my informants' diviner, the medical knowledges (applied bio- and ethno-medicine saw them through the most dangerous sickness crises). This was possible because of the expertise available within the intensive care units of modern hospitals as seen in Munich, Germany, and fervent faith to trad-medical beliefs as seen in the Igbo healing environment in South-eastern Nigeria. Thus, the sense of wholeness which is achieved through healing is complete in the ritual ceremonies that follow.

In the Igbo culture, once a very ill person ''receives healing'', it is seen as the combined efforts of both physical and spiritual entities. Physical in the sense of the roles played by the family, friends, environment, hospital, caregivers etc., through medical attention, financial support and ritual sacrifices offered on behalf of the seriously ill person for atonement, or as the case may be. Hence, spirituality in healing becomes the belief that through the loving mercy of the Supreme Being, facilitated through mediation of the sick person's *Chi* by means of supplication through ritual sacrifices, the sick person is then restored to health or granted additional (or extra) life from the land of the ancestors. Thus, ''completeness in healing'' is seen as a second chance to live, or a kind of resurrection from the dead for believers or freedom and pardon for acts that went against social and moral acceptance. Celebration of the

sick person's survival is usually held within his cognate, kin or with those who were of help to him at his sickbed. The slaughtering of animals like cow, goat or chicken with the blood sprinkled on the sand or on the '*Ofo'*[166] at the sacred place is the climax of such ceremonies. In the context of this field research, the prayers were overseen by the eldest man in the kinship family. The second son in the patrilineage who happens to be Chika's father works in conjunction with the eldest son who is the '*Eze*' overall head of the kinship family. At those moments, a series of incantation prayer and praises are chanted, in addition to libation poured with hot drinks. To begin with, the eldest son who led the prayer acknowledge the presence of specific important individuals and elders from cognates and relatives present, then go on Igbo idioms which are used to usher in serene disposition to his invocations. Below is an extract of one of such prayers to *Chukwu na enye ndu, na agwo oria* (God that gives life and heals sicknesses).

Ịdị mma bụ ihe niile anyị na-achọ
Na ọ bụ site n'ibi na udo, na ịhụnanya ka ịdị mma na-anọgide
Esemokwu na-azụlite mkpụrụ azụ, iro na ịkpọasị
Chineke nke dị mma niile, nara otito. Obi anyị n'ihi taa, jupụtara na akaebe ọgwụgwọ gi (ọ wepụ okpu isi owu ya na-acha uhie uhie)
Ọ bụ ogologo njem mgbakere ka anyi na ekwu okwu ya tata
Eke kere uwa, nna nke mazuru ihe niile
Chineke nke na-enye ndụ, nke na-agwọ ndị ọrịa
Anyi na enye gi ekele nke kachasi ukwu
Anyị na-asọpụrụ gị, n'ihi na ọ masịrị gị ịmaliteghachi ndụ nwa gị nwoke Chika
Anyị na-akpọku ndị nna nna anyị
Chi Chika, onye nche ime mmụọ nke Chika, ndị ikom na ndị inyom dị nsọ bụ ndị rịọrọ maka ịdị ọcha ya na ndi ichie na ozo gbara ya aka ebe, nke obi di ocha
Anyi na asopuru gi, Chi nke nno na ime anyi
Anyi na ekele gi Chineke nke mazuru ihe niile
Ala nne na nna anyi, anyi na asopuru gi
Anyi na ekele igwe
Anyi na asupuru alusi niile na eche obodo ma na agbasiri ndi dafuru adafu
Anyi na asupuru Alusi Eke, Orie, Afo, Nkwo
Anyi na ario ka unu ghara ikwe ka anyi dabaa na onwunwa
Anyi na ario ka anyi new ike ikpoku unu oge niile

[166] The ***'Ofo'*** Ofo is the symbol of ancestral authority. The bearer of this symbol exercises some socio-political and spiritual powers e.g., he is in charge of the family land and allocates the same to members. He also settles disputes among the members of the lineage and could with the *Ofo* interdict any recalcitrant member who would flout the traditions received from the ancestors (Onwurah 1990: 47).
(**Cf.** Christopher I. Ejizu 2002) *Ofo: Igbo Ritual Symbol.* And (Jude C. U. Aguwa 1995) *The Agwu Diety in Igbo Religion: The Study of the Patron Spirit of Divination and medicine in an African Society*.

Anyi na ekele nna nna anyi maka nchedo ala anyi
Anyi na akpoku ndi niile nwuru maka odimma anyi
Anyị na-ekpe ekpere ka a ghara ichefu ncheta ha
Anyị na-ekpe ekpere ka ha gbaghara anyị maka ichefu ha ọtụtụ oge
Anyị na-ekpe ekpere ka ha soro anyị nọrọ maka ịgwọ ụlọ anyị,Obodo, na mbara ala
Anyị na-ekele ihe nke ndụ na ihe anọ nke ọkụ, ikuku, mmiri na ụwa
Anyị na-enye ekele maka mbọ ha na-agba ịgwọ mbara ala na nwa Chika
Na mmechi, anyị na-ekpe ekpere maka mmadụ niile, ndụ osisi niile, ndụ anụmanụ niile na n'eziokwu. Ọ dị mkpa ka onye ọ ihe niile ekereke teta
Anyị na-ekpe ekpere ka eluigwe na ụwa zute ma gbaa egwú na nkwekọ zuru oke
Ugbu a na ruo mgbe ebighị ebi karịa…. Ihaaaa/Iseeeee![167]

The English Translation

Goodness is all we seek
And it is by living peacefully, in love for one another, there goodness abides
Conflicts breed setbacks, enmity, and hate
God of all goodness receive our praises because today, is filled with healing testimonies (*he removes his red cotton chieftaincy hat*)
It has been a long journey to recovery.
God, creator of the universe, a father who knows all
God that gives life, that heals the sick
Our hearts are filled with thankful praises
We reverence your being, for it pleased you to rekindle the life of your son, Chika
We call on you our ancestors
The spiritual guard of Chika, holy men and women who solicited for his innocence
We reverence and greet our *Chi* (our spiritual guide)
We respect and greet God that sees beyond human comprehension
We respect and greet *Ala ndi mbu* (Earth Mother)
We honour and greet *Eligwe* (the celestial sky)
We respect all the *Alusi, na ehinja* (deities) who stand around to guide and guard us
We honour the *Alusi* (deities) of *Eke, Orie, Afo* and *Nkwo* (the four market days)
We pray you stay always with us in times of perplexity
We pray we are always able to access you in moments of difficulty
We call upon you who lived and died for our sake
We pray your memories remain unforgotten
We ask for your pardon at the moments we forgot you
We pray you remain with us for the healing of our bodies, homes, and villages
We offer thanks for their efforts in healing the planet and son Chika
In conclusion, we pray for all humanity, all plant life, all animal life and in fact all matter to awaken
We pray for heaven and earth to meet and dance in perfect harmony
Now and forever more …. Amen!

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[167] *'Ise'* means (and so may it be) or ''Amen'' in another contexts. Traditional method of such prayer no doubt has been at the centre of every Igbo customary life. It serves as a direct like to *ala mmuo* (the land spirits). It is said at the beginning and closing of every event, ceremony, before and after bed at night. Igbo prayers are a combination of praises, of requests, of proverbs, appeals and of affirmations. It is not just a prayer of action but of deeds in the part of the man expected to lead the incantations. He/she is to be of good and unquestionable characters.
[Also see: ''Prayer to Amadioha'' Posted on January 15, 2014, by Omenka Egwuatu Nwa-Ikenga] At: https://igbocybershrine.com/category/prayers/ (Accessed on 2 October 2020).

Bear in mind that in many cases, such prayers are spontaneous and so could vary. However, the structure or patterns are the same. The use of kolanuts (Cola acuminata and Cola nitida[168]) is important for the incantation. It is then followed by the preparation of food and communal dining, music, and dance in thanksgiving. This ritual can also be performed privately at the shrine of the *Eze Mmuo* (the traditional priest or diviner) depending on a family choice. A church service is held by Christian believers and similar protocol of thanksgiving is observed within the Christian rituals. With these ritual ceremonies, healing is believed to have been attained; the human soul is then at peace with his creator and a new relationship built. Surely, questions like "why does one have to go through all of these difficult experiences to be at peace with his *Chi* or creator", always come up. In response, one of my informants named Ichie Ozuo, who happen to be an elder in Chika's kindred argues that:

> Anything that happened to an individual whether he/she is innocent or not, can be interpreted in various ways. But as in the case study, there is an amount of hurt felt by both individuals. If in the case of the ex-wife being a member of the water spirit as argued above, the revenge certainly would be possible and drastic because that is what they do. Thus, if the husband in turn was free from every blame that led to the marriage separation, then he lives to suffer the effect of the sickness sent to him and be well again in the long run [...][169]

The course of retribution, of actions and effects, and of continuous amendment of bad decisions and bad behaviours etc., are part of the consequences faced in the breach of the state of nature in the Igbo cosmos. Therefore, in every action, there are positive or negative consequences and through a series of ritual processes, the sick is made whole again. This newness of life is sustained through personal character, sacrifice and prayers offered regularly for good health and healing of the body and of the land.

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[168] Cola acuminata and Cola nitida is commonly found in the tropical rainforest of Africa. Its extract stimulates mental focus and creates a feeling of euphoria. It contains antioxidant thus, considered a good remedy to food poisoning and for immune system cleansing.

[169] Ichie Ozuo, 80 years old, in Igbo language, at Isekke, Anambra State, Nigeria. On February 5, 2018.

10.10 Chika: In Health and Sickness

To begin with, the name Chika, which this dissertation associates with my key informant in the Igbo language, implies ‘‘God is Supreme’’. It emanates from a continuous expression of a firm belief in the supreme creator and his *Chi*, on whose mediation his healing confidence lied. *Chi m ka ndi iro m* (lit. my creator is stronger than my enemies) were words he continuously expressed while narrating his illness ordeal. Chika, like some of his associates, is favoured in stature. With his striking dark complexion, Chika stands out in the crowd. It can be confusing to discern his country of origin at first glance, owing to his complexion. One of my informants highlighted this, while recalling his confusion when Chika spoke in the Igbo language. Jokingly, he said, “initially, I assumed you hailed from Sudan”, prompting the interest of surrounding individuals in the family room[170] at the St. Bonifaz English Speaking Catholic Church, Munich. People burst into laughter, including Chika. I agree with this notion, given that Sudan, located at the southern edge of the Sahara, has been referred to as *bilād al-sūdān* (land of the blacks) by medieval Arab geographers. This is due to its tropical climate, which results in its inhabitants having a darker skin tone compared to people from other African nations (el Din Sabr et al. 2023). Chika was in his early 30s as at the time of this research. The exhibition of a fantastic sense of humour and reserved demeanour are some qualities of Chika that I observed after his healing. According to one of his female admirers, Chika is blessed with ‘‘personal grandeur and is skilful in football, the sports he enjoys playing’’. Judging by his courage of medical transnationalism, he is a risk taker. One of the admirable traits of his character is his commitment to fulfilling his civic duties, upholding what he deems lawful, and his strong work ethic. During one of my visits to his workplace, a co-worker described him as “*fleißig*”, meaning hard-working. Chika migrated from Nigeria to Germany in the 2000s and has been living in Munich ever since. He expresses his gratitude

[170] Family room is a 35 square metre room(s) separated by a small kitchen, found on the 2nd floor of the St. Bonifaz Abbey, where worshippers gathered to socialize every Sunday after church service. It also serves as classrooms for refugees/migrants learning the German language.

for the numerous opportunities that were made available to him during his assimilation into the German society[171]. Upon his shoulder lies both his personal financial needs and those of his family members back home. When reflecting on his time in Munich, he would often smile and recall, "I truly lived life to the fullest during those early years. They were delightful and filled with countless memories[172]". Even with these affectionate descriptions, it is not easy to comprehend these aspects of his identity unless one is a close friend. Thus, something peculiar about Chika and this group of Igbo immigrants I also observed is their comical chuckles, folding of the arms, and outburst of "*Chai!*", accompanied by loud traditional Igbo high-life music-inspired singing or dancing. This is peculiar, not only with Igbos and Nigerians in general; but I will avow it is an ''African thing''. I presumed it helps them remember the past and gives them the feeling and sense of connection to their home of origin. Peculiar about them is the loudness on phone calls, the debate-like talking of three to four people that might appear like ''fighting'' to an on-looker/foreigner. But that is their way of communication coming from a noisy environment back home, which is quite the opposite of Germany whose serene environment they equate to a graveyard.

> I live each day in awe of the protection of my *Chi* and that of my ancestral spirits waving evil forces that come against me. I cannot express how terrified I was, not knowing if I would survive the ordeals of my sickness, Chika said[173].

No doubt, Chika's illness left him with lasting effects. As I took one last look at him before formally ending my fieldwork, I saw stages of recovery filled with fresh optimism and a blessed assuredness. "Healing takes courage", Tori Amos (an American musician) asserts, and Chika had courage, even if he has "to dig a little to find it". Being part of these journeys, I can attest to my key informants' good fortune, despite the challenges of a sustained recovery. Chika endured illness, and I will remember his unwavering courage and heartfelt acceptance of all that life threw at him at the time.

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[171] Statements made by Chika while sitting next to each other on our flight route from Port Harcourt, Nigeria – Munich, Germany, during casual conversational interviews while reminiscing on the whole experience. In Igbo, German and English languages, March 2018.

[172] Op. cit. Casual conversations interviews, March 2018.

[173] Op. cit. Casual conversations interviews, March 2018.

10.11 General Summary and Conclusion

This study focused on the fundamental issues of Igbo migration and medical transnationalism as inspired by Glick-Schiller (1992b). Put differently, the study explored how Igbo immigrants in Germany navigate between biomedicine to traditional medicine when faced with a cultural misunderstanding of diseases and illnesses and their cures. The Igbo logic of "home as a guarantor of complete healing", as this dissertation has proven, embodies material and spiritual significances. The concept of ''home'' refers to the medical and spiritual journeys back to *Alaigbo* (lit. the homeland or place of origin), as practiced by Igbo immigrants from South-Eastern Nigeria. The city of Munich was the main field of this research. Through participant observation, and semi-structural individual and group interviews, an in-depth ethnographic study of two cases of illnesses – with dream revelations – was achieved as detailed in the *Introductory Chapter*. This work compiled pertinent data from various cities of Germany where Igbo immigrants reside, resulting in a sufficient range of viewpoints as shown in the third chapter on *Research Method and Organization into the Field of Ethnography*. The analyses of culture and Igbo culture, Igbo diasporic construction of cultural identity, and the Igbo traditional culture amidst urbanization were the main focus of the second chapter. Sincere efforts were made in the fourth chapter assessment to provide background information on *Igbo Socio-political and Structural Organisation*. It analysed various theories of Igbo society, history, marriage, residence rule, and kinship system. It went further to discuss Igbo's commerce and origin myths, linguistics and subcultural areas, and the Igbo worldview and ethnic identity. Chapter five explored the relationship *Between Home and Migration*, by analysing Igbo migration dynamics. The chapter delved into the significance of migration as a culture of prestige, the various waves of Igbo migration, and the roles of kinship and remittances in migration. Additionally, it examined the diverse meanings of home, including the concept of homeland expressed by Igbo immigrants in Munich. Another area of exploration is the Igbo tradition of burying a child's placenta after birth in

their family home, a ritual through which a spiritual connection to their ancestors is formed. And in times of serious sickness confusion, a reconnection to their land of origin becomes essential for healing and well-being. The concept of life – *Ndu*, which holds a sacred significance, was also explored in relation to the idea of individualism, which is guided by one's *Chi* (lit. spiritual guide), all connected to their homeland. In the sixth chapter, the analysis of *Igbo Migration and Health Between Germany and Nigeria* is broadened. The focus was on the perception of sickness among Igbo migrants and the common diseases prevalent in the Igbo region of Nigeria. The chapter explored disease care in the Igbo cosmology, examined the Igbo concept of health – *Ahu Ike*, the emic and etic problems, the personalistic and naturalistic causes of sickness, and the genetic and environmental influences on health. It also explored mystical causes of illness like the malevolent spirits, malicious-evil spirits, *Ogbanje* and *Agwu* spirits, marine spirits, witches, and wizards. The traditional interpretation of illness causality in Igbo society, which includes natural, supernatural, and spiritual causation, were also discussed. The seventh chapter on *Blame Games in Witchcraft, Dreams and its Interpretations* brought in the works of Mbiti (1969), Evans-Pritchard (1976), and Horton (1967). The etymology, definition of witchcraft and an anthropological review of witchcraft were also assessed. In addition, this chapter explored the various fields of study on witchcraft, with works like Wilson's (1972) 'Witchcraft and Morality', Douglas' (1970) 'Witchcraft and Social Structures', Ardener's (1970) 'Witchcraft and Economy', Ashforth's (1996) 'witchcraft and power', Nyamnjoh's (2006) ''Witchcraft and Development'', Bastian's (2002) ''Witchcraft and Public discourse'', and Willis' (1970) ''Anti-witchcraft''. The prevalence of witchcraft in the Igbo society and witchcraft in today's practice, folklore or myth in illness, dreams definitions, the anthropology of dreams, and dreams interpretation in Igbo society in addition to African, Nigeria and Igbo psychiatry were analysed in this chapter. The general overview of chapters eight and nine provided a synopsis of the German diagnostic model of healing and Igbo traditional medical practice of sickness cure. The eighth

chapter was centred on the discussions of *Biomedicine and its Application in the German Socio-cultural Environment*. It presented a brief etymological analysis of biomedicine, the historians' interests in the discussion of biomedicine, then biomedical analysis from a clinical perspective, and an understanding of biomedicine from a transcultural perspective. This chapter further analysed the disparity in biomedicine and ethnomedical practice and the challenges of biomedicine. The ninth chapter was centred on *Ethnomedicine and its Applications in the Socio-cultural Environment*. The etymological analysis of ethnomedicine, the historical overview of ethnomedicine, the discussion of African traditional medicine, and the Igbo traditional healing system with a practical case of Chika contextualised these arguments. Other subchapters were the acts of divination, the Igbo societal interpretation of divination; the socio-cultural, economic, and political consequences of divination, the Igbo diviner; the *Dibia*, divination in Igbo traditional religion, religion in the day-to-day life of Igbo immigrants, divination and the Christian faith, divination and the healing ministries, ethnomedicine in the context of public health, challenges of ethnomedicine, and confronting 'sickness' in a Foreign land. The tenth and final chapter examined the *Ethnology of Healing*. It answered the question in view of why home is vital for healing. Furthermore, it presented a case study on the efficacy of *Ọgwụ* (lit. medicine) in the diasporic discussion of sickness healing. The construction of clinical realities in which language barrier, confidence building in the clinical context and the construction of self in the healing context were discussed. Placing the self at the mercy of the *Ärzte* (lit. the doctors), the question of interpretation, ethnology of healing in Igbo interpretation, the role of personal behaviour in healing, emotion in sickness informants' experiences, ataraxis in sickness and healing, the Igbo interpretation of "completeness" in sickness healing, Chika, in health and illness, were well examined.

In Conclusion: My attestation to the effectiveness and reliability of Igbo traditional remedies to sickness experiences is based on my ethnographic observations of the two cases

studied. I cannot overemphasise the strong attachment Igbo immigrants in Germany have to the Igbo traditional healing remedies in moments of conflicting results of biomedical treatments experienced in Germany. My attestation of reliability on ethnomedicine discussed may appear as what Jean-Guy & Goulet described as "paranormal beliefs". It may give the impression that I, as a researcher, have "adopted native beliefs, or even worse, that I harbour superstitious beliefs that ought to be replaced by rational and scientific knowledge" (1993: 174). That being so, I would argue otherwise that my assertions did not arise from the backdrop of the researcher being indigenous to the ethnicity or nationality studied, but rather, judging from the cases of Chika and Mrs Ola, medical transnationalism is an acceptable practice within the Igbo migration context. For instance, Chika's experience from biomedicine to ethnomedicine administered within a few weeks' intervals after months of trial and error in biomedicine supports the view that ethnomedicine is viable in some types of illness. Diseases and sicknesses are part and parcel of human existence and as Taylor (1979: 1008) avows, ''there are different ways of being sick'', so too different societies and cultures have their ways of understanding and dealing with the experience. While some cultures perceive it as part of internal bodily cleansing, such as stomach purging, others may require more analytical interpretations of illness. As a result, illness remains a critical and contested topic of ethical, socio-cultural, religious, moral, and legal debate. Thus, the Igbo traditional understanding of illness is interpreted based on their outlook of the world within them. The healthiness or well-being of the Igbo cosmology is first centred on man, then in connection to his natural environment and spiritual explanation of the phenomenon. Spirituality in this context is "man's relationship with his creator", as stated by Chika's diviner. Because even though illness is associated with the body, the Igbo culture recognises the human person as a formulation of body and spirit, connected to their *Chi* (the personal spirit of a person who also doubles as him). Therefore, they try to be at peace with the self and the spiritual entities of the land/ancestors – as it becomes evident that the concept of illness in the Igbo interpretation is

synonymous with ‘death’. The Igbo connection to the natural environment guarantees essential medicinal herbs that are by nature specific to their tropical milieu and are used to treat various health conditions known among Igbos. The introduction/importation of biomedicine is also a welcome idea within the Igbo medical context. Hence, keeping the best aspects of both medical models and using them, when necessary, aids in preventing morbidity and mortality. This research affirms that illness/sickness is better defined and understood by the society, environment, and culture that support and practice them, thereby making health and illness a social condition (Platenkamp 1999b). More so, there is no clear-cut dichotomy between one diagnostic method and the others as long as the end goal is to achieve a cure/healing that is long-lasting, attainable, and “complete” in the Igbo logic of sickness healing, and as this dissertation topic refers to it. Hence, working on this hypothesis in both contexts was vital and a positive experience.

This research acknowledges any unintended limitations that have affected its representation and evaluation. Despite these limitations, to put it simply and gracefully, the apotheosis of my ethnographic study is the multi-cited experiences, data accumulation, analysis, and feedback that have culminated in its complex form. More so, this work calls for further exploration of ethnographic research in migration, disease, illness/sickness, and healing as they vary across cultures. Additionally, this dissertation suggests that supplementary studies may be necessary, such as investigating the viability of *Ajọ Ọgwu* (evil medicine, witchcraft) transmission from sender to receiver via dreams in a transnational context. Lastly, the research proposes an examination of the methods and effectiveness of Igbo psychiatry and traditional healing of addiction to *Mkpuru Mmiri* (lit. crystal narcotic hallucinogen) currently prevalent among Nigerian (Igbo) youths.

BIBLIOGRAPHY

Aburn, G. Elizabeth. Gott, Merryn and Hoare, Karen (2021): ‘‘Experiences of an Insider Researcher -Interviewing your own Colleagues’’. *Nurse Researcher* 29(3): 22-28.

Achebe, Chinua (2000 [1996]): *Things Fall Apart*. Expanded Edition with Notes: In African Writers Series. London: Heinemann Educational Publishers.

Achebe, Chinua (2017 [1959]): *Things Fall Apart. New York:* Penguin Books Edition.

Achunike, Hilary C. (2002): *Dreams of Heaven: A Modern Response to Christianity in North Western Igboland, 1970-1990*. Onitsha: Africana-Fep Publishers Ltd.

Adegoke, Adekunle Anthony (2008): ‘‘Factors Influencing Health Beliefs Among People in South West, Nigeria’’. In: *African Research Review* 2(1): 177-197.

Adu-Gyamfi, Samuel and Anderson, Eugenia Ama (2019): “Indigenous Medicine and Traditional Healing in Africa: A Systematic Synthesis of the Literature”. *Philosophy, Social and Human Disciplines* 1: 69-100

Afigbo, Adiele Eberechukwu (1975): *Prolegomena to the Study of the Culture and History of the Igbo-Speaking Peoples of Nigeria. Igbo Language and Culture.* Oxford University Press.

Afigbo, Adiele Eberechukwu (1983): ‘‘Traditions of Igbo Origins’’: A Comment. *History in Africa* 10: 1-11.

Agbasiere, Joseph T. (2000): *Women in Igbo life and Thoughts*. London: Routledge.

Aguwu, C. U. Jude (1993): ‘‘Agwu Possession: Belief and Experience in Traditional Igbo Society’’. *Paideuma: Mitteilungen zur Kulturkunde* 39: 279-289.

Al-Bari, Abdul Alim (2015): ‘‘Chloroquine Analogues in Drug Discovery: New Directions of Uses, Mechanisms of Actions and Toxic Manifestations from Malaria to Multifarious Diseases’’. *Journal of Antimicrob Chemother* 70(6): 1608-1621.

Allan, Hanson F. (1975): *Meaning in Culture.* London and Boston: Routledge & Kegan Paul.

Alland, Alexander Jr. (1964): ‘‘Native Therapists and Western Medical Practitioners among the Abron of the Ivory Coast’’. *Transactions of the New York Academy of Sciences* 26: 714-725.

Alvesson, Mats & Skoldberg, Kaj (2009): *Reflexive Methodology: New Vistas for Qualitative Research* (2nd ed.). London: Sage.

Amadi, Luke and Agena, E. James (2015): ‘‘Globalization, Culture, Mutation and New Identity: Implications for the Igbo Cultural Heritage’’. *African Journal of History and Culture* 7(1): 16-27.

American Bible Society (1992 [1966]): *The Good New Bible*. (Today’s English Version, Second Edition). Australia: The Bible Society Inc.

Anderson, Benedict (1991): *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. London: Verso.

Ani, Kelechi Johnmary. Kinge, Gabriel Tiobo Wose. Ojakorotu, Victor (2018): "Nigeria-Cameroon Relations: Focus On Economic History and Border Diplomacy". *Journal of African Foreign Affairs* 5(2): 147-166.

Anult, K. Michael and Van Gilder, Bobbi (2016: 564): ''Polygamous Family Structure: How Communication Affects the Division of Household Labour''. *Western Journal of Communication* 80(5): 559-580.

Arango, Joaquín (2000): ''Explaining migration: A Critical View''. *International Social Science Journal* 52(265): 283-296.

Ardener, Edwin (1970): ''Witchcraft, Economics, and the Continuity of Beliefs''. In: Douglas, Mary (ed.). *Witchcraft Confessions and Accusations*. London et al.: Tavistock Publications.

Arinze, Francis (1970): *Sacrifice in Ibo Religion*. Ibadan: Ibadan University Press.

Ashforth, Adam (1996): ''Of Secrecy and the Commonplace: Witchcraft and Power in Soweto''. In: *Social Research* 63(4):1183-1234.

Asikaogu, Johannes (2018): ''Igbo Cultural Values and the Effect of Globalization: A Critical Analysis''. *ARCN International Journal of Social Sciences and Humanity* 12(2): 42-51.

Audrey, Richards Isabel. (1957): ''The Concept of Culture in Malinowski's work''. In: Firth R. (ed.). *Man and Culture: An evaluation of the Work of Branislaw Malinowski*, pp. 16-28. London: Routledge and Kegan.

Auer, Mathias L. (1983): *Laimer Chronik.* [Volume 1] Munich: Self-publishing.

Awolalu, Omasade J. (1976): ''What is African Traditional Religion?''. *Studies in Comparative Religion* 10(2): 1-10.

Ayozie, Chioma Rosemary. (2018): ''Igband: A Traditional Method of Conflict Resolution in Igbo Land''. *Igboscholars International Journal of Igbo scholars Forum.* Nigeria. 5(1): 1-16.

Azuonye, Ikechukwu O. (1986): ''Nigerian Psychiatry''. In: *Bulletin of the Royal College of Psychiatrists* 10(5): 115.

Bachelard, Gaston (1994 [1958]): *The Poetics of Space: The Classic Look at how we Experience Intimate Places*. (Trans. by M. Jolas). Boston: Beacon Press.

Baer, Roberta D. & Coreil, Jeannine (1989): Society for Medical Anthropology. In: *Anthropology News* 30(8): 13.

Barraud, Cécile & Platenkamp, Josephus D. M. (1990): ''Rituals and The Comparison of Societies''. *Bijdragen Tot de Taal-, Land- En Volkenkunde* 146(1): 103-123.

Bascom, William Russell (1965): *The Forms of Folklore: Prose Narratives.* University of California.

Basden, George T. (1966): *Among the Ibos of Nigeria*. London: Frank Cass and Company Limited.

Bastian, Misty L. (1993): '"Bloodhounds Who Have No Friends': Witchcraft and Locality in the Nigerian Popular Press''. In: Comaroff, Jean & Comaroff, John (eds.), pp. 126-166. *Modernity and Its Malcontents*. Chicago, London: University of Chicago Press.

Baynes, Thomas Spencer (ed.). (1878): ''Anointing''. In: *Encyclopaedia Britannica, II* (9th ed.), pp. 90-95. New York: Charles Scribner's Sons.

Beidelman, Thomas. 0. (1963): ''Witchcraft in Ukaguru''. In: Middleton, John & Winter, Ernest H. (eds.) *Witchcraft and Sorcery in East Africa,* pp 57-98. London: Routledge and Kegan Paul.

Benedict, Ruth (2005 [1934]): *Patterns of Culture*. New York: Mariner Books Edition.

Benite, Zvi Ben-Dor (2009): The Ten Lost Tribes: A World History. New York: Oxford University Press.

Bermejo, Justo Lorenzo (2008): ''Gene-Environment Interactions and Familial Relative Risks''. *Human Heredity* 46(4): 170-79.

Boas, Franz. (1904): "Some Traits of Primitive Culture." *The Journal of American Folklore* 17(67): 243-54.

Bollini, Sime. (1995): ''No real progress towards equity: Health of migrants and ethnic minorities on the eve of the year 2000''. *Social Science & Medicine* 41(6): 819-828.

Boroch, Robert (2016): ''A Formal Concept of Culture in the Classification of Alfred L. Kroeber and Clyde Kluckhohn''. *Analecta*. T. XXV(2): 61-101.

Bourdieu, Pierre (1978): *Outline of a Theory of Practice*. (R. Nice, Trans.). Cambridge: Cambridge University Press.

Bowie, Fiona (2006 [2000]): *The Anthropology of Religion: An Introduction*. Blackwell Publishing.

Boyd, Kenneth M. (2000): "Disease, Illness, Sickness, Health, Healing and Wholeness: Exploring Some Elusive Concepts". *The Journal of Medical Ethics* 26(1): 9-17.

Bredström, Anna (2019): ''Culture and Context in Mental Health Diagnosing: Scrutinizing the DSM-5 Revision''. *Journal of Medical Humanities* 40(8): 347-363.

Brettell, Caroline B. (2000): ''Theorizing Migration in Anthropology: The Social Construction of Networks, Identities, Communities and Globalscapes''. In:

Brettell, Caroline B. & Hollifield James F. (eds.) *Migration Theory: Talking across Discipline*. (2nd ed.), pp. 97-102. New York: Routledge.

Brown, Stephen (ed.) (1983): Psychiatry in Developing Countries. London: Gaskell he Royal College of Psychiatrists.

Bruner, Jerome (1990): *Actual Minds, Possible Worlds*. United States of America: Harvard University Press.

Bryman, Alan (2016): *Social Research Methods*. United Kingdom: Oxford University Press.

Calvino, Italo (2013 [1971]) *Die Unsichtbaren Städte*. Frankfurt am Main: Fischer klassik.

Candea, Matei (2009): ‘‘Multi-sited Ethnography’’. In Routledge Encyclopedia of Social and Cultural Anthropology. Barnard, Alan & Spencer, Jonathan (eds), pp. 485-486. Routledge, London and New York.

Chinedu, Felix (2014): *Traditional Political Structures of the Igbo Society in Arrow of God and Implications for Contemporary Nigerian Democracy*. An African Journal of New Writing 52(1): 235-236.

Chrisman, Noel J. (1978): ‘‘The Health-Seeking Process: An Approach to the Natural History of Illness’’. *Culture, Medicine and Psychiatry* 1(4): 351-377.

Christopher, Lawrence (1985): “Incommunicable Knowledge: Science, Technology, and the Clinical Art in Britain, 1850-1914,” *Journal of Contemporary History* 20: 503-520.

Chuku, I. Gloria (1995): ‘‘Women in the Economy of Igboland, 1900 to 1970: A Survey’’. *African Economic History.* 23: 37-50.

Chuku, I. Gloria (1999): “From Petty Traders to International Merchants: A Historical Account of Three IGBO Women of Nigeria in Trade and Commerce, 1886 to 1970.” *African Economic History.* 27: 1-22.

Chukwu, Christiana O. (2018): ‘‘Communicating Cultural Values through Names Among the Igbo of South-Eastern Nigeria’’. *International Journal of Research in Engineering, IT and Social Sciences* 8(2): 1-7.

Chukwu, Joseph C. (2015): ‘‘Traditional Igbo Building Architecture: A Historical Perspective’’. *Arts and Design Studies.* Abia: Uturu. 34: 7-8.

Chukwuemeka, Nwoko K. (2009). ‘‘Traditional psychiatric healing in Igbo land, South-eastern Nigeria’’. *African Journal of History and Culture* (AJHC). 1(2): 36-43.

Chukwukere, Ibe (1983): “Chi in Igbo Religion and Thought: The God in Every Man”. *Anthropos* 78(3/4): 519-534.

Constable, Nicole (1999): ‘‘At Home but Not at Home: Filipina Narratives of Ambivalent Returns’’. *Cultural Anthropology* 14(2): 203-228.

Conybeare, Frederick Cornwallis (1911): ‘‘Anointing’’. In: Chisholm, Hugh (ed.), *Encyclopaedia Britannica,* II (11th ed.), pp. 79-80. Cambridge University Press.

Cornner, Neil (2019): ‘‘Religion and Social Integration of Migrants in Dublin, Ireland’’. *Geographical Review* 109(2): 27-46.

Crowther Jonathan (ed.) (1995): *Oxford Advanced Learners Dictionary.* New York: Oxford Press.

Dash, Kedarnath. N. (2004): *Invitation to Social and Cultural Anthropology*. New Delhi India: Atlantic Publishers and Distributors.

Davies, James and Spencer Dimitrina (eds.). (2010): *Emotions in the Field: The Psychology and Anthropology of Fieldwork Experience*. Stanford, California: Stanford University Press.

Dawkins, Richard (2016 [1979]): *The Selfish Gene*. United Kingdom: Oxford University Press.

DeWalt, Kathleen M. and DeWalt Billie R. (2011): *Participant Observation: A Guide for Fieldworkers, Second Edition*. Maryland: Altamira Press.

Dokos, Thanos (2017): ‘‘Migration and Globalization: Forms, Patterns and Effects’’. *Background Paper*. Salzburg: Trilogue.

Dopumu, Adelumo P. (1985): “Health and Healing within the Traditional African Religious Context”. *ORITA: Ibadan Journal of Religion Studies* XVII(2): 66-80.

Douglas, Mary (1970): ‘‘Introduction: Thirty Years after Witchcraft, Oracles and Magic’’. In: Douglas, Mary (ed.), *Witchcraft Confessions & Accusations*, pp. xiii-xxxiv. London et al.: Tavistock Publications.

Durkheim, Émile (1982 [1895]): Lukes, Steven (ed.). *The Rules of Sociological Method and Selected Texts on Sociology and its Method*. New York: Free Press.

Durkheim, Émile (1995 [1912]): *The Elementary Forms of Religious Life*. New York: Free Press.

Durkheim, Émile (2002 [1982]): Thompson, Kenneth (ed.). *Key Sociologists*. (Series ed.), pp 42-52London and New York: Routledge.

Dwyer, James (2004: “Illegal Immigrants, Health Care, and Social Responsibility”. *The Hastings Center Report* 34(1): 34-41.

Eboh, Simeon O. (1993): *The Gospel of Christ and African Culture: Ozo Title Institution in Igboland* (*Nigeria)*. Munich: African University Studies.

Edara, Inna Reddy (2017): 2Religion: A Subset of Culture and an Expression of Spirituality”. *Advances in Anthropology* 7: 273-288

Edeh, Emmanuel M. P. (1985): *Towards an Igbo Metaphysics*. Chicago: Loyola University Press.

Egbujie, Innocent I. (1976). ‘‘The Hermeneutics of the African Traditional Culture’’. *Ph.D. Dissertation*. Boston: College.

Ejelinma, Ndubisi-Nwafor. (2012): *Ndi-Igbo of Nigeria: Identity Showcase*. United States of America: Trafford Publishers.

Ejike, Augustine CSSP. (2010): ‘‘Nigerian-Biafran War: Social and Economic Effects in the Nigeria Igbos’’. *Oasis Journal*. 1(1): 88-93.

Ekechi, Felix K. (1989): *Tradition and Transformation in Eastern Nigeria: A Sociopolitical History*. Kent: Kent University Press.

Ekong, Sheilah Clarke (1986): ‘‘Industrialization and Kinship: A Comparative Study of Some Nigerian Ethnic Group’’. *Journal of Comparative Family Studies* 17(2): 197-206.

Eliade, Mircea (1998 [1963]): *Myths and Reality*. United States of America, Illinois: Waveland Press Inc.

Engel, George L. (1977): “The Need for a New Medical Model: A Challenge for Biomedicine. American Association for the Advancement of Science’’. *Science*: New Series 196(4286): 129-36.

European Asylum Support Office (EASO). (2016): *Significant Pull/Push Factors for Determining of Asylum-Related Migration: A Literature Review.* Luxembourg: Publications Office of the European Union.

Evans-Pritchard, Edward. E. (1976 [1937]): *Witchcraft, Oracles, and Magic Among the Azande*. UK: Oxford University Press.

Eze, Dons (2015): ‘‘A Critical Review of the Evolution of Kingship System among the Igbo of Nigeria’’. *International Journal of Health and Psychology Research* 3(2):10-20.

Eze, Thaddeus Ejiofor (2016): ‘‘African Migrants in Münsterland: A Social-anthropological Exploration of Processes of Adaptation and Integration’’. [Unpublished] *Master Thesis*. Universität Münster, Germany: Institut für Ethnologie.

Eze, Thaddeus Ejiofor (2021): *Beyond the Scrapyard: An Ethnography of Igbo Migrants in Germany*. Wissenschaftliche Schriften der WWU Muenster, Reihe X, Band 34. Dortmund: Unipress Publishing GmbH.

Ezeigbo, Akachi T. (2013): “The Relevance of Oral Tradition: Folklore and the Education of Nigerian Youths”. *Journal of African Humanity* 1(1): 1-13.

Ezekwesili-Ofili, J. Ozioma & Okaka, A. N. Chinwe (2019): ‘‘Herbal Medicines in African Traditional Medicine’’. *Herbal Medicine*. Doi:10.5772/intechopen.80348.

Fábrega, Horacio Jr. (1997): *Evolution of Sickness and Healing*. University of California Press.

Ferber, Michael (2006): ‘‘Critical Realism and Religion: Objectivity and the Insider/Outsider Problem”. *Annals of the Association of American Geographers* 96(1): 176-181.

Firth, Raymond (1954): ‘‘Social Organization and Social Change’’. *Journal of the Royal Anthropological Institute* 84(1/2): 1-20.

Firth, Raymond (ed.). (1957 [1935]): *Man and Culture: An Evaluation of the works of Malinowski*. New York: Routledge.

Fleischer, Annett (2006): Working Paper on: “Family, Obligations, and Migration: The role of Kinship in Cameroon”. *Anthropological Demography of Europe 2005*. pp. 6-7.

Forde, Cyril D. and Jones, Gwilym Iwan (1950): *The Ibo and Ibibio-Speaking Peoples of South-Eastern Nigeria*. London: Oxford University Press.

Forrest, Tom (1994): *The Advance of African Capital: The Growth of Nigerian Private Enterprise*. Edinburgh University Press.

Fortune, Reo F. (1963 [1932]): *Sorcerers of Dobu: The Social Anthropology of the Dobu Islanders of the Western Pacific*. Great Britain: Butler & Tanner.

Foster, George M. (1976): Disease Etiologies in Non-Western Medical Systems. American Anthropologists. Berkeley: University of California 78(4): 773-782.

Frankle, Rebecca L. S. and Stein, Philip L. (2005): *Anthropology of Religion, Magic, and Witchcraft*. Boston: Allyn & Bacon.

Freidson, Eliot (2017 [1970]): *Professional Dominance: The Social Structure of Medical Care*. New York: Routledge.

Freud, Sigmund (1999 [1899]): *The Interpretation of Dreams*. Oxford; New York: Oxford University Press.

Freud, Sigmund (2010 [1955]): *The Interpretation of Dreams: The Complete and Definitive Text.* United States of America: Basic Books.

Garnett, Emma. Reynolds, Joanna. and Milton, Sarah (2018): *Ethnographies and Health: Reflections on Empirical and Methodological Entanglements*. Palgrave: Macmillan.

GechikoNyabwari, Bernard and NkongeKagema, Dickson (2014): ‘‘The Impact of Magic and Witchcraft in the Social, Economic, Political and Spiritual Life of African Communities’’. *International Journal of Humanities Social Sciences and Education*. 1(5): 9-18.

Geertz, Clifford (1973): *The Interpretation of Cultures: Selected Essays by Clifford Geertz*. New York: Basic Books.

Geertz, Clifford (1975 [1973]): *The Interpretation of Culture*. London: Hutchins Co. Publisher Ltd.

Ginsberg, Morris. (1958): “Social Change.” *The British Journal of Sociology* 9(3): 205-29.

Glazier, Stephen D. & Hallin, Mary J. (2010): “Health and Illness.” *In 21st Century Anthropology: A Reference Handbook.* Vol. 2, Ed. H. James Birx (ed.), pp. 925-935. Thousand Oaks, CA: SAGE.

Glick, Leonard, B. (1967): ‘‘Medicine as an Ethnographic Category: The Gimi of the New Guinea Highlands’’. *Ethnology* 6: 31-56.

Glick-Schiller, Nina. Glick. Basch, Linda & Blanc-Szanton, Cristina (1992a): ‘‘Towards a definition of transnationalism’’. *Annals of the New York Academy of Sciences* 645(1): 9-14.

Glick-Schiller, Nina Glick. Basch, Linda & Blanc-Szanton, Cristina (1992b): ‘‘Transnationalism: A New Analytic Framework for Understanding Migration’’. *Annals of the New York Academy of Sciences* 645(1): 1-48.

Glick-Schiller, Nina Glick. Basch, Linda & Blanc-Szanton, Cristina (1995): ‘‘Transnationalism, Nation-States, and Culture’’. *Current Anthropology* 36(4): 683-686.

Glick-Schiller, Nina. Basch, Linda. Szanton Blanc, Cristina (1995). ‘‘From Immigrant to Transmigrant: Theorizing Transnational Migration’’. *Anthropological Quarterly* 68(1): 48-63.

Good, Byron J. (1994): *Medicine, Rationality and Experience. An Anthropological Perspective*. Cambridge: Cambridge University Press.

Goodenough, Ward. H. (1981): *Culture, Language and Society*. Menlo Park, CA: The Benjamin/ Cummings Company.

Gottlieb, Alma (2004): *The Afterlife is Where We Come From: The Culture of Infancy in West Africa*. Chicago: University of Chicago Press.

Green, Margaret M. (1947): *Igbo Village Affairs*. London: Routledge.

Grote, Janne (2017): *Family Reunification of third-country nationals in Germany: Focussed study by the German National Contact Point for the European Migration Network (EMN)*. Nuremberg: Federal Office for Migration and Refugees.

Guarnaccai, Peter J. & Rogler, Lloyd H. (1999): ‘‘Research on Culture-Bound Syndromes: New Directions’’. *American Journal of Psychiatry.* 156(9): 1322-1327.

Gunter, Ostman S. J. and Verschueren, Jef (eds.) (2009): *Culture and Language Use: Handbook of Pragmatic Highlights 2*. USA: John Benjamin Publishing Company.

Gwako, Edwins Laban Moogi (1998): ‘‘Widow Inheritance among the Maragoli of Western Kenya’’. *Journal of Anthropological Research* 54(2): 173-198.

Habeck, Joachim Otto. Pirie, Fernanda. Eckert, Julia & Ventsel, Aimar (2005): “What it takes to be a Man: Constructions of Masculinity”. In: *Max Planck Institute for Social Anthropology Report 2004–2005*, pp. 35-50. Halle (Saale).

Hagen-Zanker, Jessica (2008): ‘‘Why do People Migrate? A Review of the Theoretical Literature’’. Munich Personal RePEc Archive. *MPRA Paper* 28197: 1-26.

Hahn, A. Robert (1995): *Sickness and Healing*. USA: Chelsea-Michigan, BookCrafters Inc.

Hahn, A. Robert and Gaines, Atwood D. (eds.) (1985): *Physicians of Western Medicine: Anthropological Approaches to Theory and Practice*. Reidel Publishing Company.

Hahn, Hans Peter and Georg Klute (eds.) (2007): *Cultures of Migration: African Perspectives*. Berlin: Lit Verlag.

Häring, Bernard (1995): *Medical Ethics*. UK: Middlegreen, St. Paul’s Publication.

Harley, George Way (1941): *Native African Medicine: With Special Reference to Its Practice in the Mano Tribe of Liberia*. Cambridge: Harvard University Press.

Hartmann, Franz M. D. (2016 [1910]): *The Life and Doctrines of Paracelsus*. London: Kshetra Books.

Haward, Michael & Dunaif-Hattis, Janet (1992): *Anthropology: Understanding Human Adaptation*. New York: HarperCollins Publishers Inc.

Horton, Robin (1967 [1937]): ‘‘African Traditional Thought and Western Science’’. *Africa: Journal of the International African Institute* 37(2): 155-187.

Hotton, Ronald (2014): ‘‘8 Witchcraft and Modernity’’. In: *Writing Witch-Hunt Histories*. pp 189- 192. Leiden, the Netherlands: Brill.

Hudelson, Patricia M. (2004). ‘‘Culture and Quality: An Anthropological Perspective’’. International *Journal for Quality in Health Care* 16(5): 345-346.

Hughes, Charles C. (1967): ‘‘Ethnomedicine’’. *In International Encyclopaedia of the Social Sciences*. pp. 10. New York: Macmillan. Vol. 10.

Hume, David (1956[1757]): *The Natural History of Religion*. Stanford, Calif.: Stanford University Press.

Hund, John (2000): “Witchcraft and Accusations of Witchcraft in South Africa: Ontological Denial and the Suppression of African Justice.” *The Comparative and International Law Journal of Southern Africa* 33(3): 366-89.

Ibeanu, Okechukwu, Orji, Nwachukwu. & Iwuamadi, Chijioke K. C. (2016): *Biafra Separatism: Causes, Consequences and Remedies*. Enugu: Institute for Innovations in Development.

Ibeneme, Sam. Eni, Godwine. Ezuma, Amara and Fortwengel, Gerhard (eds.) (2017): ‘‘Roads to Health in Developing Countries: Understanding the Intersection of Culture and Healing’’. *Current Therapeutic Research, Clinical and Experimental* 86(1): 13-18.

Ifemesia, Chieka C. (1979): *Traditional Humane Living Among the Igbo: A Historical Perspective*. Enugu: Fourth Dimension publishers.

Igbo, Emmanuel U. M. and Ugwuoke, Cyril O. (2013): ‘‘Crime and Crime Control in Traditional Igbo Society of Nigeria’’. *Developing Country Studies* 3(13): 160-167.

Ijeh, Ifeoma Irene (1997) ‘‘Traditional Medical Practices Among the Igbo”. In: Onwuka, J. O. and Ahaiwe, S. C. Okigwe (eds.), *Nigerian Heritage*, pp. 161-172. Nigeria: Whytem Publishers.

Ijoku, Akuma-Kalu and Uzukwu, Elochukwu (2014): *Interface between Igbo Theology and Christianity*. UK: Cambridge Scholars Publishing.

Ikwubuzor, Iwu (2012): “African Study Monographs: Family and the Igbo Novel”. In: *Africa & Asian Studies* 3(3): 145-163.

Ilechukwu, Sunday (2007): ‘‘Ogbanje/Abiku and Cultural Conceptualizations of Psychopathology in Nigeria’’. *Mental Health Religion & Culture*. Michigan 10(3): 239-255.

Ilogu, Edmund. (1986): *Christianity and Igbo Culture*. Onitsha: University Publishing Company.

Inhorn, C. Marcia and Brown, J. Peter (1990): “The Anthropology of Infectious Disease”. *Annual Review of Anthropology* 19: 89-117.

Inlow, William DePrez (1046): Medicine: Its Nature and Definition. Bulletin of the History of Medicine 19(3): 249-273.

Iroegbu, Patrick E. (2010): *Healing Insanity: A Study of Igbo Medicine in Contemporary Nigeria*. (Studies in Endogenous Medical System, Culture and Development) United States of America: Library of Congress.

Isichei, Elizabeth (1976). ‘‘A History of the Igbo: A History of the Igbo People’’. *The Journal of African History* 18(3): 463-465.

Iweadighi, Sabinus O. (2011): ‘‘Sickness and the Search for Healing in Igboland: A Pastoral Theological Analysis’’. [Unpublished]. *Theology: Doctorate Dissertation*. Universatät Wien. Pp. 65, 70, 100-5.

Iwu. Maurice (1993 [1986]) *African Ethnomedicine*. Enugu: Snaap Press.

Iwuagwu, Obi (2018): Food Shortages, Survival Strategies and the Igbo of Southeastern Nigeria During the Nigeria Civil War. *The Journal of International Social Research* 5 (22): 280-289.

Jackson, Michael D. (2010): ‘‘From Anxiety to Method in Anthropological Fieldwork: An Appraisal of George Devereux’s Enduring Ideas’’. In: Davies, James. and Spencer, Dimitrina. (eds.): *Emotions in the Field: The Psychology and Anthropology of Fieldwork Experience*, pp. 30-49. Stanford, California: Stanford University Press.

Jang, Bohyun Joy. Casterline, John B. and Snyder, Anastasia (2014): ‘‘Migration and Marriage: Modeling the Joint Process’’. *Demographic Research* 30(1): 1339-1366.

Jean-Guy, Goulet A. (1993): "Dreams and Visions in Indigenous Lifeworlds: An Experiential Approach," *Canadian Journal of Native Studies* 13(2): 171-98.

Jedynska, Aleksandra. Kuijpers, Eelco. van den Berg, Claudia. Kruizinga, Astrid. Meima, Marie. and Spaan, Suzanne (2019): ''Biological Agents and Work-related Diseases: Results of a Literature Review, Expert Survey and Analysis of Monitoring Systems''. *European Agency for Safety and Health at Work (EU-OSHA)*, pp. 13-14.

Jell-Bahlsen, Sabine (2016): ''*Owu*, An Igbo Masquerade: Teaching Culture, Aiming At Social Integration And Exposing Global Issues''. *Arts, Language, and Communication.* Volume. 1(1): 73-74.

Johnson, Felix A. (1994): ''African Perspectives on Mental Disorder''. In: Mezzich J. E., Kastrup, M. C., Honda, Y. et al. (eds.), *Psychiatric Diagnosis*, pp. 57-66. New York: Springer.

Jones, Gwilym Iwan (1949): ''Dual Organisation in Igbo Social Structure''. *Africa* XIX: 150-156.

Jones, Gwilym Iwan (1957 [1984]): *The Art of Eastern Nigeria*. Cambridge: Cambridge University Press.

Jones, Gwilym Iwan (1961): ''Ecology and Social Structure Among the North-Eastern Ibo''. *Africa* 31: 117-134.

Karen, Willis. Shandell, Elmer. (2007): *Society, Culture and Health: an Introduction to Sociology for Nurses.* Australia, Sydney: Oxford University Press.

Keefe, Susan Emley (1992): ''Ethnic Identity: The Domain of Perceptions of and Attachment to Ethnic Groups and Cultures''. *Human Organization* 51(1): 35-43.

Király, István V. (2011). "The Meaning of Life – And the Possibility of Human Illness: Prolegomena". *The Question: What is the Man?* Babeş-Bolyai: University, Cluj. Department of Philosophy.

Király, István V. (2011). *Illness: A Possibility of the Living Being. Prolegomena to the Philosophy of Human Illness.* Pozsony: Kalligram.

Kleinman, Arthur., Eisenberg, Leon., Good, Byron. (1978): Culture, Illness, And Care: Clinical Lessons from Anthropological and Cross-cultural Research. *Annals Internal Medicine* 88:251-88.

Kleinman, Arthur (1980): *Patients and Healers in the Context of Culture*. Berkeley: University of California Press.

Kleinman, Arthur (1988): *The Illness Narrative: Suffering, Healing and the Human Condition*. United States of America: Basic Book Inc.

Kleinman, Arthur & Kleinman, Joan (1991): "Suffering and its Professional Transformation: Toward an Ethnography of Interpersonal Experience". *Culture, Medicine and Psychiatry* 15(3): 275-301.

Kleinman, Arthur (2009): ‘‘Kleinman’s Explanatory Model of Illness’’. In: Hark, Lisa A. & DeLisser, Horace M. (eds), *Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals*, pp. 217-218. Willey: Blackwell Publishing Ltd.

Kluckhohn, Cylde K. M. (1954): ‘‘Culture and Behavior’’. In Gardner, Lindzey. (ed.), *Handbook of Social Psychology.* Vol. 2 (Special Fields and Application), pp. 921-976. Addison-Wesley Publishing Company Inc.

Kok, Pieter 1(999): ‘‘The Definition of Migration and its Application: Making Sense of Recent South African Census and Survey Data’’. *Southern African Journal of Demography* 7(1): 19-30.

Kroeber, Alfred and Kluckhohn, Clyde (1952 [1963]): *Culture: A Critical Review of Concepts and Definitions*. New York: Vintage Books.

Kühling, Susanne (2005): *Dobu: Ethics of Exchange on a Massim Island, Papua New Guinea.* Honolulu: University of Hawai'i Press.

Leatherman, Thomas L. & Goodman, Alan H. (2022): ‘‘Critical Biocultural Approaches to Health and Illness’’. In: Singer, Merrill. Erickson, Pamela I. & Abadía-Barrero, César E. (eds), pp 26-48. *A Companion to Medical Anthropology*.

Leeder, Elaine. (2004): *The Family in Global Perspective: A Gendered Journey*. California: Sage Publication, Inc.

LeVine, Robert (1966): *Dreams and Deeds: Achievement Motivation in Nigeria*. Chicago: University of Chicago Press.

Lévi-Strauss, Claude (1963): *Structural Anthropology*. New York: Basic Books, Inc.

Levi-Strauss, Claude (1969): *The Elementary Structures of Kinship*. Boston: Beacon Press.

Linsk, A. Joseph (1993): “American Medical Culture and the Health Care Crisis”. In: *American Journal of Medical Quality* 8(4):174-180.

Lock, Margaret and Gordon, Deborah (eds.) (1988): *Biomedicine Examined*. Dordrecht: Kluwer Academic Publishers.

Löwy, Ilana (2011): ‘‘Historiography of Biomedicine: “Bio,” “Medicine,” and In Between’’. In: *The History of Science Society* 102(1): 116-122.

Malinowski, Bronislaw (1913): *The Family among the Australian Aborigines*. London: University of London Press.

Malinowski, Bronislaw (1954): *Magic, Science and Religion and Other Essays*. NY: Doubleday, Garden City.

Markus, Rose M. & Kitayama, Shinobu (1991): ‘‘Culture and the Self: Implications for Cognition, Emotion, and Motivation’’. *Psychological Review: American Psychological Association Inc* 98(2): 224-253.

Marcus, E. George (1995): “Ethnography in/of the World System: The Emergence of Multi-Sited Ethnography”. *Annual Review of Anthropology* 24: 95-117.

Marcus, E. George (1998): Ethnography through Thick and Thin. United Kingdom: Princeton University Press.

Marwick, Mary. G. (1950): ‘‘Another Modern Anti-witchcraft Movement in Central Africa’’. Africa 20(2): 95-112.

Massey, Douglas S. and España Felipe García (1987): ‘‘The Social Process of International Migration’’. *Science*. New Series 237(4816): 733-738.

Matera, Marc. Bastia, Misty. Kingsley Kent, Susan (2011): *The Women's War of 1929: Gender and Violence in Colonial Nigeria*. Basingstoke, United Kingdom: Palgrave Macmillan.

Mbiti, John S. (1990 [1969]): ‘‘Mystical Power, Magic, Witchcraft and Sorcery’’. In: *African Religions and Philosophy*. [Ch. 16:]. 2nd ed., pp. 189-199. Oxford: Heinemann.

Mbiti, John S. (1999 [1969]): *African Religions and Philosophy*. Oxford: Heinemann.

McCulloch, Jock (1995 [1945]): *Colonial Psychiatry and ‘the African Minds’*. New York: Cambridge University Press.

McCloskey, Donna Jo. McDonald, Mary Anne. Cook, Jennifer. Heurtin-Roberts, Suzanne. Updegrove, Stephen. Sampson, Dana. Gutter, Sheila & Eder, Milton Mickey (2011): ‘‘Community Engagement: Definitions and Organizing Concepts from the Literature’’. In: *Principles of Community Engagement* (2nd ed.), pp 3-41. USA: NIH Publication.

McElroy, Ann & Townsend, Patrick K. (2015): *Medical Anthropology in Ecological Perspective* (6th Edition). New York: Routledge.

Mechanic, David. (1986): ‘‘The concept of illness Behaviour: Culture, Situation and Personal Predisposition’’. *Psychological Medicine* 6: 1-7.

Meek, Charles Kingsley (1950): *Law and Authority in a Nigerian Tribe*. London: OUP.

Metuh-Ikenga, Emefie. (1991): *African Religions in Western Conceptual Schemes: The Problem of Interpretation* Nigeria: Jos, IMICO Press.

Meyer, Bright (1992): ‘‘If You Are a Devil, You Are a Witch, and If You Are a Witch, You Are a Devil: The Integration of ‘Pagan’ Ideas into the Conceptual Universe of Ewe Christians in Southeastern Ghana”. *Journal of Religion in Africa* 22(2): 98-132.

Minkov, Michael (2013):’’The concept of culture’’. In: *Cross-Cultural Analysis: The Science and Art of Comparing the World's Modern Societies and Their Cultures*, pp. 9-18. SAGE Publications, Inc.

Modood, T. & Werbner P. (eds.) (1997): *The Politics of Multiculturalism in the New Europe: Racism, Identity and Community*. London: Zeb Book Ltd.

Montague, Ashley (1977): *Life Before Birth*. New York: Signet Books.

Moore, Luke S. P. and Hatcher, James C. (2019): *Biology of Bacteria, Viruses, Fungi and Parasites and the Host-Pathogen Interactions*. Cambridge University Press.

Morris, Brian (2006): *Religion and Anthropology: A Critical Introduction*. United Kingdom: Cambridge University Press.

Naisiko, Tabitha (2021): ''An Anthropological Discourse to Christian Views on Polygamy and Plural Relationships in Uganda''. *East African Journal of Tradition and Religion* 4(1): 8-15.

Ndiokwere, Nathanaiel (1998): *Search for Greener Pasture: Igbo and Africa Experience*. Nebraska: Morris Publishing.

Neki, Jaswant S. Joinet, B. Ndosi, Noah. Hauli, J. Duvinage, G. & Kilonzo, Gad (1986): ''Witchcraft and Psychotherapy''. *British Journal of Psychiatry* 149 (2): 145-155.

Nkwi, Paul Nchoji (1979): "Cameroon Grassfield Chiefs and Modern Politics". *Paideuma: Mitteilungen zur Kulturkunde* 25: 99-115.

Nouwen Henri J.M. (1975): *Reaching Out: The Three Movements of the Spiritual Life*. Britain: Doubleday.

Nwafor-Ejelinma, Ndubisi (2012): *Ndi-Igbo of Nigeria: Identity Showcase.* USA: Trafford.

Nwala, Uzodinma T. (2010): *Igbo Philosophy*. Abuja: Niger Books & Publishing Co.

Nwaogaidu, John C. (2017): *The Igbo Marriage Ritual and Value Systems: A Social Anthropological Analysis*. Nigeria: Nsukka: Chuka Educational Publication.

Nwoga, Dotatus I. (1984): *The Supreme God as stranger in Igbo religious thought*. Ahiazu Mbaise, Imo State, Nigeria: Hawk Press.

Nyamnjoh, Francis B. (2001): ''Delusions of Development and the Enrichment of Witchcraft Discourses in Cameroon''. In: Moore, Henrietta L. & Sanders, Todd (eds), *Magical Interpretations, Material Realities*, pp. 28-49. New York: Routledge.

Nyamnjoh, Francis B. (2005): "Images of Nyongo Amongst Bamenda Grassfielders in Whiteman Kontri". *Citizenship Studies* 9(3): 241-269.

Obi, Bernard Nwabueze (2015). ''The Igbos and Migration Dynamics: An Anthropological Study on Igbo Asylum Seekers in Bayernkaserne, Munich, Germany''. [Unpublished] *Master Thesis*. Universität Münster, Germany: Institut für Ethnologie.

Obiagwa, Marius C. (2000): *Healthcare of the Sick Among the Igbos of Nigeria vis a vis the Healing Ministry of the Church and the Pastoral Challenges of Today*. Rome: Camillianum.

Obi-Ani, Paul. (2009): *Post-civil war political and economic reconstruction of Igbo land, 1970-1983* (2nd ed.). Nsukka: Great AP Publishers Ltd.

O'Connell, James (1962): ''The Withdrawal of the High God in West African Religion: An Essay in Interpretation''. *Man*. Royal Anthropological Institute of Great Britain and Ireland. 62: 67-68.

O'Connell, James (1991): "Te Ending of the Nigerian Civil War: Victory, Defeat, and the Changing of Coalitions". In: Licklider, Roy (ed), *Stopping the Killing: How Civil Wars End,* pp. 85-199. New York: New York University Press.

O'Connor, Kaori (2015): "Anthropology, Archaeology, History and the Material Culture of Lycra". In Anne Gerritsen, Giorgio Riello (eds), *Writing Material Culture History*. pp. 59-76. London: Bloomsbury Academic.

Offorchukwu, Joachim Ifezuo (2010): ''A Biblical and Theological Study: Analysis of Marriage and Divorce Among Igbo Catholic Christians (Nigeria)''. [Unpublished] *Dissertation*. South Africa: Theological Seminary.

Ogbuagu, Chibuzo S. A. (1983): ''The Nigerian Indigenization Policy: Nationalism or Pragmatism?'' *African Affairs* 82(327): 241-266.

Ojo, Matthews (2007): "Pentecostalism, Public Accountability and Governance in Nigeria". In: Harneit-Sievers, A. and Obiorah, N. (eds), *Pentecostalism and Public Life in Nigeria: Perspectives and Dialogue*, pp.19-34. Lagos: Heinrich Böll Foundation.

Okonkwo, Emeka E. (2012): ''Traditional Healing Systems among Nsukka Igbo''. *Journal of Tourism and Heritage Studies* 1(1): 70-71.

Okoro, Kingsley N (2021): "Igbo Traditional Medicine and Chinese Medical Practising: A Comparative Analysis. International Journal of Biology, Pharmacy and Allied Sciences (IJBPAS) 10(12): 4521-4535.

Okoye, Chuka. A. (2011): ''„Onwe": An Inquiry into the Igbo Concept of Self''. *Ogirisi: A New Journal of African Studies* 8(1): 1-17.

Onwubiko, Oliver A. (1991): *African Thought, Religion and Culture*. Enugu: Snaap Press.

Onwuejeogwu, Angulu M. (1981): *An Igbo Civilization: Nri Kingdom and Hegemony*. UK: London Ethnographica Ltd.

Onwughalu, Obiefuna J. (2011): *Parents' Involvement in Education: An Experience of an African Migrant Community in Chicago.* United States of America: iUniverse.

Onwurah, Emeka (1990): "Priesthood in the Traditional Religion of the Igbos of Nigeria''. *Journal of Dharma*: *Dharmaram Journal of Religions and Philosophies* 15: 45-54.

Onwurah, P. Charles (1982): *Marriage: Christian and Traditional: A Social and Theological Study of the Interaction of Ethical Values in the Igbo Society of Nigeria*. [Doctoral dissertation, Columbia University: Teachers College].

Onyinah, Opoku (2002): "Deliverance as a Way of Confronting Witchcraft in Modern Africa: Ghana as a Case History". *Asian Journal of Pentecostal Studies* 5(1): 107-34.

Opata, Damian (1998): *Essays on Igbo World View*. Nsukka: AP Express Publishers.

Oraka, Louis Nnamdi (1983): *The Foundations of Igbo Studies: A Short History of the Study of Igbo Language and Culture*. University Publishing Co.

Otite, Onigu (1991): ‘‘Marriage and Family Systems in Nigeria’’. *International Journal of Sociology of the Family* 21(2): 15-54.

Ottenberg, Simon (1966): Ibo Receptivity to Change. In LeVine, Robert (1966): Dreams and Deeds: Achievement Motivation in Nigeria, pp. 13-18. Chicago: University of Chicago Press.

Owens, Katie M. and Keller, Stephanie (2018):’’Exploring workforce confidence and patient experiences: A quantitative analysis’’. *Patient Experience Journal* 5(13): 97-105.

Parnwell, Mike (1993): *Population Movement and the Third World*. London and New York, Rutledge.

Pembroke, Neil Francis (2007): “Empathy, Emotion, and Ekstasis in the Patient: Physician Relationship”. *Journal of Religion and Health* 46(2): 287-298.

Pillow, S. Wanda (2010): “Dangerous Reflexivity: Rigour, Responsibility and Reflexivity in Qualitative Research”. In Thomson, Pat & Walker, Melanie (eds). *The Routledge Doctoral Student’s Companion*, pp. 270- 82. Abington, England: Routledge.

Platenkamp, Josephus D. M. (1990): ‘‘The Severance of the Origin: The Ritual of the Tobelo of North Halmahera’’. *Bijdragen Tot de Taal-, Land- En Volkenkunde* 146(1): 74-92.

Platenkamp, Josephus D. M. (1992): ‘‘Transforming Tobelo Rituals’’. In: Daniel de Coppet (Ed.) (1992): *Understanding Rituals,* pp. 75-91. London and New York: Routledge.

Platenkamp, Josephus D. M. (1996): ‘‘The Healing Gift’’. In: S. Howell (ed.) (1996): *For the Sake of our Future. Sacrificing in Eastern Indonesia*, pp. 318-336. Leiden: Centre of Non-Western Studies.

Platenkamp, Josephus D. M. (1984c) “Marriage and Death. Social change in Tobelo”. In: E.K.M. Masinambow (ed.), Maluku and Arian Jaya. Special Issue *Bulletin* LEKNAS 3/1: pp. 105-118.

Prager, Laila (2010): *Die “Gemeinschaft des Hauses”: Religion, Heiratsstrategien und transnationale Identität türkischer Alawi-/Nusairi-Migranten in Deutschland*. LIT Verlag Münster.

Prager, Laila (2014): ‘‘Introduction. Reshaping Tribal Identity in Contemporary Arab World: Politics, (Self-) Representation, and the Construction of Bedouin History’’. *Nomadic Peoples* 18(2): 10-15.

Prager, Laila (2015): “Dangerous Liaisons”: Modern Bio-medical Discourses and Changing Practices of Cousin Marriage in Southeastern Turkey”. *Cousin Marriages and the*

Medicalization of Spouse Selection, pp. 88-109. In: Alison Shaw and Aviad Raz (ed). New York / Oxford: Berghan Books.

Prager, Laila (2016): "The Miracle of Rebirth: Stigmata, Transmigration, and the Remembrance of Former Lives in Alawi Religion". In: S. Kurz, C. Preckel & S. Reichmuth (eds.), *Muslim Bodies, Body, Sexuality and Medicine in Muslim Societies*, pp. 281-310. Münster/Berlin: LIT-.

Prager, Michael (1992): ''Structure, Process, and Performance in Eastern Indonesian Rituals: A Review Article''. *Anthropos* 87(4/6): 548-555.

Prager, Michael (2016):"'Holism, Value Systems, and Comparison: Key Concepts in the Anthropology of J.D.M. Platenkamp". In: Prager, Laila. Prager, Michael & Sprenger, Guido (eds) *Parts and wholes: Essays on Social Morphology, Cosmology, and Exchange in Honour of J.D.M. Platenkamp*, pp. 1-22. Wien: LIT Verlag GmbH & Co. KG.

Price-Williams, Douglass R. (1962): ''A Case Study of Ideas Concerning Disease among the Tiv''. *Africa: Journal of the International African Institute* 32(2): 123-131.

Quinlan, Marsha B. (2011): ''Ethnomedicine''. In: Singer, Merrill & Erickson, Pamela I. (eds.), *A Companion to Medical Anthropology*, pp. 381-384. UK: Chichester, W. Sussex, Wiley-Blackwell Publications.

Quirke, Viviane and Gaudillière, Jean-Paul (2008). ''The Era of Biomedicine: Science, Medicine, and Public Health in Britain and France after the Second World War''. *Medical History* 52(4): 441-452.

Radcliff-Brown, Alfred Reginald (1940): ''On Social Structure''. *The Journal of the Royal Anthropological Institute of Great Britain and Ireland* 7(1): 1-12.

Radcliff-Brown, Alfred Reginald (1954): ''Religion and Society''. *The Journal* of *the Royal Anthropological Institute of Great Britain and Ireland* 7(1/2): 33-34.

Radcliff-Brown, Alfred Reginald (1963[1952]): *Structure and Function in Primitive Society: Essay and Address.* London: Cohen & West Ltd.

Rappaport, Roy (1979): *Ecology, Meaning, and Religion*. Richmond: North Atlantic Books.

Rapport, Nigel (ed). (2018): ''A Sense of Well-Being: The Anthropology of a First-Person Phenomenology''. In: *Routledge Handbook of Well-Being*. London: Routledge.

Re, Tania & Ventura, Carlo (2015): ''Transcultural Perspective on Consciousness: A Bridge between Anthropology, Medicine and Physics''. *Cosmos and History: The Journal of Natural and Social Philosophy* 11(2): 228-241.

Robertson, Mildred H.B. and Boyle, Joyceen S. (1984): ''Ethnography: Contributions to Nursing Research''. *Journal of Advanced Nursing* 9(1): 43-9.

Rossi, Ino (ed.) (1974): *The Unconscious in Culture: The Structuralism of Claude Levi-Strauss in Perspective.* New York: E. P. Dutton & Co. Inc.

Russell, Jeffrey Burton (1972): *Witchcraft in the Middle Ages*. Ithaca, New York: Cornell University Press.

Sahlins, Marshal (1972): *Stone Age Economics*. London: Tavistock.

Sahlins, Marshal (2003): *What Kinship is and is not*. Chicago: University of Chicago Press Chicago.

Salami, Ali and Tabari, Bamshad Hekmatshoar (2020): ''Igbo Naming Cosmology and Name Symbolization in Chinua Achebe's Tetralogy''. *Folia Linguistica et Litteraria* 33(33): 39-61.

Samanani, Farhan and Johannes Lenhard. (2023 [2019]): "House and home". *In The Open Encyclopedia ofAnthropology,* Felix Stein (ed.), pp. 1-18. Facsimile of the first edition in *The Cambridge Encyclopedia of Anthropology*. At: House and home (anthroencyclopedia.com). (Accessed: 21.03.2023).

Schleiermacher, Friedrich (1996[1799]): *On Religion: Speeches to its Cultured Despisers*. Crouter, Richard. (Translator). Cambridge, UK: Cambridge University Press.

Schröder, Ekkehard (1978): ''Ethnomedicine and medical anthropology. A Survey of Developments in Germany from a viewpoint in 1978''. *Reviews in Anthropology* 5(4): 55-68.

Scroggs, R. James (1966): "The Paradoxical Nature of Man". *Journal of Religion and Health 5*(1): 17-26.

Sheikh-Dilthey, Helmtraud (1975): ''Ethnomedizin: Versuch einer Definition''. *Anthropos* 72: 302-304.

Sherry, John F. Jr. (1983): ''Gift Giving in Anthropological Perspective''. *The Journal of Consumer and Research* 10(2): 157-168.

Shulman, David and Stroumsa, A. Guy (eds.) (1999): *Dream Cultures: Explorations in the Comparative History of Dreaming*. New York, Oxford: Oxford University Press.

Singer, Merrill & Erickson, Pamela I. (Ed.) (2011): *A Companion to Medical Anthropology*. Chichester, W. Sussex: Wiley-Blackwell Publications.

Smith, Daniel Jordan (2001): ''Romance, Parenthood, and Gender in a Modern African Society''. *Ethnology* 40(2): 129-151.

Spencer, Herbert (1896): *The Principles of Sociology, 3 Volumes*. New York: Appleton.

Ssekamwa, John C. (1967): ''Witchcraft in Buganda Today''. *Transition.* [Indiana University Press, Hutchins Center for African and African American Research at Harvard University]. 30: 31-39.

Starkweather, E. Katherin and Hames, Raymond (2012): ''A Survey of Non-Classical Polyandry''. *Human Nature* 23(2): 149-172.

Starfield, Sue (2013): “Researcher Reflexivity”. In: *Encyclopedia of Applied Linguistics*. Chappelle, A. Carole (ed.), pp. 1-7. Wiley-Blackwell.

Sugishima, Takashi. (1994): ‘‘Double Descent, Alliance, and Botanical Metaphors Among the Lionese of Central Flores’’. *Bijdragen Tot de Taal-, Land- En Volkenkunde* 150(1): 146/170.

Talbot, Amaury P. (1926): *The People of Southern Nigeria: A Sketch of their History, Ethnology and Languages with an Abstract of the 1921 Census*. Herausgeber: Oxford University Press.

Taylor, David C. (1979): ‘‘The Components of Sickness: Diseases, Illnesses, and Predicaments’’. *The Lancet* 314(8150): 1008-1010.

Tedlock, Barbara (2001): ‘‘Divination as a Way of Knowing: Embodiment, Visualisation, Narrative, and Interpretation’’. *Folklore* 112(2) 189-197.

Tilley, Helen (2016): “Medicine, Empires, and Ethics in Colonial Africa”. *AMA Journal of Ethics* 18(7): 743-753.

Triandis, Harry C. (1972): *The Analysis of Subjective Culture*. New York: Wiley.

Triandis, Harry. C. (2002). ‘‘Subjective Culture’’. *Online Readings in Psychology and Culture* 2(2): 1-12.

Truesdell, Clifford Ambrose (2005): Meeting Hospital Needs for Standardized Emergency Codes – The HASC Response. *J Healthc Prot Manage* 21(1):77-89.

Tylor, Edward Burnett (2010 [1871]): *Primitive Culture: Research into the Development of Mythology, Philosophy, Religion, Art and Custom*. Vol. I. Cambridge: University Press.

Uchem, Rose Nkechi (2016): ‘‘Polygamy as a solution to the Problem of Childlessness: A case Study of Cultural Oppression of Women’’. *Research Gate*, pp. 1-24. At: https://doi.org/10.13140/RG.2.1.2803.8646 [Working Paper].

Uchendu, Victor C. (1964): ‘Kola Hospitality' and Igbo Lineage Structure’. *Man.* 64: 47-50.

Uchendu, C.Victor (1965): *The Igbo of Southeast Nigeria*. New York: Holt Rinechart and Winston.

Udeolisa, Urewuchi E. (2010): ‘‘The Impact of Christian Baptism n Traditional Igbo Naming Ceremony’’. *Knowledge Review* 21: 115-119.

Ugwu, Moses Chinonyelum (1998): *Healing in the Nigerian Church: A Pastoral-psychological Exploration*. Houston: Peter Lang Pub Inc.

Van den Bersselaar, Dmitri (2005). ‘‘Imagining Home: Migration and the Igbo Village in Colonial Nigeria’’. *The Journal of African History* 46(1): 51-57.

Van Der Geest, Sjaak and Finkler, Kaja (2004): Hospital Ethnography: Introduction 59(10): 1995-2182.

van Oudenhoven, Jan Pieter (2017): "Emic and Etic Research". *The International Encyclopedia of Intercultural Communication*: pp.1-7.

Vang, Zoua. Sigouin, Jennifer., Flenon, Astrid., and Gagnon, Alain (2015) ''The Healthy Immigrant Effect in Canada: A Systematic Review,''. *Population Change and Life course Strategic Knowledge Cluster Discussion Paper Series* 3(4): 1-43.

Ventres, William B. (2018): "In the Hands of Doctors: Touch and Trust in Medical Care". *Family Medicine* 50(1): 69-69.

Vertovec, Steven (2009): *Transnationalism*. New York, NY: Routledge, PrintHence.

Vertovec, Steven (ed.) (2010): *Anthropology of Migration and Multiculturalism: New Direction*. USA: Routledge.

Wagner, Roy (1975): *The Invention of Culture*. New Jersey: Prentice-Hall, Inc. Englewood Cliffs.

Wallace, Walters L. (ed.) (2008 [1969]): *Sociological Theory: An Introduction*. Chicago: Aldine Publishing Company.

Weller, Susan C., Trenton, R. Ruebush and Klein, Robert E. (1997): "Predicting Treatment-Seeking Behavior in Guatemala: A Comparison of the Health Services Research and Decision-Theoretic Approaches." *Medical Anthropology Quarterly* 11(2): 224-245.

''What Is Health Promotion''? (1986). *Journal of Public Health Policy* 7(2): 147- 151.

White Jenny B. (1995): "Turks in Germany: Overview of the Literature''. *Middle East Studies Association Bulletin* 29(1): 12-15.

White, A. Leslie (1975): *The Concept of Cultural System: A Key to Understanding Tribes and Nations*. New York and London: Columbia University Press.

Wikman, Anders. Marklund, Staffan & Alexanderson, Kristina (2004): Illness, Disease and Sickness absence: ''An Empirical Test of Differences between Concepts of ill Health''. *Journal of Epidemiology and Community Health*. 59: 450-454.

Willis, Roy G. (1968): "Kamcape: An Anti-sorcery Movement in South-West Tanzania" *Africa*. 38(1): 1-15.

Willis, Roy G. (1970): ''Instant Millenium: The Sociology of African Witch-cleansing Cults''. In: Douglas, Mary (ed.), *Witchcraft Confessions and Accusations*, pp. 129-139. London: Tavistock Publications.

Wilson, Monica Hunter (1972 [1951]): ''Witch Beliefs and Social Structure''. In: Marwick, Max (ed.): *Witchcraft and Sorcery*. Middlesex et al.: Penguin Books.

Workneh, Tebaber., Emirie, Guday., Kaba, Mirgissa., Mekonnen, Yalemtsehay and Kloos, Helmut. (2018): Perceptions of Health and Illness among the Konso People of South-western Ethiopia: Persistence and Change. *Journal of Ethnobiology and Ethnomedicine* 14(18): 1-9.

Young, Allan (1982): ‘‘The Anthropologies of Illness and Sickness’’. *Annual Review of Anthropology* 11: 257-285.

Zolrak (2019): *African Cowries Shells Divination: History, Theory and Practice*. Woodbury, Minnesota: Llewellyn Publications.

Online Sources

American Heritage Dictionary of the English Language (2016). Fifth Edition. Houghton Mifflin Harcourt Publishing Company. ‘‘*Dreams”*. Available at: https://en.thefreedictionary.com/dreaming. (Accessed: 14 May 2020).

American Heritage Dictionary of the English Language (2016). Fifth Edition. Houghton Mifflin Harcourt Publishing Company. ‘‘*Migration*’’. Available at: https://www.thefreedictionary.com/migration. (Accessed: 20 May 2020).

American Heritage Dictionary of the English Language (2016). Fifth Edition. Houghton Mifflin Harcourt Publishing Company. ‘‘*Health*’’. Available at: https://medical-ictionary.thefreedictionary.com/health. (Accessed: 23 May 2020).

Miller-Keane Encyclopedia. (2020). ‘‘*Disease*’’. (n.d.) Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition (2003). Available at: https://medical-dictionary.thefreedictionary.com/disease. (Accessed: 16 September 2020).

World Health Organization (WHO) ‘‘Non communicable Diseases (NCDs)’’ (23 April 2021) Available at: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases. (Accessed: 08.08.2021).

World Health Organization (WHO). (2020). ‘‘*Definition Of Health*’’. Available at: https://www.publichealth.com.ng/world-health-organizationwho-definition-of-health/. (Accessed: 2 June 2020).

World Health Organization (WHO). (2020). ‘‘*Diarrhoeal*’’. Available at: https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease. (Accessed: 2 June 2020).

Eshemokha, Udomoh. (2020) ‘‘Placenta Myth: Who started the burying placenta tradition?’’. *Nigerian Health Blog*. Available at: https://nimedhealth.com.ng/2020/05/31/placenta-myth-who-started-the-burying-placenta-tradition/. (Accessed: 15 June 2020).

‘‘Millennium Development Goal’’ (MDGs) (2015). *Nigeria: National population Commission*. Available at: http://www.commonwealthgovernance.org/assets/uploads/2017/05/Nigeria_MDGs_Abridged_Sept30.pdf. (Accessed: 28 June 2020).

Dr. Alfred M. Bongioanni (2020). ‘‘The National Association for the Advancement of Preborn Children’’ (NAAPC). In: Randy Alcorn, *Eternal Perspective Ministries*. Available at: https://naapc.org/why-life-begins-at-conception/. (Accessed: 25 July 2020).

‘‘Dream Definition’’ (2020). *Merriam Webster*. Available at: https://www.merriam-webster.com/dictionary/dream. (Accessed: 29 July 2020).

‘‘Illness Behaviour’’. (n.d.) (2009). *Medical Dictionary*. Available at: https://medical-dictionary.thefreedictionary.com/illness+behavior. (Accessed: 3 September 2020).

‘‘Healing Definition’’ (2020). *Cambridge English Dictionary*. Available at: https://dictionary.cambridge.org/us/dictionary/english/healing. (Accessed: 1 August 2020).

Omenka Egwuatu Nwa-Ikenga ‘‘Prayer to Amadioha’’. *Odinani: The Sacred Arts & Sciences of the Igbo People (An Igbo Cyber Shrine).* Available at: https://igbocybershrine.com/category/prayers/. (Accessed: 2 October 2020).

‘‘Medicine Definition’’ *The Online Medical Dictionary.* Available at: www.yourdictionary.com/medicine. (Accessed: October 10, 2020).

‘‘What Is Health Promotion’’? (1986). *Journal of Public Health Policy.* Vol.7, No2. Pp.147-151. Available at: https://www.jstor.org/stable/3342250?seq=1. (Accessed: 11 October 2020).

Health and Safety Executives (HSE) 4th Ed. ([2000] 2021): *The Approved List of Biological Agents*. By Advisory Committee on Dangerous Pathogens. Microbiology and Biotechnology Unit, HSE, Redgrave Court, Merton Road, Bootle, Merseyside, UK. Available at: https://www.hse.gov.uk/pubns/misc208.pdf. (Accessed: 8 August 2021).

European Union Agency for Fundamental Rights (2016). **‘‘**On report outlined selected results from FRA’s second large-scale EU-wide survey on migrants and minorities (EU-MIDIS II)’’. Available at: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2019-being-black-in-the-eu-summary_en.pdf . (Accessed: 25.08.2021).

“Child’s Mortality”. Nigeria Government and UNICEF Country Programme of Cooperation 2018-2022 (2021). *Country Office Annual Report 2021*. Available at: https://www.unicef.org/media/116321/file/Nigeria-2021-COAR.pdf. (Accessed: 10.05.2022).

Glossary of Igbo Terms

***Abiku* –** a Yoruba language word meaning (*Abi*: born) (*Iku:* death) born to die or predestined to die

***Achịere* –** now identified as chronic or acute leg ulcer

***Afọ ọsisa* –** a running stomach or purging, diarrhoeal

***Afọ etito* –** swelling stomach

***Afo oruru* –** stomach-aches

***Agwu* –** someone called to be a diviner, spirit

***Ahihia onugbo* –** a bitter leaf, a vegetable leaf (lit. also used for controlling or curing diabetes)

***Ahu ike* –** health, a healthy body

***Ahu ọnwunwu* –** severe health condition (lit. used in describing a critical health conditions)

***Ahu* –** body, flesh, skin

***Ajọ* –** possessing a bad or evil character

***Ajọ-Chi* –** bad individual's spiritual guard

***Ajọ muo* –** evil spirit

***Ajọ nunu* –** evil bird (lit. believed to possess foresights and can predict deaths)

Ajo ọgwu – bad medicine

***Akpata* –** Measles or smallpox condition

***Aku ruo uno* –** bring or return wealth home

***Akwa Isiagu* –** lion head textile, an Igbo traditional dress symbol

***Akwa-gorge* –** textile wrapper, long fabrics

***Ala / Ani, Ana, Ali* –** land, earth, soil

***Ala muo* –** land of the dead

***Alaigbo* –** homeland, native land, home country, country of birth

***Alusi* –** a land's deity, (lit. a metaphysical dispenser or adjudicator of justice, can also be a punisher)

***Ama* –** One's public quarter, an entrance to a family compound

***Amosu* –** A person who indulges in evil acts. Witchcraft, sorcerer, witch, wizard

***Ahu ike* –** wellbeing, physically fit

***Ahu mgbu* –** The feeling of body pain

***Ásụ̀sụ̀ Ị̀gbò* –** the Igbo language

***Chi* –** an individual's destiny, spirit-guide (lit. an individual mediator with the unknown)

***Chukwu* –** general word for, God/Supreme God

***Chukwu-okike* –** God the creator

***Chukwu na agwo oria* –** God that heals, cures diseases or illness

***Dibia* –** traditional healer, diviner (lit. Igbo physician)

***Dede* –** elder, can also be used to refer to an uncle or aunt

***Ebe obibi* –** home i.e., living or dwelling place (house)

***Eju* –** small reddish clay or ceramic (broken-like) pot, (lit. also means snail)

***Eligwe or Enu igwu* –** the sky (lit. also referred to as heaven)

***Elu / Enu* –** above (lit. elevated above, e.g., a bird fly above a house)

***Eke* –** ancestral guardian, (lit. also means a market day, python)

***Eze muọ* –** chief priest, (lit. a village priest, a mystifier, forecaster; be it of spiritual or natural)

***Ezhi era* –** Apollo (lit. eye darkness)

***Ezinulo* –** family, household (lit. single or larger family household)

***Ezii* –** one's kindred (lit. close or clustered habitation of family relatives – 'brothers')

***Gbuo* –** to kill (lit. kill)

***Iba ọcha* –** a description for Yellow fever condition

***Iba oji* –** a description for acute Malaria condition

***Iba* –** a general name for Malaria disease

***Iɓò* –** place between a ''tribe'' and a ''nation''

***Icha Ọgwu* –** lit. medical modification

***Ichafu isi* –** head wrap (*gele* in Yoruba language)

***Ichake ihe* –** lit. medical manifestation

***I gba afa* –** divination, diagnosis

***Igbaru ulo* –** preparation (for a long journey to homeland)

***Igbo / Ị̀gbò* –** people, ethnic identity, language

***Ị̀gbò-Etiti* –** central or standard Igbo language (lit. the meeting point where the Igbo language is spoken to the comprehension of all)

***Ị̀gbò-Izugbe* –** dialect of the Igbo people

***Igwe* –** village king, (lit. ruler, leader)

***Igwe bu ike* –** unity of strength

***Ihe arụ* –** abominable

***Ihe ọdachi* –** disaster (lit. natural disaster)

***Ihe mberede* –** accident

***Ikenga* –** place of strength

***Ikporu nwanyi ulo* –** to return a wife back to her father's house

***Ikwado* –** preparation for (work, run, travel, etc)

***Ikuchi nwanyi* (*nwunye*) –** widow or bride inheritance

Ilaghachi be nna – return back to father's house (personal decision)

***Inụ / Ilụ* –** bitterness, lit. a taste of something bitter

***Iru ala* –** to commit an abomination, taboo (*nso ala*)

Ite-ọku – ceramic (small) ritual pot

***Itụ ụli / Iga mgbaru* –** condolence journey (lit. to pay condolence to one's relative or in-law)

***Iyi-uwa* –** relics of a dead person e.g., clothes, shoes, gravestone, etc

***Kịtịkpa* –** a derogatory word for cause, bodily sickness infliction

***Mgbu / Ufu* –** the general feeling of pain

***Mgbapia* –** tonsillitis

***Mma* –** well-being, feeling fine, well, okay, beauty

***Mmanwụ* –** masquerade

***Mkpoyi* –** dysentery

***Muọ mmiri* –** lit. sea spirits belief to possess very beautiful individuals that make them to attract every kind of fortune or misfortune. Marine spirit, mermaid

***Ńdị́ a* –** group of people

***Ńdị́ Ìgbò* –** the people of Igbo origin

***Ńdị́ out* –** cult group

***Ndu* –** life in general or well-being depending on the context

***Nnọ* –** welcome (lit. greeting)

***Nwa m* –** my child (lit. child)

Nrọ* – *dream

***Nsọ ala* –** cultural or land prohibition

***Nsogbu ime nwa* –** a descriptive word for barrenness

***Nwanyi aluru alu* –** wife

***Nwere onwe* –** being independent from a family or community

***Nze* –** elder,
- lit. chieftain title for core traditional worshipper
- are respected elders within linage or kindred
- some are advisers to a village traditional ruler

***Nzu* –** white chalk or kaolin chalk, (used for traditional rituals)

***Obi* –** central hut/building that serves as the 'heart' of the family house, a meeting point

***Obodo* –** town, community

***Odema* –** swollen legs

***Ọ̀dị̀nànị̀* –** the peoples customary practices

Ọfọ ala* – *symbol of authority

***Ọgbanje* –** a belief of an evil spirit in human that willingly plagues a family with misfortune

***Ogbe* –** village unit

***Ogene* –** metallic (Igbo) traditional musical instrument

***Ogogoro* –** traditional spirit drink, locally fermented

***Ọgo* –** in-law

***Ọgo nwoke* –** male in-law

***Ọgo nwanyi* –** female in-law

Oke Ite – (lit. pot of wealth) a new terminology associated with witchcraft and the search for excessive wealth.

***Ọgwụ* –** lit. depending on the context, it could mean a medication, charm, dark magic, talisman, fetish

***Ọgwụ ike* –** hard drugs, medicine

***Ọmu* –** palm leaf

***Onye amuma* –** a prophet, fortune-teller, soothsayer,

***Ọjị́ Igbo* –** cola nut (Igbo cultivated, reddish or pinkish, more valued (like the bitter kola – *Agbinu* – to other species of kola nuts)

***Okpu ndi ichie* –** traditional hat reserved for titled and elderly people

***Ọjọọ* –** bad

***Ọma* –** good

***Omenala* –** the peoples' traditional practices

***Onwe* –** self, ones'self

***Ọnwụ* –** death

***Ọnye aghala nwanne ya* –** collective working force, inclusiveness in goal attainments

***Ọpara* –** eldest son, eldest male

***Ọria stroke* –** medical Stroke; full or partial condition of being paralysed

***Ọria ume oku* –** used to describe an asthmatic person, lower respiratory infection

***Ọria* –** general word for illness/sickness

***Ósè Ọjị́* –** alligator pepper

***Osise* –** convulsion

***Otu* –** lit. individual's cult

***Ọzọ* –** a second title for a core traditional worshipper given to outstanding individuals

***Saraka* –** sacrifice, thanksgiving, charity or almsgiving

Ụkpụrụ omume – Moral norms

Ukwara nta – serious coughing condition, tuberculosis

Ulọ obịbị / Ebe obịbị – home, house, apartment, accommodation

Ụmụnna – patrilineage unit

Ụmụnne – children of the same mother

Ụmụada – daughters of the lineage, council of daughters

Ụmụada-Igbo – Igbo daughters

Utu-Umunna – social contributions or (lit. gift exchange – *onyinye mmekọrịta mmadụ na ibe ya*)

Appendix

Summary of the Dissertation Result

Based on theoretical and empirical findings, this dissertation upholds that there should be no confusion between integrating immigrants and preserving their cultural identities in the context of interpretation of health-related issues as belief and practiced by their cultures. Instead, it is vital to incorporate an appreciation for the unique backgrounds of these diverse immigrants. This understanding should be reflected in their perspective on traditional culture and the phenomenon of medical transnationalism and ethnology. Drawing on the central case stories involving Chika and Mrs Ola, Igbo Migrants in Munich who navigate the biomedical model of disease diagnosis in Germany and ethnomedical aspirations and treatments in Nigeria, the broader context of Igbo ontology and the evolution of health concepts which are shape by traditional ideas and values of the Igbo cosmology are exemplified. This work maintains that the efficacy of the biomedical model acting as a saving grace in the German medical context cannot be discussed in passing. So too, is the ethnomedical model of treatments which this work actively observed through what it described as a long road to recovery. Biomedicine and ethnomedical models, though separate in their approaches, proved that (some) illnesses are better interpreted from the outlook of the culture by which it is practiced. That there is science on the one hand, with its strict tradition of laboratory examination of environmental factors of disease aetiology that are verified and proven. And on the other hand, there is the Igbo traditional practice of divination of disease causality that is hinged on a mindset of social imbalance theory. That, nevertheless, does not exist in complete opposition with the biomedical model but persists on linking sickness causality to human agents and supernatural forces. Beyond, the unavailability of essential medicinal herbs that are by nature specific to tropical environments and used to treat various health conditions known among Igbos further limits the effectiveness of biomedical treatments are due to ideas

of sickness being based in connection with cosmological forces from the homeland and which are best understood with the term of "mysterious illness", and which thus need alternative natural remedies and/or spiritual reconnectedness.

As I show in my extensive description of different diseases and sicknesses from the home country of my Igbo migrant informants, culturally specific forms and causes of diseases have a strong impact on the treatments that should be administrated. Thus, the concept of "homeland" is closely tied to ethnomedical fate, where individuals believe that "completeness" in healing and recovery is guaranteed through reunification with society and cosmological forces in their home of origin. Both biomedicine and ethnomedicine, however, focus on treating particular types of diseases, therefore, I show in my analyses how important it is to maintain or improve our understanding of how knowledge about one medical model can differ from that of another. Just as many immigrants are destined to receive biomedicine in this context of migration as regard variety of sickness, so too are those who return to their country of origin for alternative treatments. Based on empirical research through participant observations, expert interviews, and in-depth cases in Munich and Nigeria I exemplify that sickness is culturally defined, its treatment mostly based on both the biomedical and ethnomedical knowledge that is consistently tested against each other for the well-being of the patients. Whereas the biomedical model is mostly connected to the German context and thus dominant in this environment, the ethnomedical model prevails in Igbo countries. My dissertation thus answers the important question of how migrants' health ideas can and must be part of an encompassing journey of healing in order to achieve real well-being for patients with alternative health concepts and a non-discriminatory access to medical treatment. In my conclusion, I propose several ways of including traditional healing methods that could enhance the Igbo health in Germany, such as: to accommodate the Igbo *Dibia*/traditional healing in this socio-cultural context of the medical practice and to sponsor German physicians who may have developed interests in Igbo (African) medical healing.

Zusammenfassung des Ergebnisses der Dissertation

Auf der Grundlage theoretischer und empirischer Belege wird in dieser Dissertation die Auffassung vertreten, dass die Integration von Einwanderer innen und die Wahrung ihrer kulturellen Identität nicht miteinander verwechselt werden dürfen; stattdessen ist es von entscheidender Bedeutung, die einzigartigen Hintergründe dieser vielfältigen Einwanderer innen zu berücksichtigen. Dieses Verständnis sollte sich in ihrer Perspektive auf die traditionelle Kultur und das Phänomen des medizinischen Transnationalismus und der Ethnologie widerspiegeln. Anhand der zentralen Fallgeschichten von Chika und Frau Ola, beides Igbo-Migrant innen in München, die sich mit dem biomedizinischen Modell der Krankheitsdiagnose in Deutschland und ethnomedizinischen Bestrebungen und Behandlungen in Nigeria auseinandersetzen, werden der weitere Kontext der Igbo-Ontologie und die Entwicklung von Gesundheitskonzepten, die von traditionellen Ideen und Werten der Igbo-Kosmologie geprägt sind, veranschaulicht. In dieser Arbeit wird postuliert, dass die Wirksamkeit des biomedizinischen Modells, das im deutschen medizinischen Kontext als Heilsbringer fungiert, nicht beiläufig diskutiert werden kann sondern einer vertieften Untersuchung bedarf. Dies gilt auch für das ethnomedizinische Behandlungsmodell, das in dieser Arbeit als ein „langer Weg zur Genesung“ beschrieben wird. Die Beschäftigung mit der Biomedizin und Biomedizin und den ethnomedizinischen Modellen zeigt, dass Krankheiten immer im Kontext ihrer kulturellen Verortung heraus betrachtet und interpretiert werden müssen, da die jeweiligen Kontexte in denen „Medizin“ betrieben ebenfalls von sozialen, kulturellen und ökonomischen Faktoren beeinflusst sind. So beruht die Biomedizin in Deutschland auf Methoden der einen Seite gibt es die Wissenschaft mit ihrer strengen Tradition der Laboruntersuchung von Umweltfaktoren, welche für die Krankheitsentstehung verantwortlich zeichnen und die es im Rahmen der medizinischen Behandlung zu überprüften und bewiesen gilt. Ihr gegenüber steht die Ethnomedizin, im hier beschriebenen Fall die traditionelle Praxis der Igbo, welche versucht die Kausalität von Krankheiten zu prophezeien,

da letzte durch eine Theorie des sozialen Ungleichgewichts erklärt wird. Hier werden als Krankheitsursachen menschlichen Akteuren und übernatürlichen Kräften in Verbindung gebracht. Darüber hinaus schränkt die Nichtverfügbarkeit wesentlicher Heilkräuter, die von Natur aus für tropische Umgebungen spezifisch sind und zur Behandlung verschiedener bei den Igbos bekannter Gesundheitszustände verwendet werden, die Wirksamkeit biomedizinischer Behandlungen weiter ein, da die Vorstellungen von Krankheit auf der Verbindung mit kosmologischen Kräften aus der Heimat beruhen, die am besten mit dem Begriff „mysteriöse Krankheit“ verstanden werden und daher alternative Naturheilmittel und/oder eine spirituelle Rückbindung erfordern.

Wie ich in meiner ausführlichen Beschreibung verschiedener Krankheiten und Leiden aus dem Heimatland meiner Igbo-Migranteninformanten innen zeige, haben kulturspezifische Formen und Ursachen von Krankheiten einen starken Einfluss auf die Behandlungensmethoden. So ist das Konzept der „Heimat“ eng mit dem ethnomedizinischen Schicksal verknüpft, bei dem der Einzelne glaubt, dass die „Vollständigkeit“ der Heilung und Genesung durch die Wiedervereinigung mit der Gesellschaft und den kosmologischen Kräften in seinem Herkunftsland gewährleistet ist.

Im Rahmen der Arbeit soll jedoch nicht dem einen gegenüber dem anderen medizinischen Modell mehr Wirkungsmacht zugesprochen werden, sondern ich werde zeigen, wie sowohl die Biomedizin als auch die Ethnomedizin sich auf die Behandlung bestimmter Arten von Krankheiten konzentrieren. Daher zeige ich im Rahmen der Arbeit, welche Krankheiten es unter Igbo in den Herkunftsregion wie auch in deutschen Aufnahmegesellschaft gibt und wie diese im Regelfall behandelt werden können. Ferner möchte ich mit meiner im meinen Analyse zeigen, wie wichtig es ist, unser Verständnis dafür zu verbessern, wie sich das Wissen zwischen den verschiedenen medizinischen Modellen voneinander unterscheiden und das beide Medizinsysteme damit ihre Daseinsberechtigung haben. Genauso wie viele Einwanderer innen diesem Migrationskontext dazu bestimmt sind, Biomedizin in Bezug auf

eine Vielzahl von Krankheiten in Anspruch zu nehmen, gilt dies auch für diejenigen, die in ihr Herkunftsland zurückkehren, um alternative Behandlungsmethoden zu nutzen. Auf der Grundlage empirischer Forschung durch teilnehmende Beobachtung, Experteninterviews und vertiefende Fallstudien in München und Nigeria zeige ich, dass Krankheit kulturell definiert ist und ihre Behandlung zumeist auf einem Mix von biomedizinischem und ethnomedizinischem Wissen basiert, das zum Wohle der Patienten immer wieder gegeneinander geprüft und verhandelt wird. Während das biomedizinische Modell meist mit dem deutschen Kontext verbunden ist und somit in diesem Umfeld dominiert, überwiegt in den Igbo-Ländern das ethnomedizinische Modell. Meine Dissertation beantwortet somit die wichtige Frage, wie die Gesundheitsvorstellungen von Migranten innen Teil einer umfassenden Heilungsreise sein können und müssen, um mit alternativen Gesundheitskonzepten und einem diskriminierungsfreien Zugang zu medizinischer Behandlung wirkliches Wohlbefinden für Patienten zu erreichen. In meiner Schlussfolgerung schlage ich mehrere Möglichkeiten zur Einbeziehung traditioneller Heilmethoden vor, die die Gesundheit der Igbo in Deutschland verbessern könnten, wie z. B.: die Igbo *Dibia/traditionelle* Heilung in diesem soziokulturellen Kontext der medizinischen Praxis unterzubringen und deutsche Ärzte zu fördern, die ein Interesse an der medizinischen Heilung der Igbo (Afrika) entwickelt haben könnten.

Figure 17. The map of Germany. (Source: Google Map).

Figure 18. Map of Munich, the field site. (Source: Google map).

Figure 19 Klinikum Schwabing, Munich, Germany. (Source: https://www.bing.com/images/search?q=Klinikum+Schwaben&form=QBIR&first=1 . Accessed: 10.04.2023).

Figure 20. ISARKlinikum Munich. (Source: https://www.dreamstime.com/editorial-stock-image-isar-klinikum-sign-munich-clinic-copy-space-above-image63476064. Accessed: 10.04.2023).

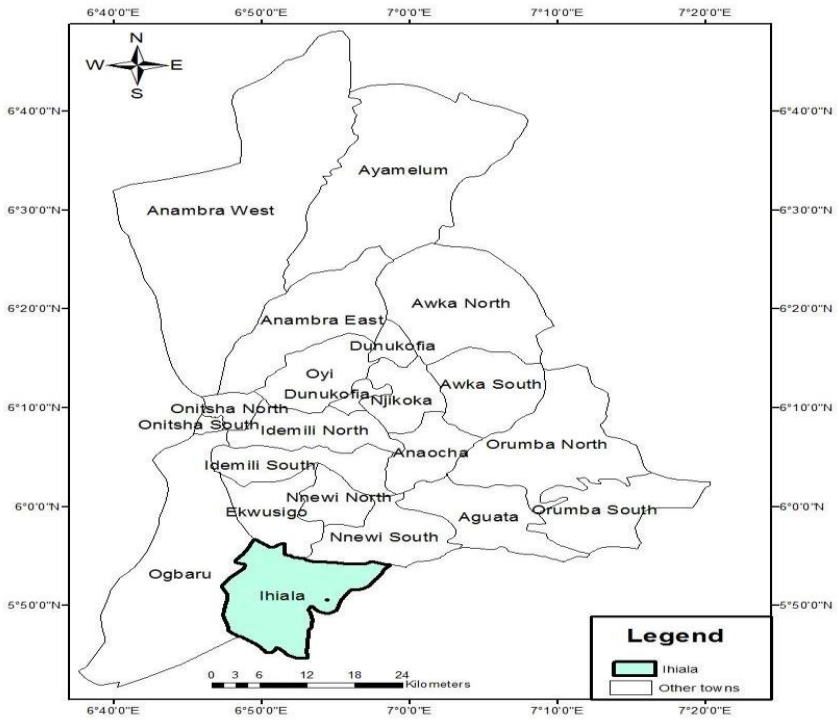

Figure 21. Map of Anambra state , Nigeria. Highlighted and doted is my key informant's home village and the Dibia village which is a 15 minutes' drive. The research sites are in Ihiala (Anambra state) and Orsu (Imo state) Local Government Areas as doted . (Sourced: https://www.researchgate.net/figure/Figure-3-Map-of-Anambra-State-showing-Ihiala-local-government-area_fig3_339651102. Accessed: 21.06.2021).

Figure 22. Dibia shrine in Alaigbo. (Source: Igbo shrine, Culture, Spirituality and History, @ Ọdinala_igbo heylink.me/Igboshrine/. Accessed: 07.05. 2023).

Academic Declarations

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Erklärung der / des Studierenden

Hiermit erkläre ich an Eides statt, dass ich die vorliegende Arbeit selbstständig und
ohne fremde Hilfe nur unter Verwendung der angeführten Literatur angefertigt habe.

Signature

Bernard Nwabueze, Obi

Date: 10.10.2023

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Erklärung zum Promotionsvorhaben Hiermit erkläre ich, dass ich zuvor noch keiner Promotionsprüfung unterzogen wurde, sowie ich mich noch um keine Zulassung an der Universität Hamburg bzw. einer anderen Universität beworben habe. Weiterhin habe ich noch keiner Universität oder ähnlichen Einrichtung eine Dissertation vorgelegt.

Signature

Bernard Nwabueze, Obi

Date: 10.10.2023