Nigerian Illness Narratives as Tools for Clinical Bibliotherapy: A Case of Two Readers

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Abstract
In contemporary times, the intersection of literature and medicine has provided a fertile ground for critical discourse on illness, suffering, and healing. Research in the field of literature and medicine within Nigeria has largely focused on the critical analysis of creative works by physician-writers and the portrayal of disease, psychological trauma, and neurosis in creative texts authored by physician-writers, patient-writers, and other creative writers. Little attention has been paid to the contemplation of the power of stories in engendering holistic healing and their utilization as a complementary medicine tool in Nigeria, particularly through bibliotherapy. Two Nigerian popular literature texts—Ufuoma Bakporhe's *Lettars from an Imbecile*, and Yinka Egbokhare's *Dazzling Mirage*—were

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purposively selected and subjected to critical analysis. They were then "administered" to patients, to determine how readers-cum-patients identify with characters in the novels. The readers were purposively selected based on the medical conditions described in the novel: intellectual disability and sickle cell disease. Through the illness narratives, both readers affirmed that they gained insight into the psychological effects of pain and stigma on the characters in the novels. They attested that the novels enabled them to better accept their medical conditions and envision ways to transcend the limitations imposed by their illnesses, just as the protagonists of the narratives did. The readers' emotional connection to the characters' experiences of illness highlights literature's potential as a tool for clinical bibliotherapy. This study submits that further conceptualization of this form of therapy within the ambit of Nigerian literature and the employment of appropriate literary texts for use with Nigerian patients will yield significant benefits to literary and medical practice in Nigeria..

Keywords: Clinical bibliotherapy, Illness narratives, Literature and medicine, Nigerian literature, complementary medicine.

Introduction

Stories and storytelling have existed long before the commencement of written documentation of history (Garcia-Pelegrin et al., 2021: 783). Stories have been transmitted orally from generation to generation. From folktales, myths, legends, trickster tales, ballads and dirges to epithalamium, elegies, tales by moonlight, and modern-day bedtime stories, the human species has always taken delight in telling and listening to stories (Edosomwan & Peterson, 2016: 1). Many reasons have been adduced for human's age-long sustained interest in stories and storytelling. In neuroscience, compelling narratives have been said to increase the input of oxytocin in the brain. This neurochemical creates and increases empathy and reciprocation in people. Thus, when people listen, read or view a good story, this neurochemical is induced. It helps them relate with the characters in the story and, if need be, seek ways to solve the conflict found in the story (Zak, 2015: 2). To

corroborate this, psychologist Uri Hasson and his Princeton University colleagues had a graduate student tell an unrehearsed story while her brain and that of 11 volunteers listening to the story were being scanned in an fMRI machine. The result of the research, which was recorded in the 2010 Proceedings of the National Academy of Sciences study, shows that when the speaker's brain lit up in the insula – a region that governs empathy and moral sensibilities – the listeners' insulae lit up too. Listeners and speakers also showed parallel activation of the temporoparietal junction, which helps one to imagine other people's thoughts and emotions. This, therefore, supports the claim that stories help our brains map that of the storyteller (Stephens, 2010: 14425).

In pedagogy/education, research affirms that stories are a good way to transfer knowledge. Facts, statistics, scientific jargon and other abstract ideas are best explained through stories. In an article titled The Power of Story (2002), Edward Wilson relates that facts presented in stories, as opposed to lists, are much easier to remember. In social development, stories have been identified as great tools in advocating moral change or change of any sort. Arthur Frank avers that stories work with people, for people, and always, stories work on people, affecting what people can see as real, as possible, and as worth doing or best avoided (2010: 9). History is replete with examples of people whose stories compelled others to fight for a cause. Megan Stewart, the program director for the Lowell Milken Centre for Unsung Heroes, a non-profit organization that teaches students about the lives of past luminaries, draws her inspiration from the story of Irene Sendler, a young Polish nurse who saved 25,000 children from the Warsaw ghetto in 1942-43 (Svoboda, 2015).

In therapy, stories can be used to uncover repressed emotions and to open patients up for healing. The alternative sentencing programme, Changing Lives through Literature (CLTL), is a testimony to this fact. Robert Waxler, a University of Massachusetts Dartmouth professor, kickstarted the programme with the intention of re-orienting the lives of adult offenders through well-told stories in the early 1990s. Men and women would sit around a table and talk about a variety of different books – from

Jack London's *Sea-Wolf* to James Dickey's *Deliverance*. As they read and discussed the stories, the prisoners' walls of defence began to crumble and their orientation to crime changed (Trounstine & Waxler, 2005: xiii-xv). In a study of 600 participants, rates of criminal activity declined by 60 percent compared to only 16 percent in the control group. One man talked about his identification with Santiago, the beleaguered fisherman in Ernest Hemingway's *The Old Man and the Sea*. The man said he sometimes felt an inner pull to go back to his drug habit but that Santiago's will to persevere motivated him to stay sober. "It was as if Santiago had become his friend, a voice from literature now whispering in his heart to walk straight and to endure", Waxler writes. (Trounstine & Waxler, 2005: 29). It is this power that stories have to change human's attitude towards any issue in life that bibliotherapists continue to explore.

Bibliotherapy simply refers to the usage of books to improve mental, physical, and social well-being (Brewster, 2009: 400). The term first appeared in 1916 in the *Atlantic Monthly* in "A Literary Clinic", an essay written by Samuel McChord Crothers, who wrote that "I sometimes wonder that no one has thought of founding a Literary Clinic where readers may be studied and prescribed for as carefully as patients in a hospital". He relates that just as doctors diagnose and prescribe, literary experts (or "book doctors") could analyse a reader's condition and recommend specific books to stimulate, soothe, challenge, or comfort the mind. Although playful and satirical, Crothers' essay offers great insight into the psychological impact of reading and the therapeutic role of literature. He critiques superficial or rigid literary analysis and favours personal engagement with books. He anticipates the principles behind bibliotherapy—the intentional use of literature for healing and personal growth. Over the years, bibliotherapy has gained widespread acceptance in research and practice. Persons undergoing bibliotherapy are expected to pass through three phases: identification, catharsis, and insight. This means the reader first identifies with the life of a character who is experiencing something similar to what they are going through. Then, the reader expresses emotions that have been repressed and finally gains insight into how the issue can be managed (McNiol & Brewster,

2018: 6). When this form of therapy is used in a clinical setting or to treat health-related matters, it is termed clinical bibliotherapy. The main advantage of this form of therapy in literature is that it puts the mind in a positive state, which is expedient for the efficacy of medical interventions (Nick, 2017: 8).

Despite its benefits, clinical bibliotherapy has received relatively little attention as a sub-form of treatment under complementary medicine in Nigeria. Similarly, other therapies that can be classified as Creative Arts Therapies, such as Dance Therapy, Music Therapy, and Art Therapy, are almost non-existent within the Nigerian context (Oladeji et al., 2022: 371). In other climes, music, painting, writing, and reading poems or stories have been used as forms of therapy for sick patients. For example, the Arts for Healing Foundation, founded in the United States by Earl Pinchuk and Gary Blair in 2002, believes in the power of art as a tool to brighten up the otherwise deadly atmosphere of most hospitals. Its use over time has yielded tremendous effects (Cohen, 2022: 1). Also, the Well into Words Scheme in the United Kingdom provides therapeutic books for people with mental health issues or dementia. There are records of its positive effects on its recipients (McNiol & Brewster, 2018: 15).

In Nigeria, however, bibliotherapy has made little headway in the medical and literary spheres. There are very few hospitals that utilize arts to brighten up the dystopic atmosphere that largely characterizes many Nigerian hospitals. Besides the challenges with funds to implement arts therapy in medical practice in Nigeria, the knowledge of this subject is not widespread (Oladeji et al., 2022: 371). Additionally, although there are existing studies on the use of bibliotherapy in Nigeria, most of them have been conducted in the education sector. For instance, Ilogho (2011) assessed the impact of bibliotherapy in enhancing students' motivation for academic achievement. Likewise, Okwilagwe and Maswell (2020) tested the use of bibliotherapy in reducing examination anxiety among undergraduate students at the University of Ibadan and found it to be effective.

Thus, in extending the frontiers of knowledge on bibliotherapy, especially clinical bibliotherapy and its applications in Nigeria, this study,

which employs both text- and reader-based approaches, adopts a qualitative methodology through a purposive analysis of the two selected texts, in addition to examining the reader-responses of two patients to the selected texts. While the literary texts- Ufuoma Bakporhe's *Lettars from an Imbecile*, and Yinka Egbokhare's *Dazzling Mirage*, were purposively selected for their topicality and their thematic preoccupation with illness, stigmatization, recovery, and other issues that matter in clinical bibliotherapy, the two patients, one a sickle-cell sufferer and the other, a student with a learning disorder, were selected based on their availability and willingness to read novels that speak to their medical conditions. In the context of this research, Freudian psychoanalysis serves to explain how depression, emotional and mental imbalance arise as a result of repressed emotions and how these emotions can be projected to the level of the conscious through bibliotherapy. The choice of the transactional model of the reader-response theory is premised on its recognition of the role of the reader and the reader's responses to a text. The theory underscores the fact that a reader usually brings to the text his/her past experiences, idiosyncrasies, knowledge, personality traits, and even problems, and then interprets the text based on these.

Textual Analysis and Discussion

The first text, Ufuoma Bakporhe's *Lettars from an Imbecile,* depicts the struggles of the protagonist, Atarhe, a child tagged an imbecile because she suffers from some learning difficulties. A child is considered at risk of a learning difficulty if the child's development is delayed in at least one of the factors contributing to learning (Nag & Snowling, 2012: 2). These difficulties result from impairments in one or more psychological processes related to phonology, orthography, and semantics (Nag & Snowling, 2012: 16). This implies that children with learning difficulties have a hard time reading, writing, remembering, and understanding things taught to them. Atarhe suffered on all these spectra.

In Nigeria, people's attitudes towards persons with learning difficulties vary. While some see it as a punishment from spiritual forces for the child's

misdeeds or parents' misdeeds, some see sufferers as persons to be pitied. Some teachers and colleagues see them as persons to be tolerated till they leave the school system. More times than not, no special provision is made for them to cope better in the school system (Okolo, 2001: 16). This is the case with Atarhe in *Lettars from an Imbecile,* who at ten years of age is still in primary two. The story is presented in the first-person point of view to better enable the reader to empathize with the protagonist. From the first page of the story, readers are made to see the stigma and disdain Atarhe faces.

> Papa saib that I yam an imbecil, a bunbie and so he prefer to have my Mama dorn a dady doy than dorn me. Papa hate me. Lettar, do you know that everybay I use to cry decause I yam afraib of him… (p. 1)

Though Atarhe's mum loves her and believes in her despite her learning difficulty, Atarhe still struggles with the physical and mental effects of the deficit. Page after page, Atarhe laments all that she is made to go through.

Phonologically, Atarhe is deficient. For children with learning difficulties, pronunciation problems are not often borne out of mother tongue interference or lack of knowledge about the correct form of pronunciation but inability to articulate sounds well. Almost till the end of the story, Atarhe pronounces "I am" as "I yam," and this is even reflected in her letters. In terms of writing (orthography), she does not fare any better. In fact, writing is her most detested subject as she either scores two or one depending on the teacher's generosity. In one of her letters, she remarks, "Last time, you bib not tell me if my handwriting is goob or not. I know it is not fine. The teachers call it fowl scratch… I wonder how it lookeb, mayde it was really like the way I write" (20). Semantics is the worst as she has difficulty comprehending her own handwriting and understanding explanations made to her. In an instance, she narrates her ordeals while reading in preparation for a test:

> I picked my school bag. I took all the books out and spread them on the bed. I picked Maths note first. I opened it. The figures were blurry. They were in my own handwriting but

> they seemed to be in another's. I could not see anything. I pulled the third. It was BK, Bible knowledge. It was not blurry, I could see it clearly but it was a different case with it. I stared. I stared all through holding the book in my hands. I slept off with the book in my hand (p. 45).

Furthermore, when at a time she asks her father why he does not eat the head of a cow singlehandedly the same way he eats the head of a fish, her mother's attempt to explain the reason only gets her more confused. According to the National Association of Special Education Teachers' report (2023), students with problems in cognition require concrete demonstrations, have delayed verbal responses, have difficulties understanding social expectations, require more supervision, have trouble getting started on a task, and have trouble using previously learned information in a new situation. All these apply to Atarhe in this narrative, and it affected her overall performance in school.

Children with learning difficulties are more susceptible to mental health problems than children without learning difficulties. Anxiety, depression, and suicide are a few of the health challenges associated with children with learning difficulties (Wilson et al., 2002: 33). The reason for this could be the inability to process the negative emotions borne out of their failure to live up to the expectations of their peers and the world at large. Very few children with learning disabilities successfully transition to become healthy adults, and these few represent those who found the needed support to uncover their negative repressed emotions and overcome their psychological struggles. Shame, anxiety, low self-esteem, loneliness, stigmatization and lack of acceptance all further tear apart a child with learning difficulties whose world might have fallen apart already. The experiences that birth these negative emotions are often locked up in the child's unconscious state. Only on a few occasions do the emotions find an expression in the conscious. The repression of these experiences can lead to mental disorders. In the story, Atarhe's letters symbolize her unconscious state. Each letter chronicles her story of fear, shame, loneliness and negative

self-concept. For Atarhe, the choice of writing letters is premised on her desire to be accepted. In her ten years of existence, she has suffered so many verbal, physical, social, and mental assaults that she has lost confidence in having good human relationships. Atarhe's letters reflect her mental frame per time; in her letters, readers see the impact of the illness on her mind. Atarhe is soon able to soar above her challenges with the help of a new teacher, who replaced her old teacher, who always made fun of her. Her new teacher, Miss Mary Rose, patiently tutored her until she became a better student and an author.

James Akanji (a pseudo name), a reader of some of the letters in the story, confessed to sharing some of the frustrating experiences Atarhe has with reading and writing. At the age of sixteen, he is rewriting his Junior Secondary Exam (National Examination Council) because he failed the previous year. In the reading test given to him, he struggled to read a letter of two hundred words within sixty minutes. His voice was very low, and he was visibly shaking. While reading, he confessed to having to change his church when his teachers in the church discovered that he could not read. He said that the embarrassment from the teachers was too much for him. He had to run away. In his new church, no one knew that he had problems reading and writing. At school, he was often disgraced by his teachers. He said that whenever he was called upon to answer a question he did not know, he simply would not stand up. His constant failures in class made him invest his time in playing games. At the game centre, he was not a loser. In the two weeks spent reading some of the letters in the *Lettars from an Imbecile*, he mentioned that he loved to draw. When given a drawing test, he finished in the space of seven minutes. He did not just replicate the picture but also added his own innovation which implies that James is a visual learner. After two weeks of practice, his confidence level increased. He no longer shakes when he is asked to read, and his voice is not as low as before. Like Atarhe, he has a younger brother who has no reading problems and who can help him read and write. *Lettars from an Imbecile* encouraged him to reveal his past negative experiences to a stranger because he could associate with the major character in the text. He also admitted that if he finds a teacher like Miss

Mary Rose who would be patient enough to teach him to read and write well, he is willing to learn. If given the right environment and needed encouragement, James Akanji is sure to excel.

The second text, Yinka Egbokhare's *Dazzling Mirage*, recreates the experiences of Funmiwo, a sickle-cell patient. The novel was adapted into a movie in 2014 by Mainframe Productions, a company founded by the Nigerian cinematographer and film producer Tunde Kelani. The novel begins with a graphic depiction of Funmiwo undergoing the sickle cell crisis: "The pain started subtly as she prepared for work. Having taken a mild analgesic, she expected the pain to abate while she worked. After three hours of forceful comportment at work, she could bear the pain no longer. Pain shot through her body at intervals, and she did not hesitate to seek permission to go home" (3). For some patients with sickle cell, as with Funmiwo, life is a turbulent expanse of pain, momentarily softened by passing waves of tranquility. Their weak bodies are constantly ravaged by indescribable pain, both physical and mental. This is corroborated in Asamoah's examination of the perceptions and experiences of sickle cell disease, wherein a patient attested that "the disease is severe and can be very depressing at times" (Asamoah, 2021: 58).

Chronic or life-long illnesses often affect the psyche of their victims (Charmaz, 1983: 186). Beyond the physical pain lies a much more grievous, sometimes indescribable, mental agony borne out of patients' experiences of pain, stigmatization, and the demands of day-to-day living. According to Asakitipi (2015: 237), sickle cell patients struggle with anxiety, frustration, and depression. They have a hard time accepting themselves, defining boundaries, and maintaining relationships. The stigma and rejection some of the patients' experience have led to the early death of some and suicide attempts of others. At the age of eighteen, Funmiwo is yet to come to terms with this disorder. She cannot fathom how her parents, in spite of their being medical practitioners, knowingly brought her into the world. When confronted with the question, Femi, Funmiwo's father, tearfully narrates how he and Funmiwo's mother, Alice, made a decision to never have a child:

> Many people thought it was foolhardy for us to marry. We knew what we were doing and we were ready for the consequences. We had to make the painful decision not to have any child. We opted for adoption. More so, your mother had a tumour in her uterus, she undertook an operation in which the uterus was badly infected (p. 12).

Femi tells Funmiwo how they adopted her after her biological mother died during childbirth at the teaching hospital where he worked. For Funmiwo, knowing that her parents were not the source of her problem helped her accept herself. For eighteen years of her life, she struggled with accepting herself and her parents. All the negative emotions attributed to this were hidden in her unconscious. Only when she found the courage to let it out did she find out the truth and begin the journey towards healing.

The novel dramatizes how that anxiety is another common psychological defect of sickle cell patients. This is borne from the patient's inability to know which crisis would be their last. The uncertainty of death every time a sickle cell child/adult falls sick is also a cause for worry. Sickle cell patients are also bothered about what the future holds; what type of boss would be comfortable paying the salary of a worker who falls sick every time they are stressed; or what type of man/woman would be willing to spend the rest of his/her life married to a *sickler* who is here today and may be gone tomorrow. This uncertainty about the future has led to the depression of many and for a few, suicide. In the story, Funmiwo suffers a crisis when Sanya, her boyfriend of six years, puts an end to their relationship because his mother could not accept a sickle cell lady as the wife of her only son:

> I don't want a sickler for a daughter-in-law, understand? If you think I'll spend my old age taking care of a sickly daughter-in-law who may not be strong enough to give me children, then you must be joking. I want your wife to be an asset to me, not a liability! (p. 36).

Sanya, for a long time, has been bothered by what he terms their medical incompatibility, but he was afraid of letting her know. His delay in relating his doubts with her has more grave consequences, as his betrayal almost cost Funmiwo her life. Besides Funmiwo, another character in the narrative, a sickle cell patient, simply described as a beautiful lady, attempts to jump down a flight of stairs in a suicide attempt after her boyfriend abandons her and her father describes her as a pain in his life, and "so the poor girl decided to remove herself from the scene" (p. 102).

At the end of the narrative, Funmiwo is able to soar above her limitations. Within the African cultural context where marriage and childbirth are great achievements, Funmiwo is seen as a great achiever. She gets married to Dotun and she gives birth to a baby girl, even though she almost loses her life in the process. A week after her EDD, Funmiwo is yet to have labour pains. While a caesarean section was not an alternative for a woman experiencing palpitation, bone pain crisis, and renal closure, to induce labour is to invite the angel of death. After much debate, the doctors opt for the lesser devil, a caesarean section. With that, Funmiwo's struggle for life commenced. Like every other pregnant "warrior", she holds on firmly to life and that decision leads to the birth of her baby girl. Having suffered increased anaemia, palpitation, renal closure and fatigue, Funmiwo's heart can bear no more pain. For thirty-six hours, her heart chooses to rest. When all hope seems lost, Funmiwo opens her eyes faintly and then dozes off again, as if trying to decide whether to choose life or death. She eventually chooses life as she recovers fully from the operation. This near-death experience, however, is the painful experience of most sickle-cell women during childbirth.

In the last two decades, there has been significant improvement in the medical treatment of sickle cell patients. Recent research on the life expectancy of people living with sickle cell disease shows an increase from 14 years in 1973 to 40 years and beyond (Oyedeji et al., 2022: 2). With the increase in the availability of drugs that can be used in the management of pain, sickle cell patients stand the chance of living life to the fullest in sickness and in health. In Nigeria, as of 2015, Tijani Mayowa (2015)

published the story of Mrs Asiata Onikoyi-Laguda, the woman believed to be the oldest sickle cell patient in the world. She celebrated her 90th birthday on November 1st, 2015, a feat that is clearly in defiance of science. Born in 1925, she has valiantly fought sickle cell disease and is a mother of five children. Her story reinforces the possibility of enjoying life to the fullest even as a sickle cell patient. Thus, self-awareness, positive attitude, emotional and social support, good physician relationship, and journaling play helpful roles in minimizing pain and maximizing life as a sickle cell patient (Tanabe et al., 2010: 1033). Beyond the drugs given to relieve the patient, having a circle of people who sincerely love and believe in the patient is important for the patient's well-being. It is for this reason that foundations/NGOs have been created for sickle cell patients.

In Funmiwo's story, her ability to surmount all the negativity in her life led to the sustenance of her life from the evil claws of death. First, the discovery that her parents are not responsible for her pain helped her accept her condition and made her determined to fight it. Second, she enjoys a good patient-physician relationship with her doctor, Dr Ayodele, and her father, Dr Adebayo. She obeys their orders on the importance of rest and other health tips, especially when she is pregnant. She also has at hand, pain killers that could help in alleviating her crisis before she gets medical help. In addition, Funmiwo is able to surmount the limitations placed on sickle cell patients in securing good jobs by excelling at her workplace. To make up for the many times she missed work because of her ailment, she worked extra time when she was physically fine. Most importantly, Funmiwo finds love. She gets married and survives the hurdle of pregnancy and childbirth. All these feats represent the fears of many sickle cell patients, which often lead to anxiety, frustration, and sometimes depression. Though earlier betrayed by her first love of six years for having the Hemoglobin SS (HbSS) genotype, Funmiwo rebounded, healed, and found genuine love in Dotun Atoyebi. The narrative ends with the assertion that "sickle cell or no sickle cell, mirage or reality, love endures all things" (p. 129).

A reader of this novel, Tanimola Afolabi (a pseudo name), identified with the character of Funmiwo in the story. She disclosed that as a little

child, she suffered pain in her legs. After crying for days till the pain subsided a little, it would come back with vengeance. It was at that point her mother took her for a blood test, and they realized she had sickle cell disease. She was given drugs and was told to rest well. When asked if she disliked her parents for marrying each other knowing they both carry the sickle cell chromosome, her answer was negative. She said that what she felt for her parent was pity, not anger, because of the pain she made them go through. Like Funmiwo, she has had to miss classes many times because of her crises. At the time of the interview, she was suffering from one of the complications of sickle-cell disease known as leg ulcer. While treating this leg ulcer, she related that she has had to miss school countless times. She said the teachers would not stop teaching because she was sick. She is the one who must make up for lost time whenever she is well. Tanimola lamented how she was sometimes considered lazy because of her condition. She confided that she would like to be a doctor. She believed that if she studied hard, she would make good grades in spite of her condition. She also believed that God can heal her completely, by changing her genotype from SS to AA. She said she was encouraged by reading Funmiwo's story, as it made her realize that she could also be the best in her endeavours. She strongly felt that if Funmiwo could struggle with her disease and overcome, she too would.

Conclusion

The responses of the readers of Ufuoma Bakporhe's *Lettars from an Imbecile* and Yinka Eghokare's *Dazzling Mirage* reflect the healing power of the stories. As books for bibliotherapy, the two novels served the three goals of bibliotherapy: identification, catharsis, and insight. Readers of the stories identified with the physical, social, and mental challenges of the sick characters, the coping strategies, and the ultimate triumph or acceptance of the medical condition. Additionally, the graphic description of the physical and mental struggles of the protagonists aided the purgation of emotions in the readers. It brought to the fore emotions that had been long repressed in the unconscious, thereby facilitating holistic healing. Hence, illness narratives can contribute effectively to the well-being of sick people, not by

replacing medical treatment, but by complementing it. Future studies can expand on these findings by involving a larger sample of patients and respondents.

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