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LOYOLA UNIVERSITY CHICAGO

ETHICAL HEALTH CARE IN AN AFRICAN CONTEXT:
LINKING CONVENTIONAL MEDICINE AND TRADITIONAL
HEALING PRACTICES IN IGBOLAND, NIGERIA

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN INTEGRATIVE STUDIES IN ETHICS AND THEOLOGY

BY
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CHICAGO, IL
DECEMBER 2021
ACKNOWLEDGEMENTS

I would like to express my most profound appreciation to my dissertation committee, who guided me from the beginning of the process to the final point of this dissertation. My director, Dr. Mike Schuck, readily offered valuable suggestions and painstakingly modified the structure, helping me sift through words to find my voice when I could not even hear it. Dr. Schuck, you have taught me how to become a better writer and made it easier for my readers, Drs. William French, Sandra Sullivan Dunbar, and Peter Osuji, to provide timely, vital, and helpful feedback for each of the dissertation chapters to finetune the dissertation. I cannot thank you enough, my esteemed professors and committee members, for guiding me and not giving up on me when the road seemed endless.

This dissertation would never have made it to this final point without the exceptional support of very encouraging friends, family, colleagues, and my Spiritan confreres. I intentionally chose not to mention your names due to lack of space. Yet, I do not want to miss any of your names. Your advice, prayers, companionship, and emotional support kept me going, especially during the darkest part of this journey. I am sure, however, that you are more pleased now that this dissertation has seen the light of day. You were a beacon of strength for me, and I am deeply grateful for your show of support, solidarity, ubenwanne, and ubuntu.

I gratefully acknowledge the assistance from the library staff at Loyola University Chicago and Northwestern University Evanston, and Dr. Paulinus Odozor’s library resources.
They ensured that I received all the library materials I needed for this research, which was a great relief despite the challenges and restrictions of the COVID-19 era.

Special thanks also go to the leadership team, staff, and sisters of the Poor Handmaids of Jesus Christ Congregation at Donaldson, Indiana, among whom I found a home away from home. They provided me with the necessary and conducive environment to work as their chaplain while writing this dissertation. I appreciate everything you did for me and will not forget your friendship and support in a hurry.

Finally, to God Almighty, without whom I will not be alive to begin or complete this work, I give endless glory, praise, and adoration. You are the source and end of all that I have and am. You are the Alpha and the Omega, the healer of the sick and the salvation of your people. I remain a tool in the palm of your hands.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACKNOWLEDGEMENTS</strong></td>
<td>iii</td>
</tr>
<tr>
<td><strong>ABSTRACT</strong></td>
<td>viii</td>
</tr>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>CHAPTER ONE: BUILDING AN ANALOGY: POPE FRANCIS’ INTEGRAL ECOLOGY AS A FRAME FOR INTEGRAL HEALTHCARE IN IGBOLAND</strong></td>
<td>6</td>
</tr>
<tr>
<td>The Environmental Crisis Identified in <em>Laudato Si</em></td>
<td>7</td>
</tr>
<tr>
<td>Pollution</td>
<td>7</td>
</tr>
<tr>
<td>Climate Change</td>
<td>8</td>
</tr>
<tr>
<td>Water Degradation</td>
<td>10</td>
</tr>
<tr>
<td>Loss of Biodiversity</td>
<td>11</td>
</tr>
<tr>
<td>Drivers of the Environmental Crisis</td>
<td>12</td>
</tr>
<tr>
<td>Throwaway Culture</td>
<td>12</td>
</tr>
<tr>
<td>Rapidification</td>
<td>14</td>
</tr>
<tr>
<td>Technocratic Paradigm</td>
<td>14</td>
</tr>
<tr>
<td>Materialism</td>
<td>16</td>
</tr>
<tr>
<td>Integral Ecology</td>
<td>17</td>
</tr>
<tr>
<td>Origin of the Phrase “Integral Ecology”</td>
<td>17</td>
</tr>
<tr>
<td>Integral Ecology in <em>Laudato Si’</em></td>
<td>20</td>
</tr>
<tr>
<td>Indigenous People and Indigenous Knowledge</td>
<td>24</td>
</tr>
<tr>
<td>Defining Indigenous People</td>
<td>25</td>
</tr>
<tr>
<td>Defining Indigenous Knowledge</td>
<td>28</td>
</tr>
<tr>
<td>Indigenous Knowledge and Western Science</td>
<td>30</td>
</tr>
<tr>
<td>The Perspective of Vine Deloria Jr.</td>
<td>32</td>
</tr>
<tr>
<td>The Perspective of David Wildcat</td>
<td>35</td>
</tr>
<tr>
<td>The Perspective of Gregory Cajete</td>
<td>38</td>
</tr>
<tr>
<td>Pope Francis on Indigenous People and their Knowledge</td>
<td>42</td>
</tr>
<tr>
<td>Contemporary Need for Indigenous Knowledge</td>
<td>45</td>
</tr>
<tr>
<td>Indigenous Knowledge and the Environmental Crisis</td>
<td>47</td>
</tr>
<tr>
<td>Indigenous Knowledge and Integral Ecology</td>
<td>49</td>
</tr>
<tr>
<td>Indigenous Knowledge and Western Science</td>
<td>53</td>
</tr>
<tr>
<td>Conclusion</td>
<td>55</td>
</tr>
<tr>
<td><strong>CHAPTER TWO: THE IGBO PEOPLE: DEMOGRAPHICS, WORLDVIEW, AND HEALTH CARE</strong></td>
<td>56</td>
</tr>
<tr>
<td>Igboland and Igbo People of Nigeria</td>
<td>57</td>
</tr>
<tr>
<td>The Igbo People</td>
<td>57</td>
</tr>
<tr>
<td>Igboland Geography</td>
<td>61</td>
</tr>
<tr>
<td>Brief History of the Igbo People</td>
<td>66</td>
</tr>
<tr>
<td>Igbo Cultural Context and Social Organization</td>
<td>75</td>
</tr>
</tbody>
</table>
Igbo Cosmology 77
Igbo Worldview 79
Igbo Identity 83
Igbo Values and Morality 86
Igbo Social Organization 93
Health Care in Igboland 101
Western Health Care 101
Igbo Traditional Healing Practice 107
Features of Igbo Traditional Healing Practice 110
Traditional Igbo Healers and Cultural Knowledge 112
Traditional Igbo Healers as Dibias 116
Conclusion 118

CHAPTER THREE: SOCIO-CULTURAL CHALLENGES WITHIN AND BETWEEN IGBO TRADITIONAL HEALING PRACTICES AND WESTERN HEALTH CARE IN IGBOLAND 120
Structural Problems of Western Health Care Practice in Igboland 121
Underfunded 121
Understaffed and Undersupplied 122
Structurally Unsound 123
Corrupted and Brutalized 127
Cultural Problems of Western Health Care in Igboland 129
Technology 130
Empiricism 132
Secularity 133
Context-Independent 135
Mistrust 138
Challenges Facing Igbo Traditional Healing Practice 139
Access and Communication 140
Eclecticism 141
Class Distinction and Corruption 142
Bridging Western Health Care and Igbo Traditional Healing Practice 144
Mutual Adaptation 144
Mutual Standardization 147
Mutual Information 149
Mutual Trust 152
Conclusion 153

CHAPTER FOUR: AN INTEGRAL HEALTH CARE FOR IGBOLAND 156
Ube Nwanne, Ubuntu, and Solidarity 157
Ube Nwanne 157
Ube Nwanne and Ubuntu 158
Solidarity 160
Ube Nwanne and Solidarity 162
Western Ethics of Care 164
ABSTRACT

This dissertation argues that in Nigeria’s Igboland, a health care ethic reflective of the Roman Catholic Christian faith must build links between the rightful practices of both conventional Western medicine and traditional Igbo healers. It calls such a health care ethic an “integral health care ethic” in the Nigerian Igbo context.

The inspiration for this dissertation comes from the growing respect given to indigenous people and their knowledge by the Roman Catholic Church since the Second Vatican Council and, more specifically, the attention Pope Francis has given to indigenous people in his writings and speeches. For example, in his remarks on today’s environmental crisis, Pope Francis called for greater dialogue between Western science and indigenous people’s ecological knowledge and wisdom as one of the elements of his vision for an “integral ecology.”

Can the mutually beneficial dialogue Pope Francis encourages between Western science and indigenous people’s knowledge broaden to include a dialogue between Western methods of health care and traditional healing practices of indigenous people? That, precisely, is the dissertation’s central question, with a specific focus on the relationship between conventional Western medicine in Igboland, Nigeria, and Igbo traditional healers’ indigenous curative practices.

This dissertation answers the above question in the affirmative. It explores how the Western scientific knowledge in health care and the Igbo indigenous healing knowledge and skills can collaborate to achieve integral health care analogous to Pope Francis’ integral ecology.
in *Laudato Si*.* It engages the combined moral compasses of the Igbo *ubenwanne* and the Western ethics of care to adequately link the indigenous healing practices and Western health care methodology to achieve sustainable, socio-ethical, and integral health care in Igboland. Linking *ubenwanne* and Western ethics of care ensures adequate collaboration, mutual adaptation, standardization, information sharing, and trust needed to achieve integral health care in Igboland.

The dissertation proceeds in four chapters, preceded by an introduction, and ends with a summary and conclusion of the work. As interest in the collaboration between Igbo traditional healing practices and Western biomedical or orthodox medical practice continues to grow, the need for integral health care becomes more urgent. Therefore, future research will seek to foster this alliance between the two health care systems and make integral health care more readily available, accessible, and affordable to those who need it for their health care and well-being.
INTRODUCTION

This dissertation argues that in Nigeria’s Igboland, a health care ethic reflective of the Roman Catholic Christian faith must build links between the rightful practices of both conventional Western medicine and traditional Igbo healers. It calls such an ethic an “integral health care ethic” in the Nigerian Igbo context.

The inspiration for this thesis comes from the growing respect given to indigenous people and their knowledge by the Roman Catholic Church since the Second Vatican Council and, more specifically, the attention Pope Francis has given to indigenous people in his writings and speeches. For example, in his remarks on today’s environmental crisis, Pope Francis called for greater dialogue between Western science and indigenous people’s ecological knowledge and wisdom as one of the elements of his vision for an “integral ecology.”

The question is: Can the mutually beneficial dialogue Pope Francis encourages between Western science and indigenous people’s knowledge broaden to include a dialogue between Western methods of health care and traditional healing practices of indigenous people? That, precisely, is the dissertation’s central question, with a specific focus on the relationship between conventional Western medicine in Igboland, Nigeria, and Igbo traditional healers’ indigenous curative practices.

This dissertation answers the above question in the affirmative. It explores how the Western scientific knowledge in health care and the Igbo indigenous healing knowledge and skills can collaborate to achieve integral health care in line with Pope Francis’ integral ecology.
in *Laudato Si*. The dissertation proceeds in four chapters, preceded by a preliminary section and introduction and ends with the summary and conclusion of the work.

The first chapter provides the preliminary information needed for addressing the question that this dissertation raises. It presents the necessary information in six sections. The first three sections provide the context for Pope Francis’ message on indigenous people in his encyclical, *Laudato Sí*, and his other speeches and writings. The overwhelming context for the pope’s remarks on indigenous people is the environmental crisis facing human society and the natural world. Pope Francis’ central response to this crisis is the promotion of an “integral ecology.”

Section one identifies the main features of the environmental crisis described in *Laudato Sí*. Section two pinpoints the key drivers that Pope Francis sees behind this crisis. Section three explains the meaning of an “integral ecology.” Sections four and five present an interlude explaining the phrases “indigenous people” and “indigenous knowledge” and the relationship between this knowledge and Western science. Section six then delineates Pope Francis’ message on indigenous people and their knowledge. These six sections lead to chapter two, which explores how to contextualize Pope Francis’ ideas about the indigenous and Western knowledge and integral ecology into the Igbo indigenous healing practices to help establish integral health care in Igboland.

Chapter Two seeks to establish the grounds for extending the mutually beneficial dialogue that Pope Francis encourages between Western science and indigenous knowledge on the environment to a discourse between Western health care methods and Igbo traditional healing practices. It also wants to achieve an integral health care ethics (IHCE), analogous to
Pope Francis’ integral ecology that would address the health care needs of people in Igboland in a culturally inclusive manner and remain authentic to the Roman Catholic Christian faith.

Chapter Two proceeds in three sections. The first section provides the location of Igboland with background information about the Igbo people that briefly surveys their origin and history as a people. Section two explores the Igbo cosmology, worldview, values, morality, and identity and points out specific characteristics that confer Igbo identity and specify the Igbo cultural context and social organization within which Igbo indigenous knowledge and values reside and are retrievable.

Section three explains the situation of health care in Igboland in contemporary and traditional times. It shows the present health care condition in Igboland, which describes Western biomedical or orthodox health care practice in Igboland and Nigeria and juxtaposes it with the traditional Igbo healing practice. It also explores the features of the Igbo traditional healing practices (ITHPs) and highlights the expertise of Igbo traditional healers in cultural knowledge as dibias. These three sections lead to the next chapter, which analyzes the socio-cultural problems identified in conventional Western health care and traditional healing practices in Igboland, Nigeria.

To identify and analyze the key socio-cultural challenges in establishing an adequate health care system in Igboland, Chapter Three examines the factors that militate against achieving a mutually beneficial partnership between Igbo traditional healing practices and Western medical procedures. It also seeks ways to address these socio-cultural challenges and build a bridge to realize the best possible health care system that will benefit people in Igboland.
Chapter Three proceeds in four sections. The first section presents important structural problems that hinder the effectiveness of Western health care practices in Igboland. These structural problems show that Western health care in Igboland is underfunded, understaffed, and undersupplied. It is also structurally unsound, corrupted, and brutalized. The second section examines the cultural problems facing Western health care practices in Igboland. The cultural problems of Western health care in Igboland include inadequate technology, empiricism, secularity, context-independent, and mistrust in health care practice. Section three addresses issues of concern facing Igbo traditional healing practices themselves, while section four explores how to build a bridge between these two health care methodologies. As discussed in section three, the challenges facing Igbo traditional healing practices include inadequate access to and communication of the Igbo traditional healing knowledge, eclecticism, class distinction, and corruption in the practice of Igbo traditional healing. All these problems, evident in both health care systems, necessitate bridging Western and Igbo traditional healing practices. As section four shows, adequate bridging of the two systems requires their mutual adaptation, standardization, information sharing, and trust in the care process. This section leads to the next chapter, which proposes a bridge structure as integral health care.

Chapter Four proceeds in three sections. It discusses ube nwanne, ubuntu, and solidarity in the first section and explores their roles in the care process. Section two deals with Western ethics of care, its background, and elements that facilitate its role in health care. It also explains the meaning of care, autonomy, and relational autonomy in conventional Western parlance showing their connection with justice in ethics of care. The third section shows how Igbo traditional healing practice connects with ethics of care. It explains the care features of Igbo
healing and how nourishment, cultural affirmation, ancestors and future generations, spirit, and dialogue affect healing in Igboland. Section three ends by showing that linking the features of the Igbo traditional healing with the Western ethics of care requires mutual adaptation, standardization, information sharing, and trust. This dissertation then ends with a summary of the work done and a conclusion.
CHAPTER ONE
BUILDING AN ANALOGY: POPE FRANCIS’ INTEGRAL ECOLOGY AS A FRAME FOR INTEGRAL HEALTHCARE IN IGBOLAND

This dissertation argues that in Nigeria’s Igboland a health care ethic reflective of Roman Catholic Christian faith must build links between the rightful practices of both conventional Western medicine and traditional Igbo healers. Such an ethic can be called an “integral health care ethic” in the Nigerian Igbo context.

The inspiration for this thesis comes from the growing respect given to indigenous people and their knowledge by the Roman Catholic Church since the Second Vatican Council and, more specifically, the attention Pope Francis has given to indigenous people in his writings and speeches. In his remarks on today’s environmental crisis, for example, the pope has called for greater dialogue between Western science and the ecological wisdom of indigenous people. This dialogue is one element of Pope Francis’ vision for an integral ecology.

Can the mutually beneficial dialogue Pope Francis encourages between Western science and indigenous people’s knowledge be extended to include a dialogue between Western methods of health care and traditional healing practices of indigenous people? This is the central question of this dissertation, with specific focus on the relationship between conventional Western medicine in Igboland, Nigeria and the indigenous curative traditions of Igbo healers.

This first chapter provides preliminary information needed for addressing this question. The necessary information is given in six sections. The first three sections provide the context for
Pope Francis’ message on indigenous people in his encyclical *Laudato Sí* and in his other speeches and writings. The overwhelming context for the pope’s remarks on indigenous people is the environmental crisis facing human society and the natural world. Pope Francis’ central response to this crisis is the promotion of an integral ecology. Section one identifies the main features of the environmental crisis described in *Laudato Sí*. Section two pinpoints the key drivers Pope Francis sees behind this crisis. Section three explicates the meaning of an integral ecology. Sections four and five are an interlude explaining the phrases “indigenous people” and “indigenous knowledge” and the relationship between this knowledge and Western science. Section six then delineates Pope Francis’ message on indigenous people and their knowledge. These six sections lead to Chapter Two where the relationship between Pope Francis’ idea of integral ecology and the idea of integral health care is explored.

**The Environmental Crisis Identified in *Laudato Sí***

In *Laudato Sí*, Pope Francis emphasizes four features of today’s environmental crisis: pollution, climate change, water degradation, and loss of biodiversity. Some brief remarks on these four features are helpful in preparing for the discussion of Pope Francis’ message on indigenous people later in this chapter.

**Pollution**

Pollution is the “presence of matter (gas, liquid, solid) or energy (heat, noise, radiation) whose nature, location, or quantity causes (or has the potential to cause) damage to the condition, health, safety, or welfare of animals, humans, plants, or other property.”¹ Pollution is both an occurrence in nature and the result of human activity. Whereas nature can scrub the pollution

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caused by its own processes, this is not the case with the enormous scale of human-induced pollution that has entered the natural world. Pope Francis says that as a result of this human-induced pollution, the Earth “is beginning to look more and more like an immense pile of filth.”

He states more specifically that

Industrial waste and chemical products utilized in cities and agricultural areas can lead to bioaccumulation in the organisms of the local population, even when levels of toxins in those places are low. Frequently no measures are taken until after people’s health has been irreversibly affected.

He goes on to say that “hundreds of millions of tons of waste are generated, much of it non-biodegradable, highly toxic and radioactive, from homes and businesses, from construction and demolition sites, from clinical, electronic and industrial sources.”

Pollution has a compounding negative effect on the natural world. It exacerbates the next three features of the environmental crisis identified by Pope Francis in *Laudato Sí*.

**Climate Change**

In Pope Francis’ view, climate change is the most immediate environmental threat to human society and the natural world. Climate change is the alteration of climate “attributed directly or indirectly to human activity, altering the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods.”

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3 Ibid.

4 Ibid.

principal human activity contributing to climate change is the use of fossil fuels. This use sends large amounts of carbon dioxide and smaller quantities of other greenhouse gases into the atmosphere. When trapped in proportions beyond their normal levels in the atmosphere, carbon dioxide and the other greenhouse gases contribute to the warming of the climate.  

Pope Francis insists that a healthy climate is a fundamental good necessary for sustaining life. He says: “The climate is a common good, belonging to all and meant for all. At the global level, it is a complex system linked to many of the essential conditions for human life.”7 Because current levels of global warming are negatively affecting the Earth’s climate and because this is clearly linked to human activity, Pope Francis asserts that human beings have a responsibility to do something about it. He states:

Most global warming in recent decades is due to the great concentration of greenhouse gases (carbon dioxide, methane, nitrogen oxides and others) released mainly as a result of human activity. Concentrated in the atmosphere, these gases do not allow the warmth of the sun’s rays reflected by the earth to be dispersed in space. The problem is aggravated by a model of development based on the intensive use of fossil fuels, which is at the heart of the worldwide energy system.8

Pope Francis points out that climate change has dangerous implications for every aspect of life in the society. These aspects include a reduction in the “availability of essential resources like drinking water, energy and agricultural production in warmer regions” and “the extinction of

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7 Pope Francis, *Laudato Si*, no. 23.

8 Ibid.
part of the planet’s biodiversity.”\(^9\) All of this increases the number of people migrating from places suffering the depletion of basic resources necessary for life.

**Water Degradation**

Water is an essential requirement for life. Without it, no living thing on Earth could exist. The kind of water that Pope Francis is particularly concerned about is fresh water. As he says in *Laudato Sí*, “fresh drinking water is an issue of primary importance” and is indispensable for human life and for terrestrial and some of the aquatic ecosystems. The sources of fresh water are also “necessary for health care, agriculture and industry.”\(^10\)

Unfortunately, the amount of fresh water available for human consumption is decreasing due to massive agricultural (and recreation land) irrigation, water used for mining and fracking operations, and increased water evaporation due to global warming. The pope is particularly sensitive to the impact of fresh water depletion on the poor. “Access to safe drinkable water,” says the pope, “is a basic and universal human right, since it is essential for human survival and, as such, is a condition for the exercise of other human rights.”\(^11\) Because fresh water is a necessity and a right, not only for human beings but, for all terrestrial and those aquatic organisms that require fresh water for survival, its shortage in any place creates a situation of emergency. So, water degradation, which leads to a shortage of freshwater supply in any given place, evidently contributes to the crisis of the environment. Its mitigation and prevention will be helpful in preserving the environment.

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\(^9\) Ibid., no. 24.

\(^10\) Ibid., no. 28.

Loss of Biodiversity

Biodiversity refers to the variety and variability of life forms in any particular habitat or ecosystem.\textsuperscript{12} It is the diversity that gives life. This living diversity preserves the sustainability and stability of ecosystems and also sustains human communities. Urbanization and deforestation threaten biodiversity around the world. A threatened biodiversity means that life on Earth grows fragile. Pope Francis remarks:

The loss of forests and woodlands entails the loss of species which may constitute extremely important resources in the future, not only for food but also for curing disease and other uses. Different species contain genes which could be key resources in years ahead for meeting human needs and regulating environmental problems.\textsuperscript{13}

He continues by pointing out that

The ecosystems of tropical forests possess an enormously complex biodiversity which is almost impossible to appreciate fully, yet when these forests are burned down or leveled for purposes of cultivation, within the space of a few years countless species are lost and the areas frequently become arid wastelands.\textsuperscript{14}

Proper respect and care for the natural environment must include the protection of the Earth’s biodiversity. Pope Francis asks human beings not to be fooled into thinking that the manufactured goods made available through industrialization and biodiversity degradation can replace the goods of nature. “Our earth is less rich and beautiful, ever more limited and grey,” writes the pope, “even as technological advances and consumer goods continue to abound


\textsuperscript{13} Pope Francis, \textit{Laudato Si}, no. 32.

\textsuperscript{14} Ibid., no. 38.
limitlessly.” We cannot, says Pope Francis, “substitute an irreplaceable and irrevocable beauty with something which we have created ourselves.”

Pollution, climate change, water degradation, and loss of biodiversity do not exhaust the environmental problems Pope Francis discusses in *Laudato Si*. They are, however, features of the environmental crisis he emphasizes to the greatest degree. The next section discusses the key drivers Pope Francis sees behind this crisis.

**Drivers of the Environmental Crisis**

Pope Francis sees four main drivers behind today’s environmental crisis: the growth of “throwaway culture,” the “rapidification” of life, the “technocratic paradigm,” and materialism. As stated above, a description of these drivers is helpful in contextualizing Pope Francis’ message on indigenous people and their knowledge which is discussed at the end of this chapter.

**Throwaway Culture**

Pope Francis locates one cause of today’s environmental crisis in what he calls a “throwaway culture.” The throwaway culture is a way of life characterized by excessive consumerism. A throwaway culture is a lifestyle that “quickly reduces things to rubbish.” The pope describes the throwaway lifestyle this way:

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15 Ibid., no. 34.

16 Ibid., no. 34.

17 Consumerism is the theory that encourages an increasing consumption and use of goods and services because it is economically desirable. It can also be defined as a preoccupation with and an inclination toward buying or acquiring goods and services that one may or may not need just because one has the means to do so. See https://www.merriam-webster.com/dictionary/consumerism (accessed on July 08, 2018). The craving to possess these goods and services and to use or control them is a common motivation behind consumerism. Consumerism has permeated the fabrics of the contemporary society and it has become a kind of fad that is termed the “consumer culture.” Consumer culture is not an ideology. It is simply an attitude, a behavior or “a way of relating to beliefs—a set of habits of interpretation and use—that renders the ‘content’ of beliefs and values less important.” On consumer
When people become self-centered and self-enclosed, their greed increases. The emptier a person’s heart is, the more he or she needs things to buy, own and consume. It becomes almost impossible to accept the limits imposed by reality. In this horizon, a genuine sense of the common good also disappears. As these attitudes become widespread, social norms are respected only to the extent that they do not clash with personal needs.19

Two major environmental effects of consumerism are the exploitation of natural resources in making frivolous consumer goods and the explosion of non-biodegradable waste created by these goods that is glutting the world’s landfills. Pope Francis writes in *Laudato Si*,

We all know that it is not possible to sustain the present level of consumption in developed countries and wealthier sectors of the society, where the habit of wasting and discarding has reached unprecedented levels. The exploitation of the planet has already exceeded acceptable limits, and we still have not solved the problem of poverty.20

Pope Francis insists that unless a change takes place in the world system of marketing and producing commodities, the throwaway culture will continue to grow, becoming even more psychologically irresistible and economically unavoidable.


18 Pope Francis, *Laudato Si*, no. 22.

19 Ibid., no. 204.

20 Ibid., no. 27.
**Rapidification**

Another important causal factor behind today’s environmental crisis is what Pope Francis calls the “rapidification” of society. In explaining this concept, he says “The continued acceleration of changes affecting humanity and the planet is coupled today with a more intensified pace of life and work which might be called ‘rapidification.’”

The environmental cost of rapidification is that “the speed with which human activity has developed contrasts with the naturally slow pace of biological evolution.” In other words, the slow speed of replenishment and growth in the natural world cannot keep pace with the frenetic tempo at which human beings extract, consume, and pollute nature’s resources. Pope Francis does not denounce all change in human society, but rather makes the point that

The goals of this rapid and constant change are not necessarily geared to the common good or to integral and sustainable human development. Change is something desirable; yet it becomes a source of anxiety when it causes harm to the world and to the quality of life of much of humanity.

One can easily see the link between rapidification and the aforementioned phenomenon of the “throwaway culture.” The same can be said for the next issue raised by Pope Francis: the “technocratic paradigm.”

**Technocratic Paradigm**

Pope Francis uses the phrase “technocratic paradigm” to describe an obsessive human reliance on technology as the answer to all social and environmental problems. This is “an undifferentiated and one-dimensional paradigm” that gives technology an almost magical hold.

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21 Ibid., no. 18.

22 Ibid.

23 Ibid.
on human consciousness. The technocratic paradigm “exalts the concept of a [human] subject who, using logical and rational procedures, progressively approaches and gains control over an external object.” This human person, or “subject,” according to Pope Francis,

Makes every effort to establish the scientific and experimental method which in itself is already a technique of possession, mastery and transformation. It is as if the subject were to find itself in the presence of something formless, completely open to manipulation.

Not taking an absolutist stance on technology, Pope Francis affirms the contribution that a balanced approach to technology can make for the quality of human life and the life of the natural world. As the pope states,

Technology has remedied countless evils which used to harm and limit human beings. How can we not feel gratitude and appreciation for this progress, especially in the fields of medicine, engineering and communications? How could we not acknowledge the work of many scientists and engineers who have provided alternatives to make development sustainable?

It remains the case, however, that over-reliance on technology promotes the false idea of “infinite or unlimited growth, which proves so attractive to economists, financiers and experts in technology.” This idea is based on “the lie that there is an infinite supply of the earth’s goods” and that no amount of exploitation will deplete them because the Earth will always replenish its goods. A mindset that is guided by the technocratic paradigm promotes unrestrained

\[\text{Ibid., no. 106.}\]
\[\text{Ibid.}\]
\[\text{Ibid.}\]
\[\text{Ibid., no. 102}\]
\[\text{Ibid., no. 106.}\]
\[\text{Ibid.}\]
exploitation and depletion of the resources of the Earth which exacerbates today’s environmental crisis.

**Materialism**

Pope Francis considers materialism one of the most insidious causes of the world’s contemporary environmental crisis. From a psychological and social point of view, materialism can be understood as a human perspective on life that locates happiness and success exclusively in the acquisition and possession of material objects. An approach to life based on materialism places the highest value on material objects and usually seeks to possess the desired material object whenever possible since its acquisition and possession define the meaning of one’s success and happiness.

Materialism is the error underlying a throwaway culture. A materialistic lifestyle that propels a throwaway culture thrives only through continuous exploitation and use of the resources of the earth and it leads to the depletion of these resources and eventually contributes to the crisis of the environment.

Throughout *Laudato Si*, the pope emphasizes that the Earth and all its creatures has an intrinsic value beyond the instrumental value it serves for human needs and desires. “It is not enough,” says Pope Francis, “to think of different species merely as potential ‘resources’ to be exploited, while overlooking the fact that they have value in themselves.”30 Thinking and acting in line with a materialistic approach to life alone cannot address all the issues that arise in the life of a society. Moreover, a life of materialism gives rise to excessive anthropocentrism which makes human beings and their material needs and concerns the sole aim of development and

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30 Ibid., no. 33.
quest for progress. It disregards, as Pope Francis says, the intrinsic value of other creatures and the environment itself.

The above discussion of the key features and drivers of today’s environmental crisis sets the stage for Pope Francis’ recommendation for action to maintain a healthy environment. The phrase that best captures Pope Francis’ recommendation is “integral ecology.” The next section explores what the pope means by this phrase.

**Integral Ecology**

Pope Francis believes that the best response to the environmental crisis is an integral ecology. To better understand what the pope means by this phrase, it is helpful to sketch the genealogy of this phrase and then turn to its use in *Laudato Si*.

**Origin of the Phrase “Integral Ecology”**

The term “ecology” comes from the Greek words *oikos* meaning “house” and *logos* meaning “reasoned discourse.” “Ecology” is the combination of these two words, meaning literally “a reasoned discourse about humanity’s house,” the Earth.

The first known use of the word “ecology” was by Ernst Haeckel in 1866. Haeckel was a German biologist, zoologist and comparative anatomist who was inspired by Charles Darwin’s concept of the “economy of nature” from the *Origin of the Species*. Haeckel’s definition states that ecology is

> The body of knowledge concerning the economy of nature—the investigation of the total relations of the animal both to its inorganic and its organic environment; including, above all, its friendly and inimical relations with those animals and plants with which it comes directly or indirectly into contact—in a word, ecology is the study of all those complex interactions referred to by Darwin as the conditions of the struggle of existence.  

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Haeckel’s definition still echoes in the contemporary understanding of ecology as the study of how biotic organisms and abiotic features of the natural world interact.  

Today, the field of ecology is interdisciplinary in scope. It includes biology, geography, Earth science and every other discipline that studies the dynamic relations between all parts in an ecosystem. Some scientists refer to ecology as the “[natural] science of communities.”

The first explicit use of the phrase “integral ecology” occurred in Hilary B. Moore’s 1958 book, *Marine Ecology*. Here, Moore made a distinction between “autecology” (the study of organisms), “synecology” (the study of ecosystems) and “integral ecology” which is an approach to the study of the environment that includes both.

From the 1960’s to the 1980’s, other scholars, especially earth scientists, took up the phrase and brought more attention to the interactions of humans with the environment. This interest covered everything from the psychological and spiritual aspects of an encounter with nature, to the ethical and political facets of humanity’s use on the natural world. By the 1990’s, three well-known authors concentrated their work on the notion of an integral ecology. Their


work is the most immediate context for understanding how Pope Francis uses the phrase “integral ecology.”

The first of these authors was a Brazilian Liberation Theologian, Leonardo Boff. In 1995, Boff collaborated with Virgil Elizondo in writing a piece for a special issue of *Concilium: The International Journal for Theology*. Here, Boff and Elizondo explored several methods for developing an inclusive ecological theology and concluded with a discussion of their own idea of an integral ecology. They wrote:

> The quest today is increasingly for an integral ecology that can articulate all these aspects with a view to founding a new alliance between societies and nature, which will result in the conservation of the patrimony of the earth, socio-cosmic well-being, and the maintenance of conditions that will allow evolution to continue on the course it has now been following for some fifteen thousand million years.\(^{36}\)

The second author who took up the notion of an integral ecology was the cultural historian and ecotheologian, Thomas Berry. In his well-known 1999 book *The Great Work*, Berry stressed the importance of an “integral Earth study.”\(^{37}\) This study drew together ecological science and “Earth literacy,” in the necessary environmental knowledge made available through the humanistic studies of art, literature, history, world religion, and philosophy.\(^{38}\) The third author, American philosopher Ken Wilber, again expanded “the only sane approach” to the natural world: an “all-inclusive approach” combining, natural science, social science, and the

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humanities. Even further, Wilber placed environmental knowledge in a position of authority within a “meta-theory” of “all existing knowledge.”

Though Boff, Berry and Wilber were not the only authors who worked on the idea of an integral ecology, they were among the most well-known and well-read. Indeed, the pope himself called on Boff’s assistance in thinking through the structure and content of *Laudato Si*. Boff’s influence is evident in the section on integral ecology.

**Integral Ecology in *Laudato Sí***

In *Laudato Sí*, Pope Francis takes up this growing attention to an integral environmental knowledge. Echoes of Boff, Berry and Wilber are unmistakable in this much-quoted passage from *Laudato Sí*:

> It cannot be emphasized enough how everything is interconnected. Time and space are not independent of one another, and not even atoms or subatomic particles can be

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considered in isolation. Just as the different aspects of the planet—physical, chemical and biological—are interrelated, so too living species are part of a network which we will never fully explore and understand. A good part of our genetic code is shared by many living beings. It follows that the fragmentation of knowledge and the isolation of bits of information can actually become a form of ignorance unless they are integrated into a broader vision of reality.\textsuperscript{42}

Pope Francis puts his own stamp on this shared orientation by lifting up four aspects of integral ecology that are particularly important to him. These four emphases are: the necessity of seeing the connection between the condition of nature and the condition of human society; the requirement of developing a global environmental dialogue; the indispensable value of acknowledging the spiritual, God-created dimension of nature; the significance of listening carefully to local people who live close to nature. This section briefly summarizes these points before moving on to a fuller discussion of one particular voice of local, environmental knowledge: the voice of indigenous people.

An oft-repeated quote from \textit{Laudato Si} is “We are faced not with two separate crises, one environmental and the other social, but rather with one complex crisis which is both social and environmental.”\textsuperscript{43} Pope Francis is unfailing in his insistence that any discussion of ecology must include a discussion of the relationship between human persons, their societies, and the environment. As he states in section 118 of \textit{Laudato Si}, “There can be no ecology without an adequate anthropology.”\textsuperscript{44} He makes a similar point in other places to further highlight the close relationship that exists between ecology and anthropology and why this interconnection and interdependence remain vital for integral ecology in \textit{Laudato Si}. “Since everything is closely

\textsuperscript{42} Pope Francis, \textit{Laudato Si}, no. 138.

\textsuperscript{43} Ibid., no. 139.

\textsuperscript{44} Ibid., no. 118.
interrelated,” says Pope Francis, “today’s problems call for a vision capable of taking into account every aspect of the global crisis,” including its “human and social dimensions.”

In this emphasis on the connection between the natural world and human society, Pope Francis draws inspiration from his namesake St Francis of Assisi who saw an inseparable bond “between concern for nature, justice for the poor, commitment to society, and interior peace.” Additionally, Pope Francis writes,

Today the analysis of environmental problems cannot be separated from the analysis of human, family, work related and urban contexts, or from how individuals relate to themselves, which leads in turn to how they relate to others and to the environment.

At the opening of Laudato Si, Pope Francis says, “I would like to enter into dialogue with all people about our common home.” Later, when the pope turns to his “Lines of Approach and Action” in Chapter 5, the first section is entitled “Dialogue on the Environment in the International Community.” By stressing universal communication at the beginning of his encyclical and then returning to it as his first point of action, Pope Francis signals the essential place of global environmental dialogue to an integral ecology. The importance of developing this dialogue is to effect more equitable human access to the gifts of the natural world. Too often, in the pope’s view, global communications are only between the powerful. The pope warns that

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45 Ibid., no. 137.
46 Ibid., no. 10.
47 Ibid., no. 141.
48 Ibid., no. 3.
49 Ibid., no. 164.
communication must not be skewed “to defend the interests of a few countries.” Rather, “[i]nterdependence obliges us to think of one world with a common plan.”

It is critical, too, that humans discover and embrace the spiritual, God-created dimension of nature. Pope Francis writes,

An integral ecology includes taking time to recover a serene harmony with creation, reflecting on our lifestyle and our ideals and contemplating the Creator who lives among us and surrounds us, whose presence ‘must not be contrived but found, uncovered.’

According to the pope, this dimension should not be hidden within the recesses of one’s heart but brought into open public discussion. “Integral ecology,” says Pope Francis, “calls for openness to categories which transcend the language of mathematics and biology and take us to the heart of what it is to be human.”

Speaking specifically to Christians, Pope Francis offers “suggestions for an ecological spirituality grounded in the convictions of our faith.” Central to these convictions is the way the God of the Trinity calls Christians to an integral ecology: “[e]verything is interconnected, and this invites us to develop a spirituality of that global solidarity which flows from the mystery of the Trinity.”

A fourth characteristic of Pope Francis’ integral ecology is the attention he feels must be paid to local people and their local environmental knowledge. Pope Francis says that greater

50 Ibid.
51 Ibid., no. 225; see also Pope Francis, The Joy of the Gospel: Apostolic Exhortation (Evangelii Gaudium), November 24, 2013, no. 71; AAS 105 (2013), 1050.
52 Pope Francis, Laudato Si, no. 11.
53 Ibid., no. 216.
consideration must be given “to local cultures when studying environmental problems, favoring a dialogue between scientific-technical language and the language of the people.” This reflects, again, the pope’s fear that powerful global voices neglect or drown out the less powerful, but more environmentally aware, voices of local people. As he writes:

The local population should have a special place at the table; they are concerned about their own future and that of their children, and can consider goals transcending immediate economic interest. We need to stop thinking in terms of ‘interventions’ to save the environment in favor of policies developed and debated by all interested parties.

It is from this interest in the relationship between nature and human society, the necessity for global dialogue, the importance of environmental spirituality, and respect for local cultures that Pope Francis’ attention is directed toward indigenous people and their knowledge of the Earth.

**Indigenous People and Indigenous Knowledge**

This section momentarily steps away from Pope Francis and discusses, in three parts, what contemporary scholars mean by “indigenous people,” and “indigenous knowledge” and then the distinction between indigenous knowledge and Western science. This discussion leads to the final section of this chapter where Pope Francis’ valuation of indigenous people and their knowledge is delineated.

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55 Ibid., 143.
56 Ibid., 183.


Defining Indigenous People

Any meaningful discussion on indigenous knowledge requires a clarification of what is understood by the phrase “indigenous people.” Though the phrase “indigenous people” is widely used today, there is no absolute scholarly agreement on what it means.\(^{57}\) Erika Sarivaara, Kaarina Maatta, and Satu Uusiautti see this lack of agreement in the complex history of the phrase with “the assimilation process, history of colonization [and] complex legislation regulating membership in an indigenous people.”\(^{58}\)

The term “indigenous” came into usage in the 17\(^{th}\) century as a derivative of the Latin prefix *indu*, which means “in” or “within,” and *gen* which signifies the “root of.”\(^{59}\) When the word “indigenous” was first joined to the word “people,” the result was a derogatory phrase used by Europeans to refer to non-European natives from “uncivilized” lands. “Indigenous people” remained a disparaging phrase for differentiating indigenous peoples from the rest of the human populations in any place within colonized territories until the indigenous peoples themselves

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adopted the phrase and transformed its meaning. It became a way of self-identification that expresses their cultural identity as indigenous groups which is “an essential component of indigenous peoples’ sense of identity” instead of being a label imposed on them by outsiders.60

Despite the history of its negative use, the phrase “indigenous people” is used by many today as “an empowering categorization that unites indigenes.”61 “Indigenous people” has come to be synonymous with the first, native, aboriginal or original people in a given geographical location, a people distinguished from later foreigners, migrants, colonizers, or settlers from other countries who entered the indigenous regions.62

Tanja Joona, a senior researcher at the University of Lapland’s Arctic Center and specialist in the culture of the Sámi People in Finland, defines indigenous people as

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60 Sarivaara et al., “Who is Indigenous? Definitions of Indigeneity,” 375; see also International Labor Organization (ILO), “C169 on Indigenous and Tribal Peoples, 1989” Adopted in Geneva on June 26, 1989, Article 1 (1989):1-2, retrieved from the site C169 on Indigenous and Tribal Peoples http://www.humanrights.se/wp-content/uploads/2012/01/C169-Indigenous-and-Tribal-Peoples-Convention.pdf (accessed on November 02, 2018). Note the difference between “indigenous people” and “indigenous peoples” as used here. The plural form “indigenous peoples” implies that there are distinct groups of “indigenous people” in different parts or regions of the world. We may speak of the forest people of the Amazon, the tribal people of India, the Inuit of the Arctic and the Aborigines of Australia. We also have the Native Americans from North and South America, the Maori of New Zealand, the Saami of Northern Europe, the Ainu from Japan, and various cultural and tribal groups of indigenous peoples of Africa and beyond. Each is a distinct “people” or group with distinct characteristics and specific social and legal structures and characters. For more on this, see Joona Tanja, ILO Convention No. 169 in a Nordic Context with Comparative Analysis, 29 and 147; United Nations Economic and Social Council (UN ECOSOC) “Indigenous Peoples and the United Nations System: An Overview” indileaflet 1 (1986): 4-5. Retrieved from http://www.ohchr.org/Documents/Publications/GuideI Pleaflet1en.pdf (accessed on March 18, 2018).


People, communities, and nations who claim a historical continuity and cultural affinity with societies predating contact with Western culture. These peoples consider their local cultures to be distinctly separate from contemporary Westernized cultures and assert their sovereignty and right to self-determination.63

Included in Joona’s category “culture” would be an indigenous people’s language, food, art, religion and the patterns they follow in community resource distribution, education, health care, marriage and child care, kinship relations, and exercise of authority.

There are approximately 400 million indigenous people in the world today. Neil Adger, a distinguished ecological researcher and professor of Human Geography at the University of Exeter in the United Kingdom, with a group of other high profile researchers from different parts of the world affirm this diverse population of indigenous people. In the chapter on Human Security which is their group report published in Climate Change in 2014, Adger et al. note that indigenous people represent the “largest reserve of cultural diversity and the majority of languages” in the world.64 In most places around the world, indigenous people struggle to retain

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their identities while living within non-indigenous societies that are characterized by economic and political values alien to their indigenous worldviews. In some locations, the difficulty of living within these “pressures and goals of allies and enemies” has made indigenous groups—like the plants and animals connected to their identity—an endangered species.

**Defining Indigenous Knowledge**

There is no human knowledge in a society today that is completely “sealed-off” from the rest of the world. Nor is knowledge within any human group frozen in time. There is, then, neither an “untouched” nor an “unchanged” indigenous knowledge. Nevertheless, anthropologists and linguists do recognize certain characteristics of indigenous knowledge that distinguish it from non-indigenous forms of knowledge.

According to Fikret Berkes, indigenous knowledge is

> A cumulative body of knowledge, practice and belief, evolving by adaptive processes and handed down through generations by cultural transmission, about the relationship of living beings (including humans) with one another and with their environment.

Such adaptive, collaborative knowledge is “a community’s way of life and means of survival.” It carries with it “a deep understanding of the local environment.” Berkes continues:

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*Change Assessment and Adaptation* (Paris, France: United Nations Educational Scientific and Cultural Organization (UNESCO), and Darwin, Australia: United Nations University (UNU), 2012), 28; and Sarivaara et al., “Who is Indigenous? Definitions of Indigeneity” *European Scientific Journal*, 369, but these were prior to 2014 estimated population of indigenous peoples.


66 Johnson, *Indigenous Knowledge*, v; Goodall, “Riding the Tide: Indigenous Knowledge, History and Water in a Changing Australia” in Johnson, Ed. *Indigenous Knowledge*, 40 and 42. See also William J. Sutherland, “Parallel Extinction Risk and Global Distribution of Languages and Species” *Nature* 423 (May 15, 2003): 276. Sutherland compares the risk of extinction and global distribution of languages and species of populations among birds and mammals to determine the threats to biodiversity and concludes that risks to languages exceed those to birds and mammals. His conclusion shows that languages of human groups, like indigenous populations, are at a greater risk of extinction. They need to be protected to save them from going into extinction and to maintain their diversity.

Indigenous knowledge systems are characterized by embeddedness of knowledge in the local cultural milieu; boundedness of local knowledge in space and time; the importance of community; lack of separation between nature and culture, and between subject and object; commitment or attachment to the local environment as a unique and irreplaceable place; and a noninstrumental approach to nature.\textsuperscript{69}

Indigenous knowledge is characteristically rooted in speech and actions that are delivered in “stories, songs, poems, proverbs, worship, ceremonies and rituals.”\textsuperscript{70} These are dynamic aspects of the life of any community that identify their uniqueness and shared aspirations, goals, and worldview as a people in their cultural and geographical location. This knowledge recognized as indigenous to the natives or autochthonous people “has been used over centuries of their existence for everyday living and survival” and it “resides in the body and cultural memory” of the people and remains relevant for their day to day experiences.\textsuperscript{71} As such, Heather Goodall thinks that indigenous knowledge is better understood “as a process rather than an archive.”\textsuperscript{72}


\textsuperscript{70} Ann Hodgson, “Traditional Knowledge and Red Cross Disaster Preparedness in the Pacific,” 6.


Scholars often refer to indigenous knowledge (IK) as traditional knowledge (TK). Other terms that are used for indigenous knowledge in scholarly research are endogenous knowledge (EK), local knowledge (LK) and Indigenous Traditional Knowledge or Indigenous Technical Knowledge (ITK). Each of these terms can be used interchangeably. However, contemporary scholars and scientists prefer to use the term indigenous knowledge system or systems (IKS or IKSs) to “describe the totality of information, practices, beliefs, and philosophy that is unique to each indigenous culture. Such a system may be commonly held within a community or indigenous society, or it may be known only to specialists, tribal elders, or lineage or gender groups.” Indigenous knowledge system represents everything that concerns the knowledge, traditions and civilization of indigenous people.

**Indigenous Knowledge and Western Science**

The relationship between indigenous knowledge and Western science is complex. There are clear differences, yet also similarities. After providing a brief description of Western science, this subsection unfolds in three parts. The first part describes the differences the North American indigenous historian and theologian, Vine Deloria Jr., sees between indigenous knowledge and


Western science. The second part continues with the differences which Daniel Wildcat (an indigenous professor of environmental studies) identifies between indigenous metaphysics and the metaphysical assumptions of Western science. The third part discusses the perspective of Gregory Cajete (a professor of Native American studies) who contends that indigenous knowledge contains its own valid form of science.

Before exploring the comparisons between indigenous knowledge and Western science, it is important to offer a brief description of Western science. The foundation of Western science is the “scientific method,” a way of knowing that begins with a scientist asking a question about how something in the natural world “works.” The fundamental assumption of the Western scientist’s question is that the workings of the natural world are explainable, in principium and in summa, by the material objects of nature and the forces of material cause and effect that move these objects.

To proceed according to the scientific method, the scientist poses a provisional answer, or hypothesis, to the original question. The scientist then tests the hypothesis by using controlled experiment, mathematical calculation, or other empirical methods. With these methods, the scientist comes to a conclusion about the validity of the hypothesis. Scientifically acceptable validation of the hypothesis depends on whether other scientists can also run the experiment or calculation and “replicate” the original scientist’s result. If the hypothesis is replicated, the scientist can claim to have arrived at an empirical “fact.” The power of this “fact” is in its usefulness for explaining how a feature of the material world is structured or how it “works” in

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78 The Webster online dictionary defines the scientific method as the “principles and procedures for the systematic pursuit of knowledge involving the recognition and formulation of a problem, the collection of data through observation and experiment, and the formulation and testing of hypotheses.” See https://www.merriam-webster.com/dictionary/scientific%20method (accessed on April 13, 2018).
the natural world. When many facts are brought together and shown to explain an even larger and more complex feature of the natural process, a “theory” is developed.

The scientific method is the accepted standard of empirical science worldwide. It is “Western” only in the sense that it was the method that triggered the “scientific revolution” of the 17th and 18th century Europe with assumptions and principles that are deeply rooted in Western civilization and worldview. These assumptions and principles that propelled the scientific revolution are latent and potent and have become the dominant paradigm in learning and scholarship since the late 18th century. They privilege Western science over and above indigenous knowledge and still “remain mostly invisible and are taken for granted and unquestioned.” This section now turns to comparisons between indigenous knowledge and Western science.

**The Perspective of Vine Deloria Jr.**

According to Vine Deloria Jr., indigenous knowledge differs from Western science in five ways. First, Western science focuses primarily on describing how “parts” of the natural world work. While it is true that Western environmental science looks at “wholes” (such as biomes or atmospheric greenhouse gas levels), its tendency is to drill further and further down into the parts that “cause” the whole. Indigenous knowledge, on the other hand, starts with a vision of the whole, such as “Mother Earth.” While indigenous knowledge certainly focuses on

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parts, as in its detailed knowledge of the natural world, the parts are always seen as linked to the overarching, animating power of Mother Earth or the Great Spirit or analogues to these powers specific to the cultural narratives of a given indigenous community.\textsuperscript{81}

A second difference Deloria sees between Western science and indigenous knowledge is in the Western scientist’s belief that each part of the natural world can be completely understood by discovering its material structure or cause. If there is anything about a part of nature that cannot be explained by material structure or material cause and effect, Western scientists return to the field, the lab, the microscopes, and the calculations to look again. Indigenous people, on the other hand, take it as a given that each part of nature can hold a “secret.” Even though living intimately with nature gives a person a great deal of knowledge about plants and animals, one can never think that they have (or ever can) unlock all of nature’s secrets.\textsuperscript{82}

A third distinction between Western science and indigenous knowledge pointed out by Deloria is the treatment of anomalies. The laws that govern systems and their statistical regularities are of prime interest to Western science. Anomalous events certainly interest Western scientists, but the focus is on “smoothing them out” and “explaining” them in terms of the material laws and regularities that govern the system. However, Western science considers unexplainable anomalies, in many cases, as unimportant errors that can be ignored because they “fall outside the prescribed patterns of behavior” and are contrary to the established laws that govern the system.\textsuperscript{83} Indigenous knowledge also depends on the laws and regularities of the

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\item \textsuperscript{81} Deloria Jr., “Traditional Technology” in Deloria Jr. and Wildcat, \textit{Power and Place}, 64.
\item \textsuperscript{82} Ibid.
\item \textsuperscript{83} Ibid; see Deloria Jr., “Power and Place: Equal Personality” in Deloria Jr. and Wildcat, \textit{Power and Place}, 21. Such errors may become of interest only if future research discovers reasons for the previous anomalies and
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natural world. But those laws and regularities work on a different scale. It is the patterns of the seasons, the movement of the sun across the horizon, or the observable actions of plants and animals and, indeed, of all the creatures of the natural world that are of interest. When anomalies happen within these regularities, indigenous people look at them with reverence as mystery, seeing in them meaning and power.  

Deloria finds a fourth distinction between Western science and indigenous knowledge in the tendency of the former to take the scientist out of the field and into the lab. This tendency has increased in recent years, due in part to the burgeoning fields of genetics and microbiology. Here, lab scientists imagine that they know most of what is important about, for example, a squirrel, if they have mapped out its genes and DNA structure. The lab scientists may never have done scientific observation of a squirrel in the field. From the perspective of indigenous knowledge, such an approach to understanding the natural world is inadequate. Knowledge of the natural world cannot be complete (or even begin) without immersing oneself in the natural world. A person knows a squirrel if they have lived near, laughed at, and possibly argued with a squirrel.

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84 Deloria Jr., “Traditional Technology” in Deloria Jr. and Wildcat, Power and Place, 64; Deloria Jr., “Power and Place: Equal Personality” in Deloria Jr. and Wildcat, Power and Place, 21.

A final difference Deloria cites between Western science and indigenous knowledge concerns change. Western scientists emphasize the material laws and statistical regularities that govern the relationships between nature’s innumerable, interrelated parts. They do, however, leave open the possibility that a new discovery could come along (such as the Theory of Relativity) that would call for rethinking well-accepted laws and regularities of nature and the universe. By contrast, indigenous knowledge tends to understand nature as unpredictable to a degree, but not to the extent that all the wisdom of the elders would suddenly become obsolete. This returns to the third distinction above which alludes to the fact that indigenous knowledge functions within, for instance, a predominantly circular conception of time, unlike the linear time measurement and calculation of “progress” in Western science.

**The Perspective of Daniel Wildcat**

Daniel Wildcat believes there is an even deeper difference between Western science and indigenous knowledge than those outlined by Deloria.\(^86\) For Wildcat, this deeper difference can be seen in the different metaphysical principles underlying each form of knowledge. Four points can be highlighted from Wildcat’s perspective.

One point Wildcat emphasizes is how the metaphysics undergirding Western science functions at a level of abstraction “beyond human experience.” While indigenous metaphysics...
also uses abstract concepts, these abstractions are in much closer proximity and service to life experience.\textsuperscript{87} A test of this distinction is the degree to which Western metaphysics can be thoroughly pursued under the guidance of books and university professors without the necessity of ever venturing out into nature. The underlying metaphysics of indigenous knowledge requires that one encounter nature with the guidance of elders who have spent their lives in physical interaction with the natural world.\textsuperscript{88}

Wildcat makes a second related point. Western metaphysics, he says, is a “view from nowhere.” The validity of the metaphysical assumptions of Western science depends in no way on who the scientist is or where the scientist lives. By contrast, the abstractions that serve indigenous metaphysics are closely rooted to the particular experiences of particular tribes living in particular locations.\textsuperscript{89}

A third point of opposition for Wildcat is that discourse in indigenous metaphysics is fundamentally narratival. For indigenous people, the powers that animate the world cannot be completely accessed and understood without the medium of a story. As in any form of art, stories carry truths about human experience, human society, and the natural world that are not made available by the Western scientific method. These truths are “sacred” realities and powers, though the distinction Western thinkers create between what is “sacred” and what is “non-sacred” is a dualism that is foreign to indigenous metaphysics. In addition to this dualism, the metaphysics of Western science makes the assumption that the entirety of nature can, in

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\textsuperscript{87} Ibid., 48.
\textsuperscript{88} Ibid., 52.
\textsuperscript{89} Ibid., 49.
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principle, be accessed and understood through the rules of formal logic and the empirical
generalizations made on the basis of discovering “mechanical cause-and-effect relationships.”

A fourth distinction Wildcat notes between Western science and indigenous knowledge is
the manner in which each treats objects in nature. For the former, the reality constituting natural
objects is assumed to be completely accessible by methods of empirical knowing. All natural
objects are, in this sense, “uniform.” From the standpoint of indigenous knowing, the reality
that constitutes natural objects cannot be exhausted by empirical study. Berkes supports
Wildcat’s point when he says, in line with Banuri Tarique and Apffel-Marglin Frederique, that in
indigenous knowing there is a life force in nature the reality of which cannot be captured by “the
machine-like scientific conceptualizations” of Western science. In this sense, reality is
“uneven” from an indigenous perspective. The unevenness of the “sacred” life force means that
while every rock, tree or bird manifests sacred power by the very act of living or being in
existence, this power can vary in amplitude depending on the situation the rock, tree, or bird
finds itself in. Every object in nature, including a human being, is a “sentinel for a force
unseen.” But occasions can arise when any object in nature is called upon to “speak” or “heal”

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90 Ibid., 49 and 52-53.
91 Ibid., 48.
92 Berkes, Sacred Ecology, 11; Banuri and Apffel-Marglin, Who Will Save the Forests?, 10. See also
93 Remark made by Uqualla, a medicine man of the Havasupal tribe in North America. Ingold argues that
such a widening of horizon and the universe of discourse is helpful for “recovering the sense of astonishment
banished from official science.” See Ingold, “Rethinking the animate, Re-animating Thought” Ethnos, 9; Berkes,
Sacred Ecology, 11.
or “witness to” the sacred in a special way. Indigenous science is attuned to the varying amplitudes of the sacred life force in the natural world.

The Perspective of Gregory Cajete

Gregory Cajete prefers to compare indigenous knowledge and Western science on the basis of the qualities that mark them out as science and repositories of knowledge, culture and civilization of particular people and communities. He rightly calls indigenous knowledge “Native science” as distinct from Western science. Though the features of indigenous knowledge stand in clear contrast to those of Western science and metaphysics, Cajete thinks that it is incorrect to conclude that indigenous knowledge is “unscientific.” Related to the points made above about indigenous knowledge in general and indigenous metaphysics, an indigenous science can be said to exist with a distinct method and content.

The distinct method of indigenous science, as summarized by Cajete, can be described as “sensorially inclusive,” “participant incorporated,” and “outcome disclosive.” By “sensorially inclusive” is meant that in indigenous science, the human powers of observation include not only the six “external” senses used in Western science, but also the “internal” senses of intuition, feeling, and imagination. In order to access data about the natural world through the internal senses, the indigenous person must practice “participant incorporation.” This means that a successful indigenous “scientist” does not have the option, as a Western scientist does, of doing

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science solely in a lab or on a computer. The indigenous person must become “incorporated” into the nature that is being “observed” by long periods of close observation. The information outcome of this process is not “discovered” by successful experiment or calculation, as in Western science, but “disclosed” by the object of nature itself. Cajete summarizes this method by saying that

Native science is a metaphor for a wide range of tribal processes of perceiving, thinking, acting, and ‘coming to know’ that have evolved through human experience with the natural world. Native science is born of lived and storied participation with the natural landscape. To gain a sense of Native science one must participate with the natural world. To understand the foundations of Native science one must become open to the roles of sensation, perception, imagination, emotion, symbols and spirit as well as that of concept, logic and rational empiricism.95

The methodology of indigenous science does not require that a person be an expert or specialist in a specific field, as in Western science. According to Cajete, although there are “tribal specialists with particular knowledge of technologies and ritual,” each member of the indigenous community can be “a scientist, an artist, a storyteller, and a participant in the great web of life.”96

The content gained through this method provides indigenous communities with information in “astronomy, farming, plant domestication, plant medicine, animal husbandry, hunting, fishing, metallurgy, and geology.” In brief, says Cajete, it provides all the knowledge the community needs “related to plants, animals and natural phenomena.”97

95 Cajete, Native Science, 2.
96 Ibid.
97 Ibid., 2-3.
Day Michael Warren, a research geologist at the Geology, Geophysics and Geochemistry Science Center in Denver, Colorado, in the United States, further notes that each indigenous community has its own peculiar knowledge that is suitable to them and which constitutes their unique indigenous wisdom. Such wisdom includes “a large body of technical knowledge based on careful observation and use of its natural resources.”

In view of the distinct method and content characteristic of indigenous science, scholars have come to refer to it as indigenous environmental knowledge (IEK), traditional environmental knowledge (TEK), or local environmental knowledge (LEK). Other scholars have noted the resemblance of indigenous science to Johann Wolfgang von Goethe’s 18th century efforts to expand the narrow confines of Western science into a more inclusive phenomenological approach to the natural world. Contemporary Western scientists such as David Seamon, Arthur Zajonc, Henri Bortoft, and Brian Goodwin still consider the spirit of Goethean science to be, like

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the spirit of indigenous science, a unique and important contribution to the intellectual, scientific treasury of humanity.\textsuperscript{101}

While real differences exist between indigenous knowledge and Western science, some scholars indicate that there are also similarities between them. Fikret Berkes points out that both forms of knowledge are trying to “[create] order out of chaos.”\textsuperscript{102} Second, both indigenous knowledge and Western science work from a “realist” premise; that is, they both hold that objective knowledge is attainable and that “a knowable reality exists independently of our thoughts and ‘conceptual schemes.’”\textsuperscript{103}

The anthropologist Claude Lévi-Strauss once observed that respect for objective knowledge was “one of the most neglected aspects of the thoughts of the people we call ‘primitive’” and a link to one of the most fundamental beliefs of Western science.\textsuperscript{104}

Finally, though their methods of experimentation and problem-solving are distinct, both indigenous knowledge and Western science value the tangible, pragmatic results of their methods. Howes and Chambers have noted that Western science grew not only out of the same “wish to solve a problem of a ‘practical’ kind” that remains an important aspect of indigenous


\textsuperscript{102} Fikret Berkes, \textit{Sacred Ecology}, 10.


knowledge. It also developed as a “result of a more general intellectual process of creating order out of disorder” which is also the concern of indigenous knowledge.\(^{105}\)

The degree to which both the differences and similarities of indigenous knowing and Western science create possibilities for dialogue is a topic of significant interest to Pope Francis. It is to these thoughts that the next section turns.

**Pope Francis on Indigenous People and their Knowledge**

The previous sections of this chapter have provided a context for exploring remarks Pope Francis has made about indigenous people and their knowledge. This section takes up these remarks as they have occurred in the course of the pope’s pontificate from 2014 to 2020.

Four points need to be made before looking at the papal statements. First, this section does not provide an exhaustive survey of Pope Francis’ observations on indigenous people. Papal communication occurs in many official forms: apostolic exhortations, apostolic constitutions, encyclicals, homilies, *motu proprio*, speeches, meditations, letters, messages, and remarks at papal audiences. The following discussion presents representative remarks made by the pope in several, but not all, of these forms.

Second, by noting Pope Francis’ remarks of respect for indigenous people, this section is not claiming that the Roman Catholic Church has now arrived at a morally blameless position vis-a-vis indigenous people around the world. Much remains to be done in the Church to atone for its past and present abuse of indigenous people. For example, while Pope Francis apologized in July 2015 for the violence against indigenous people supported by the Church during the colonization of the Americas, a similar apology did not take place in his 2018 visit to the

indigenous people of Canada. A formal apology for the well-known and well-documented violence against indigenous people in Church-lead boarding schools in North America and other places during the 19th and 20th centuries is yet to be made.\footnote{Recently, Mexico’s president, Andres Manuel López Obrador, wrote an open letter requesting Pope Francis to lend Mexico ancient pre-Hispanic Mexican or colonial-era documents and to apologize for the Roman Catholic Church’s role and abuses of indigenous peoples during the conquest of Mexico in the 1500s. This demand for the pope’s apology came as Mexico begins preparations on how to mark the 500th anniversary of the 1519-21 conquest that resulted in the death of a large part of the country’s pre-Hispanic population. It follows Mexico President’s previous letter to King Felipe VI of Spain in 2019 demanding for apology from Spain for their role in the Spanish conquest of Mexico’s indigenous people in which millions of indigenous people died from violence and disease. The Spanish Foreign Minister, Josep Borrell, in reply to President Andres Manuel Lopez Obrador, said that Spain will not issue the requested apologies to Mexico. See Rebecca Blackwell and Associated Press, “Mexico’s President Asks Pope Francis for Conquest Apology” Published online by the ABC News on October 11, 2020, retrieved from the site https://abcnews.go.com/International/wireStory/mexico-president-asks-pope-francis-2020-10-10/mexico-presidents-letter-to-spain-apology (accessed on December 09, 2020), AFP in Mexico City, “Mexico Demands Spain Apologize for Colonial Abuse of Indigenous People” Published by The Guardian News Media on March 25, 2020, retrieved from the site https://www.theguardian.com/world/2019/mar/25/mexico-demands-spain-apologize-colonialism-visit to Mexico, “Spain Hits Back at Mexico in Row over Colonial Rights Abuses” Published by The Guardian News Media on March 26, 2019, retrieved from the sitehttps://www.theguardian.com/world/2019/mar/26/spain-hits-back-at-mexico-in-row-over-colonial-rights-abuses (accessed on December 09, 2020).} On a larger scale, the Church has never rescinded the papal bulls of 1452 (Dum Diversas) and 1493 (Inter Caetera) which collectively constitute the “Doctrine of Discovery”—the Church’s 15th century justification for the enslavement of indigenous people and the expropriation of their lands by Spanish and Portuguese explorers.\footnote{\textit{Inter Caetera} which means “among other works” was the papal bull issued by Pope Alexander VI on May 04, 1493 that granted to the Catholic Majesties of Ferdinand and Isabella all lands to the west and south of a pole-to-pole line 100 leagues west and south of the islands of the Azores (Cape Verde islands). This bull, \textit{inter Caetera}, also called The Doctrine of Discovery, played a central role in the conquest and balkanization of the lands and nations of the indigenous peoples all over the world by the Spanish and Portuguese explorers and subsequently by the British, the French, the Dutch and the United States respectively. \textit{Inter Caetera} follows an earlier papal authorization known as 	extit{Dum Diversas} and both are sometimes together referred to as The Doctrine of Discovery also. 	extit{Dum Diversas} which means “Until different” is a papal bull issued by Pope Nicholas V on June 18, 1452 to King Alfonso V of Portugal authorizing him to conquer the Saracens and pagans and to assign them to “perpetual servitude.” The doctrine of discovery, \textit{Inter Caetera}, together with \textit{Dum Diversas} paved the way for the slave trade}
Discovery was later used by the United States government in the 19\textsuperscript{th} century to justify the expropriation of lands occupied by Native American tribes.

Third, while moral atonement and institutional change still need to be done within the Roman Catholic Church in relation to indigenous people, it would be incorrect to deny the increasingly supportive orientation of Roman Catholic leaders toward indigenous people and their knowledge since Vatican II. The communications that support this development include statements by Bishops and Synods from the homelands of indigenous people around the world, the speeches and writings of St. John Paul II and the statements of his successor Pope Benedict XVI. While this section does not discuss these background resources, it acknowledges the fact that Pope Francis’ remarks on indigenous people build on a fifty year development of new thinking within the Roman Catholic Church.

Finally, Pope Francis speaks of new paths for the Church to participate in integral ecology in its mission of evangelization “designed for and with” the various people of Amazonia region and with special attention to its indigenous peoples.\footnote{Holy See Press Office, “Amazonia: New Paths for the Church and for an Integral Ecology” Preparatory Document of the Synod of Bishops for the Special Assembly for the Pan-Amazon Region, (June 08, 2018): 1, retrieved from the site https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2018/06/08/180608a.html(accessed on October 27, 2018).} Pope Francis makes this new approach to evangelization in the Amazonia the focus of the synod of Bishops for the Amazonia region as contained in the Preparatory Document of the Synod of Bishops for the Special Assembly for the Pan-Amazon Region, (June 08, 2018): 1, retrieved from the site https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2018/06/08/180608a.html(accessed on October 27, 2018).
Assembly for the Pan-American Region in October 2019. While this preparatory document for the synod of bishops is not a document directly produced or signed by Pope Francis, several remarks from this document are included here as an expression of the pope’s perspectives on indigenous people and their knowledge. His Post-Synodal Apostolic Exhortation *Querida Amazonia* affirms the pope’s concerns and support for both the document and the indigenous peoples. The 2019 meeting was the first Synod of Bishops Pope Francis has called for a specific region. In March 2015, the Vatican announced an initiative to protect the Amazon and its inhabitants. This initiative is the Pan-Amazonian Ecclesial Network. A particular focus of this initiative and the 2019 synod is the condition and future of the Amazonia region’s indigenous people. The Preparatory Document for the Synod, released on June 08, 2018, and the Post-Synodal Apostolic Exhortation *Querida Amazonia* of Pope Francis draw heavily on *Laudato Sí*, other writings, and speeches of Pope Francis.

**Contemporary Need for Indigenous Knowledge**

If there is one line that best captures Pope Francis’ general valuation of indigenous knowledge, it is this: “Listening to indigenous peoples … is of vital importance for the universal Church.” The pope has repeated this point throughout his travels. In a homily at a Mass for

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110 Ibid., nos. 3-8.

indigenous people in Chiapas, Mexico, Pope Francis said, “you have much to teach us.”

In an address Pope Francis gave to indigenous people in the Amazonia region of Peru, he said: “Those of us who do not live in these lands need your wisdom and knowledge to enable us to enter into, without destroying, the treasures that this region holds.”

For Pope Francis, these vital words of indigenous people are not romantic echoes from a “bygone way of life,” but words drawn from a “cosmic vision” that is rich with insight for all humanity. The pope often points to young people in the indigenous communities who are building a knowledge that is not isolated within their traditional cultures, but interacting with non-traditional societies. The Synod Preparatory Document captures this view and observes that:

In recent years, indigenous people have begun to write down their own history and to document more formally their own cultures, customs, traditions, and knowledge. They have written about the teachings received from their elders, parents, and grandparents, which are both personal and collective memories. Today, indigenous identity is not only derived from ethnicity. It also refers to the ability to maintain that identity without isolating oneself from the surrounding societies with which one interacts.

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114 Ibid.

Indigenous people are now telling their own stories from their own perspectives and it makes a lot of difference than when their stories, culture and history are presented from the point of view of outsiders.

**Indigenous Knowledge and the Environmental Crisis**

Several times in Pope Francis’ speeches and writings, indigenous knowledge is raised up as a source of wisdom for combating pollution, climate change, water degradation, and loss of biodiversity. In the Preparatory Document for the Pan-Amazonian Synod, for example, a remark is made that is characteristic of the pope’s respect for indigenous wisdom. In view of the ongoing depletion of fresh water, the Document points to the Amazonian “people of the waters” who “have always had a relationship of interdependence with water sources.” They have, as indigenous peoples, maintained “a relationship of respect that grows out of knowing that ‘life steers the river’ and that ‘the river steers life’” in a sustainable and ongoing process.116

Similar respect is given to the “peoples of the jungle” in acknowledgement of their knowledge and expertise in the use of the land and forests. The preparatory document identifies them as “gatherers and hunters par excellence” who evidently “survive on what the land and the forest have to offer. They watch over the rivers and the land, just as the land cares for them. They are the custodians of the rainforest and its resources.”117 To ignore the expertise of the peoples of

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117 Ibid.
both the waters and the jungle or to act contrary to their knowledge impoverishes our understanding of ecology and will ultimately lead to the crisis of the environment.

In a 2016 homily at a Mass for the indigenous communities of Chiapas, Mexico, Pope Francis reflected on the value of indigenous people and their knowledge and said to them: “Today’s world, ravaged as it is by a throwaway culture, needs you!”118 Calling attention to the “technocratic paradigm” that is complicit in the environmental crisis and the positive role that indigenous people play in witnessing to a more balanced view of technology, Pope Francis said to indigenous participants at a 2017 Forum for Agricultural Development:

You, in your traditions, in your culture—because what you bring to history is culture—live progress with a special care for the mother earth. In this moment, in which humanity is committing a grave sin in not caring for the earth, I urge you to continue to bear witness to this; and do not allow new technologies—which are legitimate and good—but do not allow those which destroy the earth, which destroy the environment and the ecological balance, and which end up destroying the wisdom of peoples.119

Here, Pope Francis clearly demonstrates that his conviction about the contributions of the indigenous people is important and that these indigenous contributions must be protected and preserved for the good of humanity and the environment.


Indigenous Knowledge and Integral Ecology

Pope Francis looks to indigenous people for assistance in developing an integral ecology. On recognizing the close relationship between human society and the natural world, a centerpiece of an integral ecology, the Synod Preparatory Document states that

Protecting indigenous peoples and their lands represents a fundamental ethical imperative and a basic commitment to human rights. Moreover, it is a moral imperative for the Church, consistent with the approach to integral ecology called for by *Laudato Si*.”

Similar attention is paid by Pope Francis to indigenous people in relation to the need for global environmental dialogue. In a 2018 address to 4,000 representatives of indigenous peoples of the Amazonia in Puerto Maldonado, Peru, Pope Francis said: “I consider it essential to begin creating institutional expressions of respect, recognition and dialogue with the native peoples, acknowledging and recovering their native cultures, languages, traditions, rights, and spirituality.”

While speaking to the indigenous participants at the 2017 Forum held by the International Fund for Agricultural Development, Pope Francis affirms this idea and points to the role of the government in ensuring respect for indigenous identity. He says: “For governments this means

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recognizing that indigenous communities are a part of the population to be appreciated and consulted, and whose full participation should be promoted at the local and national level.”

As discussed earlier in this chapter, Pope Francis’ idea of an integral ecology does not only call for the recognition of the relationship between human society and the natural world and the necessity of creating a global environmental dialogue. It also highlights the need to add attention to the spiritual and local dimensions of the world’s environmental crisis. Here again, the pope looks to indigenous people and their knowledge as a resource for building these two dimensions of an integral ecology. An example of this emphasis is in the Synod Preparatory Document: “Indigenous peoples, in fact, live within the home that God created and gave them as a gift: the Earth. Their diverse spiritualties and beliefs motivate them to live in communion with the soil, water, trees, animals, and with day and night.”

This interdependent interaction promotes harmony between all the creatures with the environment itself and between the various creatures that live in it.

A natural extension of the points made above would be to call for the protection and growth of indigenous people and their cultures around the world. For the Roman Catholic Church, however, a missionary legacy exists which included, in some parts of the world and with varying degrees of severity, the imposition and forced assimilation of indigenous people into the

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mores of Western culture. Indigenous elders are alive today who carry the scars of these missionary methods.

Much has changed in the missionary methods of the Roman Catholic Church since the Second Vatican Council (1962-1965). While details of these theological and pastoral changes are too extensive to cover here, a sense of them can be heard in the words of Pope Paul VI’s 1975 Apostolic Exhortation, *Evangelii Nuntiandii*, concerning non-Christian people, their cultures, and religions. He says:

The Church respects and esteems these non-Christian religions because they are the living expression of the soul of vast groups of people. They carry within them the echo of thousands of years of searching for God, a quest which is incomplete but often made with great sincerity and righteousness of heart. They possess an impressive patrimony of deeply religious texts. They have taught generations of people how to pray.  

For Pope Paul VI, this was not to say that Christians should “withhold from these non-Christians the proclamation of Jesus Christ.” Rather, it was meant to say that Christian missionaries should approach non-Christian people and their cultures with what became known as an attitude of “inculturation.” The idea of inculturation was incipient in the Conciliar document *Gaudium et Spes* (1965) when it said that the Church can “enter into communion with different forms of culture, thereby enriching both itself and the cultures themselves.”

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125 Paul VI, *Evangelii Nuntiandi* 53.

inculturation seeks a "convergence" between Christian and non-Christian people, for example, which "does not replace either of the cultures from which it arose. Both parties to the inculturative exchange undergo internal transformation, but neither loses its autonomous identity."127 This method requires authentic respect and long patience between people, accompanied by a sincere willingness within all parties to truly learn from one another.

For Pope Francis, the severity of the environmental crisis is enormous and it calls for new attention to and respect for the cultural wisdom of indigenous people. Even with an already improved methodology of contact between Christian missionaries and non-Christian indigenous people since Vatican II, Pope Francis takes the additional step to buttress his commitment for dialogue with the indigenous people. He indicates not just an appreciation for the wisdom of indigenous people, but the need for this knowledge in the Church and in the world. This is the finding that undergirds the argument in this dissertation that a dialogue also needs to develop in Nigeria's Igboland between the conventional practices of Western health care and the traditional curative practices of Igbo healers.

Returning to the statements of Pope Francis, his message to indigenous people at Puerto Maldonado gives evidence of the pope’s adoption of the method of inculturation and the extra step he takes in claiming a need for indigenous wisdom.

I likewise support all those young men and women of the native peoples who are trying to create from their own standpoint a new anthropology, and working to reinterpret the history of their peoples from their own perspective. I also encourage those who through art, literature, craftsmanship and music show the world your worldview and your cultural richness. Much has been written and spoken about you. It is good that you are now the

ones to define yourselves and show us your identity. We need to listen to you [emphasis mine].

Pope Francis made this same point most poignantly in a 2016 message to the Australian aboriginals and Torres Strait Islander People. He says:

Your culture, which shows the lasting genius and dignity of your race, must not be allowed to disappear. Do not think that your gifts are worth so little that you should no longer bother to maintain them. Share them with each other and teach them to your children. Your songs, your stories, your paintings, your dances, your languages, must never be lost [emphasis mine].

It is evident in these encounters that Pope Francis does not simply appreciate the indigenous people and their knowledge and wisdom. He sees them as indispensable for an integral and sustainable future and conversation in the planet, earth. The world needs indigenous knowledge and culture and can no longer denigrate or silence the indigenous people. Engaging them in a fruitful dialogue is the best way to benefit from their knowledge and wisdom.

**Indigenous Knowledge and Western Science**

One of the major points Pope Francis makes in *Laudato Sí* is that human beings are spending an insufficient amount of time in and with nature. “We were not meant,” he says, “to be inundated by cement, asphalt, glass and metal, and deprived of contact with physical nature.” The price paid for this divorce from nature is not just psychological, but intellectual.

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130 Pope Francis, *Laudato Sí*, no. 44.
By spending less time in and with nature, we know less about nature. Throughout *Laudato Sí*, Pope Francis implores people to spend time in nature and with nature. In this, he says that “Nobody is suggesting a return to the Stone Age, but we do need to slow down and look at reality in a different way.”

Encounter and engagement with indigenous people helps non-indigenous people “slow down and look at reality in a different way.” The “seeing” that the pope is calling for is much aligned to the point made by Deloria, Wildcat and Cajete about indigenous knowledge. To come to this knowledge requires more than a casual “seeing;” it requires the scientific method characteristic of indigenous knowing. This is a science with an integrity of its own, a science that uses methods and discloses results that would be (if they were truly understood and received) an enriching additive to the methods and results of Western science. “The universe,” says Pope Francis, “unfolds in God who fills it completely. Hence, there is a mystical meaning to be found in a leaf, in a mountain trail, in a dewdrop, in a poor person’s face.” There is no complete science without the disclosures given to us by a leaf. This viewpoint shows that Pope Francis truly believes that the indigenous people have much knowledge that has been disclosed by the natural world. That knowledge, Pope Francis thinks, is a necessary element of an integral ecology.

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131 Ibid., no. 114.

132 Ibid., no. 233.
Conclusion

This first chapter has provided necessary background for supporting the argument of this dissertation: that in Nigeria’s Igboland a health care ethic reflective of Roman Catholic Christian faith must build links between the rightful practices of both conventional Western medicine and traditional Igbo healers. The key result of this chapter has been to show Pope Francis’ respect for indigenous knowledge and his belief that this knowledge is needed to address the environmental crisis of our time. This is one important backdrop for the pope’s attention to indigenous people. Another backdrop is the changed attitudes and modified missionary methods of the Roman Catholic Church since the Second Vatican Council that seek to respect indigenous and other cultures and traditions as partners in the process of evangelization and inculturation.

By first showing the principal features of the environmental crisis and its main drivers as seen by Pope Francis in *Laudato Sí*, the pope’s statements on indigenous people delineated later in the chapter could be clearly seen in their relationship to his specific environmental concerns. A similar rationale accounted for the discussion of what Pope Francis means by an integral ecology.

Attention was then paid to the meanings of “indigenous people” and “indigenous knowledge” and the relationship of this knowledge to Western science. This provided the necessary background for arriving at and interpreting Pope Francis’ statements on indigenous people and their knowledge from the beginning of his pontificate in 2014 to 2020.

Having outlined and interpreted Pope Francis’ regard for indigenous people and their knowledge, this dissertation now turns to a study of the relationship between Pope Francis’ idea of an integral ecology and the idea of an integral healthcare in the Nigerian Igbo context.
CHAPTER TWO
THE IGBO PEOPLE: DEMOGRAPHICS, WORLDVIEW, AND HEALTH CARE

Chapter Two of this dissertation seeks to establish the grounds for extending the mutually beneficial dialogue that Pope Francis encourages between Western science and indigenous knowledge on the environment to a discourse between Western methods of health care and Igbo traditional healing practices. Analogous to Pope Francis’ call for an integral ecology, this dissertation seeks an integral health care ethic (IHCE) that would address the health care needs of people in Igboland in a culturally inclusive manner and also remain authentic to the Roman Catholic Christian faith. This dissertation shows that a relationship is possible and, indeed, indispensable between the conventional Western medicine and the indigenous therapeutic traditions of Igbo healers.

This chapter proceeds in three sections. The first section provides the location of Igboland with background information about the Igbo people that briefly surveys their origin and history as a people. Section two explores the Igbo cosmology, worldview, and identity and also points out specific characteristics that confer Igbo identity and specify Igbo cultural context within which Igbo indigenous knowledge and values reside and can be retrieved. Section three explains the situation of health care in Igboland in contemporary and traditional times. It shows the present condition of health care in Igboland, which describes Western or biomedical health care practice in Igboland and Nigeria, and juxtaposes it with the Igbo traditional healing practice. It also explores the features of the Igbo traditional healing practices (ITHPs). These three
sections lead to the next chapter, which is the analysis of the socio-ethical problems identified in both conventional Western health care and traditional healing practices in Igboland, Nigeria.

**Igboland and Igbo People of Nigeria**

Any meaningful study about Igboland and Igbo people of Nigeria takes the contextualization of the discourse within a geographical space and time seriously. While obvious, it bears repeating that the Igbo, like all cultural groups in the world, have distinct perspectives and behaviors born out of the land they live in and the experiences they have had. The discussion in this section provides a general context for the Igbo People and their land.

**The Igbo People**

Igbo people are an indigenous group of people whose traditional homeland is in Igboland in the old southeastern region of Nigeria on the western coast of Africa. The Igbo, also known as *Ibo* or *Eboe*, refers to both the people and their language. Early visitors and travelers in Igboland spelled the Igbo as “Heebo” and referred to these native people as such.¹

The word “Igbo” did not, *ab initio*, refer to the Igbo tribe as we know it today. It is a later description because Igbo people had no collective tribal or ethnic identity as a people before the coming of the Europeans. They identified themselves by the kindred, village, or town names which come from particular ancestors.² Igbo used to have a derogatory connotation employed to disparage the people as the ancients and people of the bush (Bushmen and women) and also as

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slaves, but this is no longer the case. Although some people may still use the derogatory words, contemporary usage portrays the word “Igbo” in three primary senses. Igbo, in today’s lexicon, represents the Igbo territory, the local inhabitants of Igboland or domestic speakers of the language, and the language itself.

The derivative of the word “Ibo” was more generally acceptable during the colonial period until in the post-independence era of Nigeria when the indigenous Igbo people themselves corrected the spelling and pronunciation of the word. Igbo then became the accepted form that represents both the language and people in Igboland, and Igbos denotes the plural form.

The origin of both the word “Igbo” and the Igbo people is not known, but it generally goes back to prehistoric times; hence they are called Ndigboo or Ndi-Igbo, which means “the Ancients, the First People, the Aboriginals” and the autochthonous inhabitants of Igboland. We shall discuss Igbo origin and history later on in greater detail in this section of chapter two.

The Igbo people (Ndi-Igbo or Ndigboo), as an indigenous group, have their lingua franca as the Igbo language, or its derivatives and similar cultural and historical identity. They constitute one of the three main indigenous ethnic nationalities, tribes, or groups in present-day

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Nigeria. These three ethnic groups, namely, the Hausa, Yoruba, and Igbo, have the largest populations in comparison to the other tribes in Nigeria with contested percentage population estimates of about 25.1%, 21%, and 18%, respectively.

The 1953 census gave the Igbo people an estimated population of about five and a half million. The British colonial government slyly manipulated the census figures. They lowered the Igbo population figure and gave a higher value to their northern favored proxy, the Hausa-Fulani—a fraud that gave them both numerical and political advantage over the Igbo and the rest of the country. The British government planned to continue to rule Nigeria through the northern Hausa-Fulani proxy to protect their economic and political interests in their former colony.

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8 The Hausa nationality in the North is also wrongly referred to as the Hausa/Fulani. The Fulani people—though not among the indigenous tribes of Nigeria—came to Hausa land and conquered them and have so integrated themselves among the remnants of the Hausa tribe. They have also adopted the Hausa language as the *lingua franca* of the Northern part of Nigeria. However, they have obliterated all other aspects of the Hausa culture and tradition, replacing them with those of the Fulani tribe. Henceforth written as Hausa-Fulani though recent development shows that the Fulani tribe now wants to establish themselves as distinct tribe in Nigeria but they are not among the Nigerian indigenous tribes.


Igbo people tend to be very enterprising and adaptable in their traditional homeland and elsewhere. Every aspect of Igbo life is guided by what is known as *omenala* or *omenani*. *Omenala* or *omenani* means that which obtains in the land, community, world, or sphere of life of a people and corresponds with their norms, customs, and traditions. It embodies the Igbo traditional knowledge and adaptive skills that make them thrive wherever they live.

Uzodinma Nwala, an Igbo professor, scholar, philosopher, activist, and visionary, affirms Igbo dynamism, success, versatility, and adaptability in their places of domicile. He says that, with a worldwide population estimate of over a 100 million, the Igbos are arguably “true citizens of the world” who are not “barred by geography, climate, language or religion” and are with self-evident business acumen.

Also, Amy Chua, a Chinese American Yale Law School professor and author of the book, *World on Fire: How Exporting Free Market Democracy Breeds Ethnic Hatred and Global Instability*, affirms Igbo versatility and business expertise. She speaks of the “Ibo of Cameroon” as one of the Market-Dominant African minorities along with the Kikuyu of Kenya in East Africa. She also says that Igbo people “are famous the world over for being an unusually

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driven and enterprising ‘trader’ minority.” The knowledge and skills that help them to succeed emanate from their *omenala* which guides and shapes their entire life.

**Igboland Geography**

Igboland is the ancestral homeland of the Igbo people. It is believed that the Igbos did not obtain their land by conquest and there is no pre-historical evidence for inter-tribal conflict over the land. Available evidence from research and oral history of neighboring nationalities suggests that “the Igbo presently occupy the land on which their ancestors inhabited aboriginally” with, at least, a core of Igbo territory.

Geographically, Igboland lies between 6.0° and 8.5° east in longitude and 4.5° and 7.25° north in latitude. Victor Uchendu describes Igboland as lying in the old southeastern Nigeria between Longitude 6 to 8 degrees east and latitude 5 to 7 degrees north. Igbo area traverses the equatorial forest in the south and the savanna in the north, and the River Niger divides it into two unequal eastern and western parts. The east is larger than the west segment.

Igboland extends beyond the present-day southeastern Nigeria into many areas of the old southeast of Nigeria before the Biafra-Nigeria war that lasted from 1967 to 1970. It comprises

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18 Ibid., 22.


21 The Biafra-Nigeria war that lasted from 1967 to 1970 is called the Nigerian civil war but there is nothing civil about that war. It is wrong to call it "Nigerian civil war" because it involved two different political and geographical entities or nations, namely, Biafra and Nigeria. Biafra had General Emeka Odimegwu Ojukwu as its
all the Igbo speaking areas in the present southeast, namely, Abia, Anambra, Ebonyi, Enugu and Imo states; some parts of the south-south: parts of Rivers, Delta, Edo, Cross River, Bayelsa and Akwa-Ibom states; and some areas of Benue and Kogi states in the middle belt region of Nigeria.  

The Igbo population in these areas outside the southeast are not just sojourners or visitors but are original inhabitants and indigenous Igbo people. They were tactically split from their original ethnic Igbo states and placed in other states as minorities in order to break and disorganize the Igbos with greater ease for subjugation in Nigeria. Many of these excised indigenous Igbo people merged to other states are presently seeking to reunite with their kith and kin and identify themselves as ethnic Igbos in their rights within their present locations. A good example is the case of the Umuezeokoha people in Benue state. They are over a million people with about 300 villages that make up four local government areas in Benue state. These include Ado, Oju, Okpoku, and Obi local government areas. There are many others like the Benue example. See International Society for Civil Liberties and Rule of Law (Intersociety), “Resident & Ancestral Igbo People in Benue State Are Facing Widespread Attacks & Threats Of Annihilation” published by Intersociety on October 04, 2019, retrieved from the site https://www.thenigerianvoice.com/news/282169/resident-ancestral-igbo-people-in-benue-state-are-facing-w.html (accessed on December 29, 2019).

The British colonial master, Lord Lugard, referred to the Igbos as “the illiterate tribes of the interior” who occupy a region in the southeast of Nigeria. He estimated the Igbo population in 1938 to be about three million with an emphasis that their affinities were also estimated to be about twice that number. See Lord Lugard, “Foreword” pp. 5-8 In Sylvia Leith-Ross, African Women: A Study of the Ibo of Nigeria With a Foreword by Lord Lugard, GCMG, CB, DSO. (New York: Frederick A. Praeger, Inc., 1965, [1939]), 5.

The famous Igbo anthropologist, Prof. Michael A. Onwuejeogwu, comes from Ibuso (Ibusa) in the former Bendel State in the defunct mid-Western part of Nigeria which is fully Igboland but was placed under western part of Nigeria. Ibusa is in the present Delta State in Nigeria. See Ikenna Nzimiros, “Citation on the Academic Life of Michael Angulu Onwuejeogwu BA (Lond.), Mphil. (Lond.), Ph.D. (Lond.)” pp. iii-x In Ahiajoku Lecture 1987 (Owerri, Imo State: Ministry of Information, Culture, Youth and Sports, 1987), iii-viii; see also Ibusa Association of USA, Inc.: Official Website of Ibusa Association USA retrieved from the site https://ibusausa.com/ibusu-history/ (accessed on December 13, 2019). Also, Major Chukwuma Kaduna Nzeogwu, Dennis Osadebe, Okonkwo Adibe (a famous Igbo Musician) and Sony Odogwu, among others, are prominent Igbo people from the southwestern part of Nigeria, in the previous dispensation.
The Igbo people are the only ethnic group found scattered outside their homeland in large populations anywhere in Nigeria and beyond. They are usually the greatest in number besides the indigenous people of any place within black Africa. George Thomas Basden wrote, during the colonial era, that the Igbos spread across the central province of the south and are about half of the population of southern Nigeria. This province, according to Dr. Nnamdi Azikiwe, roughly comprises about twenty major “dialectal regions” that make up the Igbo nation. These Igbo dialectal regions, says Azikiwe, are as follows:

Mbamili in the northwest, Aniocha in the west, Anidinma and Ukuwani in the southeast, Nsukka and Udi in the north, Awgu, Awka and Onitsha in the centre, Ogbaru in the south, Abakaliki and Afikpo in the northwest, Okigwi, [sic] Orlu, Owerri and Mbaise in the east, Ngwa, Bende, Abiriba, Ohafia and Etche in the southwest.

These regions are in Igbooland, but some of them are in the south-south of today’s Nigeria.

Michael Onwuejeogwu, one of the best known Igbo anthropologists, affirms this Igbo culture area as an enclosure within an imaginary line that runs through Igbo settlements. The areas around Orlu, Owerri, and northern Ngwa axis have the highest population density in the whole of West Africa, with a “population of more than 1,000 persons per square mile.” The population density decreases to about 300-400 persons per square mile as one moves away.


towards Etche, Ikwere, and western Aba, which explains the widespread migration from the Orlu-Owerri-Ngwa axis to these areas and other parts of Igboland and neighboring tribes.\textsuperscript{28}

Both Basden and Isichei affirm that the Igbo area stretches from the coastline of the Bight of Benin through the borders of Ibibio and Efik territories with Cross River in its eastern boundary. On the southern and western sides, Igboland stretches to the borders of Ijaw, Itshekiri, Urhobo, and other tribes and passes across the River Niger through Asaba, Agbor, Osomari, Ole, and Kwale, among others, to the confines of Benin.\textsuperscript{29} Isichei says that some western Igbo communities have so much in common with their Ishan neighbors and that northern Igboland “merges into the Kingdom of Igala,” and several border towns, like Ogurugu, “are equally at home in both languages.”\textsuperscript{30} Studies of the Delta region show that Igbo history is “inextricably entwined with that of the Delta.”\textsuperscript{31}

It is challenging to state the limits of the Igbo area because people tend to merge into neighboring tribes without clearly defined natural boundaries, especially when they live and interact together and also intermarry. But one can state with some certainty, as shown above, places that have mostly Igbo populations, especially before the European invasion.

Acholonu-Olumba, in line with Onwuejeogwu, identifies the Igbos with a group of tribes of common ancestral and linguistic descent from the Niger-Benue subfamily tribes of Nigeria


\textsuperscript{29} Basden, Among the Ibos of Nigeria, 28. See also Isichei, A History of the Igbo People, (London: The Macmillan Press Ltd., 1976), 111. Note that both Basden and Isichei wrote before the division and bastardization of Igboland in its present form in the various states and regions in Nigeria.


\textsuperscript{31} Ibid.
that form the Bantu migrations across sub-Saharan Africa.\textsuperscript{32} She says: “The Bantu were ministers of the cultural phenomenon known as ‘Black African culture’ and they were Nigerian in origin, from the Niger-Benue region, otherwise called the Nok region.”\textsuperscript{33} This region rightly includes the Igboland and Igbo people. Onwuejeogwu says that the Igbo, together with the Bini, Yoruba, Igala, Idoma, Urhobo and Isoko are geographical neighbors that belong to the same Lower-Niger group of languages and have “many basic words which are cognates.”\textsuperscript{34} Linguistic evidence shows that the Igbo, Bini, and Yoruba languages are from the same stock before the “Igbo separated from the stock between 7,000 and 6,000 years ago while Yoruba and Bini,” with more cognates than the Igbo, “separated between 6,000 and 5,000 years ago.”\textsuperscript{35}

Some prominent Igbo scholars like Michael Onwuejeogwu, AdieleAfigbo, and Ogbu Kalu, among others, respectively describe these seven axes that constitute the Igbo culture area:

1. Western Igboland which covers the Asaba, Agbor, Ogwashi-Ukwu and Ibusa axis
2. Northwestern Igboland which comprises the Onitsha, Obosi and Awka axis of Igboland
3. Northern Igboland that consists of the Udi, Nsukka and Enugu-Ezike axis
4. Northeastern Igboland which covers the Nkanu, Awgu, Enugu and Abakaliki axis
5. Central Igboland which consists of the Okigwe, Nkwere, Orlu, Owerri and Mbaise axis
6. Southern Igboland that comprises Ngwa, Umuahia, Bende and Ndoki axis
7. Cross River or Eastern Igboland which consists of Arochukwu, Abam, and Ohafia axis.

\textsuperscript{32} Acholonu-Olumba, \textit{They Lived Before Adam}, viii-ix.

\textsuperscript{33} Ibid.


\textsuperscript{35} Ibid., 11.
These areas share many cultural and linguistic resemblance and traits. At this point, it is proper to explore the history of the Igbo people briefly.

Brief History of the Igbo People

The knowledge of the history of a people is vital to understand their way of life and practices. History is a vital context from which people surmise their true course of life. As Marcus Garvey rightly said, “a people without the knowledge of their history, origin, and culture [are] like a tree without a root.”

Igbo history has not been given serious scholarly attention until recently. The colonial invasion of the area in the late 19th century meant that information about the Igbo people was written through the prism of the colonial authorities. They presented the Igbo people as a savage tribe with an uninteresting past. True scholarly interest in Igbo history only began in the early 1960s and has intensified with the current resurgence of Biafra agitation for self-determination and independence. Under these circumstances, pre-colonial Igbo history is highly speculative.

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Of course, the Igbo have their vitally important origin myths and narratives.\footnote{See Uchendu, \textit{The Igbo of Southeast Nigeria}, 2-3 and Chieka Ifemesia, \textit{Traditional Humane Living among the Igbo: An Historical Perspective} (Enugu, Nigeria: Fourth Dimension Publishing Co. Ltd., 1979), 16.} An oral account from Onuoha Duru of Nguru in Mbaise of Imo state, for example, was documented by the renowned Igbo historian, Elizabeth Isichei. In his account, Onuoha Duru says: “We did not come from anywhere and anyone who tells you we came from anywhere is a liar. Write it down.”\footnote{Onuoha Duru of Nguru, aged c. 90, transcribed in L.O. Nwahiri, “Nguru Mbaise before the Coming of the British” B.A. History Special Project Nsukka: 1973, p. 55 In Isichei, \textit{History of the Igbo People}, 3.} Also, two more elders, Andrew Anyanwu and A.M. Iheaturu, echo the same position while speaking about their origin as a people in Mbaise.\footnote{See Elizabeth Isichei, \textit{Igbo Worlds} (Philadelphia, PA: Institute for the Study of Human Issues, Inc. [ISHI], 1978), 80.}

The narratives about Igbo origin led to two dominant positions on Igbo migration. Some in the first position argue that Igbo “migration was southwards from some assumed center in the north.” This first position is “the northern common center theory” that links Igbo origin to the Near and Far East, Egypt, and the Western Sahara, Chadian and Nok regions.\footnote{Onwuejeogwu, “Evolutionary Trends in the History of the Development of the Igbo Civilization,” In \textit{Ahiajioku Lecture 1987}, 7.}
The second position, known as the “theory of permanentism or the creationist theory,” claims that the Igbos are autochthonous inhabitants of their present locations. Onwuejeogwu points out two sources for this theory. The first is the traditional ethno-metaphysical sources of narratives encapsulated in the oral tradition of the Igbos, which affirms Igbo origin through Eri who descended from the sky and sailed through the River Anambra. Eri myth of Igbo origin shows that on his arrival to Igboland, there were already present in the land the autochthonous inhabitants of the area called Umudiani (children of the earth). These autochthonous inhabitants had no recollection of their origin and history. The claim of total amnesia about their past before the advent of Eri from the sky led to the second source of Igbo origin, known as the creationist theory documented in the Judeo-Christian scriptures and the Muslim Koran.

Eluwa gives a helpful perspective that summarizes Igbo origin and history in five periods or eras. The first era is “the period preceding the migration of the Igbo and kindred groups of the Ado states of Ado-na-Idu following the Ife crisis over succession in the land.” Eluwa says that most of the facts about this era are not extant due to lack of documented history but argues that we can recover some of its relevant information through in-depth research and adequate funding. He suggests that inquiries into “the dating of the antiquities excavated in the Western Region of Nigeria” will complement local legends and other sources in this task.

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45 Ibid. Autochthonous inhabitants refer to a native or indigenous population of people or things like plants, animals, and rocks, among others, that originate in a particular place.

46 Ibid., 1 and 7.

47 Ibid., 7.


49 Ibid.
The second period of Igbo history, according to Eluwa, begins with the coming of the Yoruba people to *Ado-na-Idu* in about the mid-7th century. This era continued until the Slave Trade began in the mid-15th century.\(^{50}\) Eluwa says that Igbo and Yoruba contact led to more interactions with other West African cultures and civilizations such as ancient Ghana, Mali, Songhai, Mossi, and Sosso, among others. It further extends to the Arabs and their Islamic or Arabic civilization whose influence among other ancient states and cultures had no visible effect on the Igbo, who engaged them only in trade and commerce. Some scholars refer to a part of this period, especially between the 10th and 15th centuries (1000-1500 C.E.) as the “Golden Age of West Africa,” a period of economic growth, success, and contact with white business partners.\(^{51}\)

The third period of Igbo history lasted from the 15th to the 19th centuries, and Eluwa calls it the era of the Slave Trade. It was a period of regression during which the West Africa region and Igboland, in particular, were “plunged into a Dark Age probably far worse than that into which the barbarian invasion plunged Europe.”\(^{52}\) Vestiges of the Slave Trade are still evident to show how it robbed West Africa and Igboland of their beauty, glory, and pride before Slavery.

Documented history shows that the Europeans began visiting West Africa in the 14th century, and available proof traces such visits to the Portuguese encounter with the Kingdom of Benin. It shows that King John Alfonso d’Aveiro II of Portugal, in 1481, started a friendly

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\(^{50}\) Ibid., 671.


correspondence with Oba Ozolua of Benin, which lasted till 1495.\textsuperscript{53} Interactions between the Igbo people and the Europeans centered on commerce, and the Portuguese were the first to come to the Atlantic Coastlines of the Bight of Biafra in the present-day Nigeria. Britain, France, and the Netherlands, among others, then followed, yet, only the British subjugated the people to colonial rule in the late 19th century via a “tactic of gradual encroachment.”\textsuperscript{54} The first Europeans who came to this region treated the people as equals whose friendship they sought and cherished.

Burns, through Eluwa, affirms that “early Europeans who visited West Africa met people they could respect and accept as equals. People whose friendship they valued and whose kings the monarchs of Europe did not hesitate to invite and to treat as sovereigns of equal status, in no way inferior to themselves.”\textsuperscript{55} Ikenna Nzimiro confirms the above account in his work and shows how the British interacted with the Igbo people in the area of the Niger.\textsuperscript{56}

The Fourth era of Igbo history follows the slave trade as an era of imperialism that lasted for a century before the oppressed and marginalized rose in protest determined “to regain their lost heritage and political freedom.”\textsuperscript{57} Their resilience and courage portrayed in this demand for


\textsuperscript{55} Burns, \textit{History of Nigeria}, p. 84 In B.O.N. Eluwa, \textit{Ado-na-Idu}, 684-685.

\textsuperscript{56} Nzimiro, \textit{Studies in Igbo Political System}, 13.

\textsuperscript{57} Eluwa, \textit{Ado-na-Idu}, 692.
freedom ushered in the fifth and final era, which, according to Eluwa, is the period of
time of renaissance. This era witnessed significant resistance to oppression with many protests and
demands for independence or self-governance. It falls short of its expectation as a time of
rejuvenation for Igboland and independent African nations to recapture their lost glory and pride
and rise to compete with other countries across the globe because of endemic corruption among
their leaders.

Acholonu-Olumba studied the prehistoric origins of the Igbo people going back to about
500,000 to 1.6 million BP or 1 million BCE. In her well researched and comprehensive
book, They Lived Before Adam: Prehistoric Origins of the Igbo—The Never-Been-Ruled,
published in 2009, Acholonu-Olumba suggests that the first inhabitants of the earth were black
and that they were Igbo and are still Igbo. She argues that Africa’s prehistoric past shows that
“the Igbo are the direct descendants of the oldest sojourners on the planet.” They are the children
of the earth, “the autochthons, the so-called Bushmen [and women] who have been here longer
than everyone else and who taught the rest of the world what they know.” She further says:

They were the mothers of culture on all continents of the globe. Their oldest artifacts
which have been discovered all over the world, (the oldest of them having been found in
Africa, all of which exhibit similarity of appearance and the same basic technique)
consist mainly of stone hand-axes dating back from 500,000-1,600,000 BP (500,000-
1,000,000 B.C).

58 Ibid.
59 Acholonu-Olumba, They Lived Before Adam, 3. BP stands for “Before Present,” which means before
1950. It is the most commonly used convention in radiocarbon dating, and the “Present” here refers to the year 1950
AD, also known as 1950 CE, which is the date of the establishment of the calibration of curves. Other terms of
reference are BC: Before Christ, BCE: Before the Christian Era, AD: Anno Domini and CE: Common Era or
Christian Era, respectively. See www.worldtimezone.com/wtz.nan (accessed on June 12, 2019).

60 Acholonu-Olumba, They Lived Before Adam, xv-xvi [brackets mine].
61 Acholonu-Olumba, They Lived Before Adam, 3. See also G.E.K Ofomata, Ed., A Survey of the Igbo
Nation (Onitsha, Nigeria: Africana First Publishers, 2002), 18. Ofomata affirms the stone hand-axes discovered at
Ugwuele to be between 95,000 and 1.6 million years BP. He says that these stone tools of the Late Stone Age
Acholonu-Olumba argues that the scarcity of written records of Igbo and African past before the European invasion of Africa can no longer be an excuse to obliterate their prehistoric narratives and achievements. She debunks the dominant view that “Black Africans had no part in the making of world civilizations” before the colonial era and the opinions of Margery Perham that the people in the southeast “have no history before the coming of the Europeans.” To deny Igbo and black African roles in world civilization and history is racist and a sign of ignorance.

Acholonu-Olumba and her team embarked on the long research to dig out “Africa’s Pre-History and lost past” to prove their point, and their search led them to the origin of the Igbo people, which gave rise to this book. She says:

Our method was to go backwards in time, from the known to the unknown. The idea was that if ancient Black Africans had any part in the making of world civilizations, the record would still exist in the surviving cultural heritage of the peoples of the continent, in their artifacts and symbols, as well as in the surviving records of any historical counter-parts from other continents. This method of approach has thrown up plenty of surprises indicating that Black Africans were the core creators of civilizations as far-flung as Sumer, Hindu Kush, Meso-America, China, to mention a few.

She argues that the story of Igbo origin is “part of the lost African story” and that the Igbo story is also “the story of the Black race all over the continent” or probably globally.

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64 Ibid.

65 Ibid., 2.
She made the above claims and many more astonishing assertions because of her staggering research findings determined to break the “boundaries of knowledge.” She wanted to rewrite world history to “ensure Black Africa’s true place in it as the first engineers of world civilizations, the authentic and original drivers of culture and the first inventors of high technology.”

She suggests that “Igbo origins precede the story of the creation of Adam as adapted into Hebrew Genesis from Sumerian original cuneiform inscriptions.”

She states that the “transcriptions of the stone inscriptions from Ikom,” in Cross River state, and their oral traditions, “support the thesis that the story of Adam and Eve is as aboriginal in ancient Nigeria as the indigenous creators of the monoliths.” This claim means that “the Genesis story of the Hebrew Bible is a narrative of an event that had actually taken place in ancient Nigeria!”

Acholonu-Olumba refers to the records of Igbo oral traditions kept by Adiele Afigbo, which claim that the Igbo originated in a period described as “Eternal Day.” Afigbo calls this Eternal Day “the Age of Innocence” and “describes it as a period of ‘non-time,’ spent in a realm of Light and Eternal Glory.” It was a time when “the Igbo were sustained by God-substance and maintained unbroken communication with God their Father and never slept (they maintained perpetual consciousness).” These findings reiterate the account of Onuoha Duru, the elder from Mbaise, who said that the Igbo people “did not come from anywhere,” as noted by Isichei.

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66 Ibid.

67 Ibid., 5.

68 Ibid.

Also, Acholonu-Olumba uses Bini tradition and oral myth of origin to argue that the Igbo were “aboriginal to the earth” and are “descendants of the forest people, the seed people, the Acheulians whose Stone Age tools were found at Ugwuele in Igbo land.” Bini oral tradition and myth of origin trace the Igbo, Bini, and Yoruba to the same stock (the Sky) with Igbo progenitor (the Earth) as the first son. As the first son, Igbo progenitor or the Earth is the heir to the kingship of the world and is also the first Son of God known as “the Ancient of Days” whose other names are “the leader and purest of all the gods, the Saviour [sic] of the world and the creator of [human beings].”

These stories come today as myths and folklores, but they underscore the hidden truth about Igbo origins that are unaccounted for today. To dwell on them goes beyond the focus of this dissertation. It suffices to point to their link with the ancient stories of origin in the scriptures and other narratives like this outstanding work of Acholonu-Olumba and her colleagues.

History challenges people to retrieve the values inherent in the past and introduce them seamlessly in the present to animate and energize them in their life journey. Knowing the history of the Igbos helps to retrieve their indigenous knowledge and values that assist them in grappling effectively with life challenges and issues, especially in the area of health care and healing. Igbo indigenous knowledge and values are inherent in the Igbo cosmology, worldview, identity, and cultural context, as the next section will show.

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72 Acholonu-Olumba, *They Lived Before Adam*, 194, [brackets mine].
Igbo Cultural Context and Social Organization

This section examines Igbo cosmology, worldview, identity, values, morality, and social organization to understand how Igbo traditions and cultural heritages originate and to distinguish the Igbo people as an indigenous people with the resources that help them to find meaning in life. Brief remarks on these four features present preliminary insight into Igbo life and help to address their health care and other needs.

Context is essential in every research and discourse. It defines the universe of discourse and helps people to understand the meaning, intent, and relevance of any conversation, research, or study to apply them in ways that will be useful for the society. A context is the sum of ideas, meanings, assumptions, and preconceptions of a group of people within a given location.73 The Merriam Webster online dictionary defines context as the environment, setting, or “interrelated conditions in which something exists or occurs,” and within which its meaning is evident.74

Any discourse about context must consider two critical areas: language and culture or traditions. Language and culture are “two main avenues to the thought-content of any people” with which to study and express the people’s philosophy or underlying principles of life.75 They provide the context of a people’s life and experience of reality, which presents the point of view or worldview of conversation partners. It is as diverse as the number of people and opinions.

73 Peter A. Angeles, Dictionary of Philosophy, 47.


The diversity of perspectives, worldviews, and points of view among any group of people presents a multiplicity of contexts, which is problematic in every encounter and discourse. When we place these multiple contexts within a universe of discourse or an environment of meaning, we understand better because they weave ideas and meanings together in ways that help us to achieve the goals of such encounter or discourse. This weaving together of ideas and meanings creates a context within contexts, which gives the sum of the ideas, meanings, assumptions, and preconceptions of the conversation partners. It is within the context of usage that we make sense of the meaning of a word, statement, idea, or discourse and acquire knowledge of a thing.\(^{76}\)

Igbo cultural context, then, refers to the universe of discourse or the environment of meaning within which the Igbo people live and make sense of their existence as a people and within which non-Igbos will understand the Igbo people and their culture. It is that very context within which the Igbo worldview, cultural values, and traditional heritages make sense.

Igbo people need the Igbo worldview to find meaning in life because it enables them to see things in their particular perspective as Igbos and not as any other group of people. However, the multicultural experiences and colonial past of the Igbos have made them to be people of multiple heritages. These are the Igbo cultural and traditional heritage, Western colonial heritage, and contemporary cultural heritage, which may be cross-cultural or intercultural. Those who try to live in the past or like different nationalities discover more easily that they do not fit well into such categories and may be susceptible to experience an identity crisis.

To avoid such an identity crisis, contemporary Igbos need a proper embrace and appreciation of their distinct cultural heritages and unique indigenous worldview and cosmology.

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to maintain their identity as Igbo people in their socio-cultural milieu. Those who fail to do so show that they have lost the power to run their own lives as indigenous people. 77 No matter how hard they try, they will still see themselves as misfits who belong to a different historical and cultural source or origin.

**Igbo Cosmology**

The word “cosmology”—sometimes used as a synonym to cosmogony—is derived from two words: “cosmos,” meaning universe or world, and “logia” meaning science, study or discourse. It is the discourse about the origin and development of the world or universe. It includes the study of its birth, shape, size, and the entire fate of the universe as an entity and “as a rational and orderly system.” 78 Cosmology studies everything we can know about the world, cosmos, or universe as much as is possible.

Cosmology conveys a specific meaning within a context of usage, which, according to Leonardo Boff, helps to reveal what the concept means in popular parlance. He says:

> We understand cosmology to mean the image of the world that a society fashions for itself by artificially combining widely varying types of knowledge, traditions and intuitions. This image provides an overall connectedness and confers the harmony that society needs and without which individual activities are scattered and lose their meaning within a larger Meaning. 79

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Igbo cosmology then is the discourse about the universe or world of the Igbo people and how it affects their origins and development as a distinct group of indigenous people. Igbo cosmology presents the image that the Igbo people fashion for themselves as a way of making meaning out of their lived experiences as human beings in the world. It explains the world as the Igbo people know it. They refer to it as the Igbo world or the world of the Igbo people.

The world or universe, in Igbo understanding and knowledge, is both material and spiritual. Life in the material world exists in constant communion with the spirits whose influence always manifests in human life and actions. The material world (*uwa nke a*) is visible and temporary while the spiritual world (*uwa mmuo* or *ala mmuo* or *ani mmuo*) is invisible and everlasting. Chinua Achebe encapsulates this Igbo world or cosmology and brings it to international awareness and prominence in his novels, especially, in *Things Fall Apart*.

Igbo world or cosmology is not dualistic, although it speaks of two worlds—the material world of visible beings and the invisible world of spiritual beings—because of the constant encounters and interactions between the realities in both worlds. These regular encounters and interactions between the two worlds and their beings make the Igbo world to be neither material alone nor only spiritual but both. Victor Uchendu rightly describes this reality of the Igbo world as being multidimensional. It is material, spiritual, and socio-cultural, a three-dimensional form that touches all aspects of reality and explains how everything came into being.

Donatus Nwoga explains the three-dimensional view of the Igbo world as three levels of understanding realities in the world. These are the physical, spiritual, and intellectual levels, and

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81 Uchendu, *The Igbo of Southeastern Nigeria*, 11.
they are not isolated or separated from one another and are not stages that lead from one into the other. \textsuperscript{82} Instead, they are connected based on the function of a thing or being in the universe. Moreover, as Francis Njoku suggests, the role of anything determines “its existential stand or validity.” \textsuperscript{83}

Igbo cosmology makes realities in the world to be intelligible to both the Igbo and non-Igbo people. Acholonu-Olumba points out that “Igbo cosmos is represented in everyday life by the ubiquitous symbol of a quadrangle (four-sided shape),” which signifies the “the four market days of the week and the four market deities.” \textsuperscript{84} These are eke, orie, afo and nkwo around which the Igbo organize their entire life and activities that shape the Igbo worldview.

It is pertinent, at this point, to look at the Igbo worldview without which it is difficult and, perhaps, impossible to understand and appreciate Igbo cosmology properly.

**Igbo Worldview**

Worldview simply means how a person or group of people see the world in which they live and their relationship to the world and its content. The term “worldview” comes from the German word *weltanschauung*, which is a combination of *welt* meaning world and *anschauung* meaning view or outlook, and it refers to a particular philosophy of life, an angle of vision or a conception of the world. It is a broad concept that represents the fundamental cognitive orientation or the process of acquiring knowledge and understanding through thought,


\textsuperscript{84} Acholonu-Olumba, *They Lived Before Adam*, 136. See also Basden, *Among the Ibos of Nigeria*, 48.
experience, and the senses within a society, a subgroup, or even within an individual.\textsuperscript{85} It is through a worldview that knowledge is acquired and expressed in perceptible thoughts, experiences, and sensory processes in a meaningful way.

Worldview relies heavily on the cosmology of a people or society to convey the right meaning. It “serves to connect all things and to map the universe” in a meaningful way.\textsuperscript{86} Worldview encompasses the complete knowledge and point of view of an individual, a group of people, or a society. It embodies the verbal and non-verbal manner in which people communicate their knowledge and point of view to others. It includes the natural philosophy, the fundamental, existential, and normative postulates, or themes, culture, values, symbols, language, emotions, and ethics that form and shape the life of the person, group of people or society in question.\textsuperscript{87} Clifford Geertz holds that the worldview of a people “is their picture of the way things in sheer actuality are, their concept of nature, of self, of society. It contains their most comprehensive ideas of order.”\textsuperscript{88}

Igbo worldview, like the worldviews of other groups of people, shows how the Igbo view the world in which they live and how they evaluate life generally in its temporal and non-


\textsuperscript{86} Boff, \textit{Cry of the Earth}, 35.


\textsuperscript{88} Clifford Geertz, “Ethos, World-View, and the Analysis of Sacred Symbols” \textit{The Antioch Review} 17, no.3 (July 01, 2016): 623.
temporal dimensions to guide their actions and behaviors in the world.\textsuperscript{89} The Igbo people have a deep and stable respect and a constant sense of the divine and the sacred. Their worldview or their vision, understanding, and interpretation of the universe of beings “are deeply spiritual and religious” but are not out of touch with their materiality.

They manifest a firm and constant belief in the invisible universe of divine beings, ancestors, and the good and evil spirits and also in the visible world of human beings and natural forces and phenomena affirming the interaction and communion between the two realms.\textsuperscript{90} In this worldview, human experience is non-fragmentary. Life in the world manifests as a fluid experience and a “coherent unit in which spirits, [human beings], animals, plants and the elements are engaged in continuous interaction.”\textsuperscript{91}

This view permeates all aspects of life among the Igbos, and it enables them to defer all issues that are beyond human comprehension to the invisible world of the spirits for answers. The intervention of the spiritual beings (God, spirits, ancestors, and other deities) equips the Igbo cosmology and worldview adequately to tackle issues, problems, or challenges that life presents.

The Igbos deeply believe in God (\textit{Chukwu or Chi}) and that nothing in life happens without the approval of God or \textit{Chukwu}. However, because being in the world involves many uncertainties in the interplay of forces in nature, any mistake one makes “risks some kind of

\textsuperscript{89} Uchendu, \textit{The Igbo of Southeastern Nigeria}, 11.


\textsuperscript{91} Metuh, \textit{African Religions in Western Conceptual Schemes}, 38, [brackets mine].
existential elimination,” and no Igbo woman or man wants that. Instead, the Igbo, as a living person, “wants to continue in movement and yet maintain the space already gained” as a gift of Chukwu, which one must protect gratefully amidst the uncertainties of life.

Bartholomew Abanuka explains that one’s chi or reality determines individual destiny (ekeloke), which “contains the full and complete details of the characteristics of the real allotted to each particular person and to him [or her] alone (akara aka).” Although chi apportions to each person his or her lot as an individual (akara aka), one must cooperate with one’s chi to guard one’s lot against competing forces that threaten to eliminate the individual through existential emergencies.

So long as one agrees with one’s chi, one’s efforts will be successful, as the Igbos say, onyekwe chi ya ekwe (if one says yes, one’s chi will also say yes) provided one does not say yes to what is contrary to the wishes of one’s chi. The reverse is usually the case if one goes against the dictates of one’s chi. Achebe affirms this view in Things Fall Apart, where Okonkwo made every effort to rise to the highest status in his clan but met with so many misfortunes that eventually led to his committing suicide. His failures suggest that his chi may have said no

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92 Njoku, “From Non-Philosophy to Philosophy” In Toyin Falola and Adam Paddock Eds. Emergent Themes and Methods, 362.

93 Ibid.


without Okonkwo accepting to follow his destiny such that all his efforts to achieve the highest ranks in the clan proved unsuccessful despite his hard work and prowess.  

The worldview of a people confers a specific identity on them, and the same is true for the Igbo people. Igbo worldview is encapsulated and expressed succinctly in Igbo *omenala, omenani, odinala, odinani* or *odibendi*, which represents the norms, values, customs, and traditions of the Igbo. Living in line with Igbo *omenala* conveys on them their specific identity as the next subsection will show.

**Igbo Identity**

Identity refers to significant characteristics that distinguish a person, a group of persons, or things from another. It is the reality of being who a person is or what a thing is. Igbo identity then refers to those characteristics, behaviors, or inherited traits that distinguish the Igbos from other indigenous groups and specifies a person of Igbo descent and heritage with the traditional and cultural realities that guide Igbo life and worldview. It includes the Igbo cosmology, beliefs, self-expression, physical, psychological, emotional, and spiritual experiences. All these depict a person of Igbo descent anywhere in the world. They show who the Igbos are, how they perceive themselves and the way others see them that make them unique as a people.

The Igbos promote their identity to understand their uniqueness and ensure their survival as a people anywhere. Having an idea of Igbo identity helps to answer these fundamental questions: Who are the Igbos? Why are they called Igbos and not any other group of people? What are the Igbo people known for that distinguish them from any other group of people?

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96 Ibid.

97 Ibid. *Omenala, omenani, odinala, odinani* and *odibendi* refer to the same things, and will be used interchangeably.
Uzodimma Nwala says that the “identity of a people is a function of their history and culture” and that any group of people whose identity does not derive from their culture and history “lack the basic ingredients of stability in national character.” Igbos derive their identity from Igbo experience, history, tradition, and culture, as is evident in their worldview and cosmology, encapsulated and succinctly expressed in *omenala*, *omenani*, *odinala*, *odinani* or *odibendi*. It is through *omenala* that the Igbos express and showcase their norms, values, customs, and traditions. Acting in line with *omenala* identifies them as Igbo people and makes them unique and different from all other groups of people in the world.

The Igbos develop their personality traits based on how well or poorly they adhere to their theological tenets as a people. These tenets are, in turn, shaped by the Igbo cosmology and worldview. Onwuejeogwu explains the process of the development of Igbo theological tenets as a complex system of beliefs based on monotheistic and polytheistic assumptions.

It is beyond the scope of this dissertation to explore how the Igbos develop their theological tenets. But it suffices to present a synopsis of these tenets, which Onwuejeogwu carefully articulates below. He says:

*Chukwu* is the Creator of all things, *Okike*. *Chukwu* is source of fertility, *agbala* (*agbara*). *Chukwu* is source of light and knowledge *anyanwu*. *Chukwu* is source of procreation, *chi*. *Chukwu* created other powerful supernatural forces and beings called *alusi* (*arusi*). Some major ones are: *ala*, *igwe*, *ajana*, *eke*, *oye*, *afo*, *nkwo*, *ifejioku* (*ahiajioku*). *Ifejioku* (*ahiajioku*) controls the growth of crops especially yam, and *agwu* owns and manipulates divination, *afa*. The *alus* (*arusi*) are given power by the Creator to manipulate the laws of nature. *Chukwu* created all things including beasts and [human beings] on earth. [Human beings] live in towns *obodo*, and when they die they become spirits *mmuo*,

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which live in spirit land *ani-mmuo* [ala-mmuo]. *Mmuo* are of various categories reflecting their earthly status and degree of sanctity.\(^{99}\)

It shows how living beings interact with *Chukwu*, spirits, and forces in the natural and supernatural realms up to the time human beings yield to bodily death. Yet, life, for the Igbos, does not end in death.

There is a seamless connection with the land of the dead, *ala mmuo*, or *ani mmuo*, to maintain communion between the living and deceased members or ancestors of the Igbo community. They believe that the ancestors, also called “the living dead,” are in closer union with *Chukwu*, and have better access to the spirits and forces in both the natural and supernatural worlds. Onwuejeogwu also says:

Men who die having wives and children, and without guilt of abomination, *alu* [aru], become ancestors, *ndichie*, while women who die having husband and children, and without guilt of abomination become elder daughters, *umuada*, in their patrilineages. These categories of *mmuo* can reincarnate in their grandchildren. Reincarnation is by alternative descent generation. The *ndichie* have power to protect or expose members of their lineages to the *alusi* [arusi] depending on if they are good or bad. Men and women who lived worthless life and die without [offsprings] become bad spirits, *ajo-mmuo*, called *akalogholi*, they cannot reincarnate, because they have lost their life-force. Those men and women who die accidentally are transformed into another group of bad spirits, *ajo-mmuo*, called *ekwensu*, they cannot also reincarnate. They can re-enter the world of [humans] to create troubles, accidents, and confusion in the affairs of human beings.\(^{100}\)

These theological tenets permeate all aspects of Igbo life, traditions, and cultures. The Igbos need no sermon or preaching to adhere to these beliefs because they grow, learn, and socialize in them, and they form the core beliefs that shape their worldview. All other principles are only commentaries of these basic tenets.


\(^{100}\) Ibid., 62 [brackets mine].
Those who pay attention to these theological tenets develop their potentials. They live according to the guidance of their ancestors. On the contrary, those who deviate from them fall into the power of the evil spirits, namely, *ekwensu* or *akalogholi*. The evil spirits take possession of their lives and direct them on how to live to be like them. They render them prone to accidents or some worthless behaviors, depending on the type of evil spirit that dominates the person.\(^{101}\)

In addition to the above theological principles, some other factors or forces determine the personality types of all human beings from the Igbo point of view. Onwuejeogwu identifies six of these forces as *ikenga, uho, iru [ihu], ukwu-na-ije, umu-oku* and *ako-na-uche*, which control some specific characteristics of a person. He explains:

*Ikenga*, the force of strength of the right hand, hardwork, and dogged enterprise; *uho* the force of the tongue which gives one [a] persuasive and convincing eloquence; *ihu* the force of the face which gives one an imposing personality; *ukwu-na-ije* the force of the feet which directs one into successful or unsuccessful adventures into foreign land; the force of *umu-oku* that keeps wealth already earned; and *ako-na-uche*, the force that controls the seat of thoughtfulness, commonsense, knowledge and memory.\(^{102}\)

Every decent Igbo person seeks to abide by these realities directly or indirectly and so develops unique character traits associated with their worldview and cosmology.

**Igbo Values and Morality**

It is believed that the values of equality, freedom, and fairness were prized by the Ancient Igbos and that they were egalitarian, free, and fair in their dealings. Egalitarianism, in Igbo parlance, is uniquely different from the dominant political ideas about equality in contemporary society. Equality in present-day political usage comes across as justice and fairness to all in which everyone has the same things as everyone else, and has to produce the same results or

\(^{101}\) Ibid.

\(^{102}\) Ibid., *brackets mine*. 
effects as everyone else without considering individual needs and circumstances. It is equal measures in all respects without exception unless one is, officially, certified to be handicapped. This view of equality is unrealistic and has become the dominant view in the contemporary philosophical literature. It makes equality to cease to be a compelling standard and lacks significant motivational criteria.

Igbo egalitarianism presents a sense of equity that promotes justice and fairness as is proper to each person. It treats every person with an equal concern, equal respect, and the same sense of dignity within their ranks and hierarchy, and it acknowledges the freedom, rights, and privileges of each person in their situations. All these considerations are in agreement with the community for the common good. This view of egalitarianism is in line with Ronald Dworkin’s theory of equality and its emphasis on equal concern and equal respect.

Ronald Dworkin clarifies what equal concern and equal respect imply. He says that an “equal concern” in social policy “must take the fate of each individual to be equally important with the fate of any other” without considering their race, economic class, and social status so as not to discount the effects of that policy on some citizens. Dworkin suggests that equal respect has a different requirement. He says:


104 John Finnis seeks to correct this view of justice, equality, and fairness by affirming the importance of proportionality, equilibrium, or balance, and the common good. See John Finnis, Natural Law and Natural Rights second edition (Oxford, New York: Oxford University Press, 2011), 161-164.

Equal respect means that government must respect the dignity of each individual by allowing each individual to determine for himself or herself what would count as a good life. What counts as a successful life. That doesn’t mean that we should be skeptical about that fundamental ethical question. It means that our idea of the good life includes, as a cardinal condition, that a good life means facing this question for yourself, and arriving with conviction to living a life according to that conviction.\footnote{Ronald Dworkin, “Theory of Equality” retrieved from https://www.rimaregas.com/2015/08/04/ronald-dworkin-theory-of-equality-philosophy-on-blog42/ (accessed on January 06, 2019). See also Ronald Dworkin, \textit{Justice for the Hedgehogs} (Cambridge, Massachusetts or London, England: The Belknap Press of Harvard University Press, 2011), 354-356 and John Finnis, \textit{Natural Law and Natural Rights} second edition (Oxford, New York: Oxford University Press, 2011), 164-165. Finnis considers these conditions as requirements for practical reasonableness in the practice of justice, equity, and proportionality. They consider “the \textit{common} good of the relevant community” and not just “the good of any individual or group in disregard of the well-being of others.” They also deal with “common \textit{good}, which entails a reference to standards of fittingness or appropriateness relative to the basic aspects of human flourishing, which are pertinent whether or not an interpersonal comparison is being made.” See John Finnis, \textit{Natural Law and Natural Rights}, 164.}

Equal concern and equal respect for citizens under any government, as explained by Dworkin and John Finnis, eliminate claims of favoritism and neglect of individuals and groups within a given political entity and promote collaboration and synergy among everyone. These considerations are present in the Igbo egalitarianism, love for justice, and fairness, which adequately encapsulate and promote them.

The Igbo people also tend to value personal freedom. This means that they combine the communitarian virtue of equality with a respect for individual freedom. This apparent contradiction is not a contradiction for the Igbo.\footnote{Victor Uchendu explains the socio-cultural and political structure for organizing Igbo communities to maintain their unique identity as Igbo people. See Uchendu, \textit{The Igbo of Southeast Nigeria}, 39-46.} The key to resolving this apparent conflict is the fact that the Igbo live together in “small village republics,” where individualism is always expressed not \textit{against} community equality but \textit{with} community equality.\footnote{See Ezinwa Vincent Chi, \textit{The Cry of the Igbos} (Enugu, Nigeria: Rabboni Publishers Nigeria Ltd., 2006), 20.} This “freedom in
context” tends to promote an “I can do it attitude” among the Igbo people. The saying “live and let live” (*biri ka m biri*) also epitomizes the Igbo valuation of both equality and freedom.\(^{109}\)

Values are essential for a meaningful life and human flourishing. A people’s approach to life determines their sense of right and wrong, and what is vital or valuable to them. Igbo morality and theory of values come from the Igbo cosmology, and worldview. These are collectively encapsulated, in Igboland, by the word “tradition,” which means *omenala, omenani, odinala, odinani, orodibendi* as variants or synonyms of the same word. *Omenala* shows what is acceptable in the place as ethical and moral, and it represents the norms, values, customs, and traditions of the Igbo people.\(^{110}\)

The norms, values, customs, and traditions promoted as *omenala*, are in careful custody of the Igbo traditional religion in Igbo cosmology and worldview. The cosmology and worldview portray belief in the influence of intermediaries—the ancestors, deities, and spiritual forces—that guide all their actions and affairs as a people. So, Igbo people try diligently and religiously to follow “the traditional norms of conduct believed to have been ordained by the gods and sanctioned by the ancestors.” They strictly teach their offspring to do the same.\(^{111}\)

The *ofo* holders or heads of families, kindreds, villages, towns, and clans ensure that these norms arise as ratified decisions of the entire community, enshrined as laws, in line with

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110 See Nwala, *Igbo Philosophy*, 41. I will use these terms *omenala, omenani, odinala, odinani, orodibendi* interchangeably.

their customs and values.\textsuperscript{112} They usually seek to understand the will of the gods and the ancestors through divination and consultation of the chief priests or priestesses, and may make required sacrifices to appease them when they err, either as individuals or as a community.

Igbo people usually do not question the prescriptions of the gods and the ancestors nor purposely seek to go contrary to them.\textsuperscript{113} The earth deity, \textit{ala}, protects such dictates jealously with severe ethical implications and sanctions against offenders. \textit{Ala} is generally known as the “guardian of traditional morality” in Igboland, and this female deity is accorded a high reputation “for being fair and just” to everyone. \textit{Ala} cannot deceive, nor can anyone deceive it.\textsuperscript{114}

Igbo traditional morality reveres the shrine and accords it a unique moral and social significance and importance in addition to its fundamental religious and cultic functions. Igbo shrine is a potent “institutional embodiment and custodian of public morality and order,” and it serves to instill “a personal awareness of the social dimensions and gravity of serious moral lapses.” It also serves as “a useful deterrent and educator of conscience” of both the individual and the community.\textsuperscript{115}

Any infringement against the fundamental prohibitions of the Igbo moral code—such as incest, suicide, and stealing of yams, among others—that pollute the community, receives proper and prescribed atonement at the community shrine. Such abominable acts contaminate the

\textsuperscript{112} Uchendu, \textit{The Igbo of Southeastern Nigeria}, 42.

\textsuperscript{113} Usually, the Igbos only question the gods and will even abandon the worship of specific gods or deities and stop paying allegiance to them when they have done all that the gods require without getting the desired answers to their questions.


\textsuperscript{115} Iwe, “Igbo Deities” pp. 1-22, in \textit{The Igbo Concept of the Sacred}, 17.
community and alienate its living members from “peaceful and safe communion with the
divinities” and ancestors of the land. The only remedy to the situation for both the perpetrators
and community is to perform the appropriate rituals and sacrifices at the “appropriate shrine,” as
prescribed, to “appease the divinities and ancestors, and restore the community to spiritual peace
and harmony.”\footnote{Ibid.}

Those who live by the mores, customs, and traditions of the ancestors remain under the
guidance of ofo na ogu as the basis of morality in traditional Igbo society.\footnote{Ibid.} Ofo na ogu supports
ethical conduct but denounces evil actions. It demands obedience to the moral principles of the
community.\footnote{Onyeocha, “Ofo na Ogu: Igbo Concept of Perfection” pp. 28-37, in Elements of Igbo Traditional
Religious Practice, 29.} Ofo na ogu usually go together because each evokes the other in every situation
and shows that the authority that rests with the elders must always accompany their sense of
innocence and uprightness.\footnote{Ibid., 30.} Authority must evoke innocence and uprightness and vice versa in
anyone who has integrity. Such a person is ripe enough to dine with the elders regardless of his
or her age, as the saying goes, nwata kwochaa aka ya, o soro okenye rie nri, which means that if
a child washes his or her hands clean, he or she will dine with the elders.

The way the Igbos judge the value of things is different from the Western philosophical
perspective. The West assesses things in three ways: the subjectivist, objectivist, and relationist

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\footnote{Ofo is the symbol of authority from the elders, and ogu is the mystical symbol of innocence and
uprightness. Both usually go together to show that the authority must maintain innocence and uprightness and that
innocence and uprightness also confer authority to a person. See Uchendu, The Igbo of Southeastern Nigeria, 90-91
and Izu M. Onyeocha, “Ofo na Ogu: Igbo Concept of Perfection” pp. 28-37 In Elements of Igbo Traditional
Religious Practice: Papers Presented at the 2002 Ahiajoku Lecture (Onugaotu) Colloquium (Owerri, Nigeria: The
Imo State Ministry of Information and Culture, November 28, 2002), 28.}
perspectives. On the contrary, the Igbos make no such distinctions. They see the value of things in their relation to the human subject.\textsuperscript{120} Whereas what a thing is in itself is crucial, how human beings discern its functions and the needs it satisfies for them determine its real value.

In the Igbo world, everything has its place and functions based on the need which the creator, \emph{Chukwu}, desires it to fulfill, not its utility for a human being.\textsuperscript{121} Whatever fails to perform its specific functions pays the penalty. “The hen must not crow, the goat must not jump the roof. The bush rabbit must not be about during the daytime.”\textsuperscript{122} People have a responsibility to discover what this end or purpose is for everything in all situations, though it is an arduous task. One who can decipher the order and function of things or the end for which God made them is a person of great wisdom, that is, one who has \emph{ako na uche}.\textsuperscript{123}

\emph{Ako na uche}, which best translates as wisdom and will or mind, are vital for discerning how things work in the Igbo world and cultural context. Francis Njoku opines that \emph{ako na uche} “are rational and practical powers—the ability to discover the order of things in whatever realm by grasping their inner throbbing.”\textsuperscript{124} \emph{Ako na uche} together represent the practical wisdom (\emph{phronesis}) that is necessary for human flourishing. \emph{Ako na uche} imply good judgment, excellence of character, and habits that promote peaceful coexistence in the Igbo community and cultural context. This section will end with a brief discussion on the Igbo social organization.

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\textsuperscript{121} Ibid.
\textsuperscript{123} Ibid.
\textsuperscript{124} Ibid.
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Igbo Social Organization

Social groupings are human creations designed to identify and assemble people that have common traits. They usually arise organically within a given population and geographical space and are neither abstract creations nor external inventions from outside a human community. For Craig Prentiss, social groupings develop through a varied combination of circumstances that are potentially of infinite proportions.125 He sees ethnic and social categories as ways of describing people in groups based on traits perceived to be culturally or naturally inherited. He says:

Both ethnic and racial categories grow out of complex social dynamics taking place often over substantial periods of time, and both are shaped by particular circumstances that make the creation of a social boundary seem ‘reasonable’ and sometimes ‘natural’ to a significant portion of the population in question.126

The Igbo society is structured and defined by bloodline, which is traceable by patrilineal linkage, with the family at the center or nucleus.127 Some Igbo communities have matrilineal systems, while some also have a dual-descent system as in the Afikpo area. This dual-descent system is known as “double unilineal descent or double descent.” However, each of these is still well integrated into their social structure and organization, as is typical of the Igbo society.128


As in other societies, the family is the basic unit in Igboland, but the Igbo family is uniquely structured. Both systems of Igbo family structure (i.e., paternal and maternal lineages) involve the nuclear and extended family relations. This relationship extends to the kindred and village levels, and continues further to the town and clan, respectively. The blood relations create associations between individuals and their neighbors and develop from an extended family to a village or town government. Adiele Afigbo gives the structure of these relations and associations in Igbo society before and during the colonial era, respectively.

The pre-colonial Igbo social world structure includes: (1) individual [micro-cosmos], (2) nuclear family, (3) extended family, (4) ward (ogbe), (5) kindred, (6) village, (7) village-group (town), (8) clan, (9) Igbo n’eri ji, eri ede (Igbo people as a whole), (10) elu uwa dum (the entire world or the universe). On the other hand, the Igbo social cosmos during the colonial era, according to Afigbo, includes: (1) individual [micro-cosmos], (2) nuclear family, (3) extended family, (4) ward (ogbe), (5) kindred, (6) village, (7) village-group (town), (8) clan, (9) division, (10) province, (11) Igbo n’eri ji, eri ede (Igbo people as a whole), (12) eastern Nigeria, (13) Nigeria, (14) British Empire, (15) elu uwa dum (the entire world or the universe). These are the ways the Igbo experience their social world and interpersonal relationships before the coming of the British and during the British colonial era, respectively.


The Igbo society presents a well-knit social unit that makes every Igbo person part and parcel of the decision making and political process in which everyone matters, but no one is more important than the group or community. This integrated unit gives rise to a uniquely very democratic and inclusive leadership or political system traditional to the Igbos with certain rights and privileges that rest with the heads of families, kindreds, villages, and towns. This political system blends into the social fabric through a free channel that makes everyone responsible for the organization of the community and also holds everyone accountable.

Government at the village level is an exercise in direct democracy. It involves all the lineages and requires the political participation of all the male adults. Though it forms part of the village-group, the widest political community, the village is autonomous in its affairs and accepts no interference or dictation from any other group.131 It is the pattern of ancient Igbo democracy experienced and orally transmitted through generations before the advent of the Western democracy traceable to the Greeks.

Elizabeth Isichei acknowledges this Igbo democratic process and political system as the Igbo “Village Democracy.”132 Her documented account of Igbo oral history shows that different sections of Igboland have similarities in the “accounts of the workings of village democracy.” Each part of Igboland exemplifies “the deference paid to age and experience, and the respect paid to wealth, which could be institutionalised [sic] in different ways, such as the purchase of titles” as a sign of personal accomplishment and contribution to the community.133

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133 Ibid., 71 [brackets mine].
Isichei, in E.N. Okechukwu’s oral account, also says that different political institutions in Igboland, such as the masquerade, age grades, and village meetings, “gave different forms of political weight to different sections of the community.” Moreover, women also form a powerful and effective pressure group.\(^{134}\) So, Igbo village democracy involves all members of the community in their various groups and social statuses.

Patrick Nwadinigwe points out that the Igbo society does not only account for the human beings who live in the community. It also includes the ancestors or the living dead and the yet unborn, as is typical of most traditional African peoples, and all their affairs concern all these groups of beings as well as other creatures and forces in nature.\(^{135}\)

The Igbos believe that one’s god or \textit{chi} guides each person as they say: \textit{onye na chi ya} or \textit{onye na uche ya}, which means each person goes with one’s god or one’s mind respectively. They are expressions of personal freedom and individual autonomy. They guard against violent destabilization of the Igbo society by those who want to act unjustly with impunity or without considering others, and commend them to the action of their \textit{chi} to bring them to the right order and conduct. They also restrain those who would like to revolt against unjust leaders by encouraging them to defer to the personal \textit{chi} of such leaders for guidance because of their democratic belief in \textit{onye na chi ya} or \textit{onye na uche ya}.\(^{136}\)

Nwadinigwe says that to describe the Igbo village democracy as gerontocracy, para-democracy, or hyperdemocracy, does not represent the full import of the Igbo democratic

\(^{134}\) Ibid., 71-72.


\(^{136}\) Ibid.
process and suggests “omnitocracy” as a better term. For him, omnitocracy taps into the Igbo worldview and perception of reality that involves both the physical and spiritual phenomena in their “animate and inanimate categories.” The animate may be human, non-human, supra-human or infrahuman beings. Yet all these remain interconnected. Some inanimate things “share some common characteristics with both the human and the spiritual beings,” and they, like all beings and all realities, possess “what the Bantu philosophies call VITAL FORCE,” which propels human activities and services. So, omnitocracy involves all classes of reality in every realm in the socio-political affairs of the Igbo people.

With Igbo democratic mindset and governance structure, it is easier to maintain a common legal and moral standard of behavior and to prohibit or remove whatever will destabilize the equilibrium in the lives of the people and their relationships with their community and surroundings. These destabilizing factors and acts are what the Igbo people call _aru, nso ala, or nso ani_ (abomination, taboo, or pollution). Whoever commits such acts, defiles the community and the land, and must ostracize oneself or, as an alternative, undergo some ritual purification to reintegrate oneself with the rest of the community.

In the Igbo organizational and leadership structure, although the family is the basic unit, the most efficient unit is the kindred. At the same time, the village and town are incremental extensions of many kindreds and villages, respectively. The largest unit for political action is

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137 Ibid., 41. Omnitocracy is the rule or government by all, that is, by all the beings and forces in the community. See Ibid., 43. See also Elechukwu Nnadibuagha Njaka, _The Igbo Political Institution and Transitions_ (Los Angeles, CA: University of California, 1970), 16.

138 Nwadinigwe, _Igbo African Thought System_, 41, [brackets mine].

139 Ibid., 44.

140 Chikendu, _Nigerian Politics and Government_, 18.
the village or village groups made up of the kindred and family units, and the highest democratic institution among the Igbos is the Igbo assembly known as oha na eze ndigbo.

Igbo leadership and administrative structure is as follows: (1) Igbo Assembly [Oha-na-eze ndi-Igbo or ohanze ndigbo or simply ohaneze], (2) Council of elders, (3) Ofo title holders, (4) Family and kindred, (5) Ozo title holders, (6) Age Grade, (7) Umu-ada [Umuada], and (8) Ala or Earth goddess represented by the chief priest or priestess. Each has a leader who serves as coordinator of the affairs of the group without any veto power.  

In each group, the leader is more or less a servant or spokesperson of their group, but a group can choose another person, who has the requisite persuasive skills, to serve as the spokesperson of the group. At the same time, the group leader continues to co-ordinate the affairs of their group for effective service delivery for all. This adjustment is possible and acceptable because leadership, political power, or authority is not the right of anyone in Igboland but is, instead, delegated. Delegation of power or authority to officeholders comes from the community, the ancestors, and the gods of the land. Igbo town unions and age grades promote or champion Igbo development activities in line with the guidance of the leaders and elders. All the groups and group heads rely on the counsels of the elders and priests or priestesses.

141 Governance in Igboland is usually gerontocratic, and within each age group, it is egalitarian. Authority in Igboland rests on the man as the head of the family—usually the eldest male, known as okpara or okpala, while the eldest female, called ada, presides among the women groups in women affairs—but the Igbos restrict this authority to his or her particular household. The exercise of real political authority in Igboland begins effectively at the extended family level, which is “the lowest unit of political organization.” See Adiele Afigbo “Igbo Political Leadership: Past, Present, and Future” pp. 209-222, in Toyin Falola, Ed., Igbo History and Society, 210.

Ancient Igbos had no centralized government or kings, queens, princes, and princesses whose opinions override other views in the community because of their inherent democratic ideals. They governed themselves through the elders (village and family heads) and priests or priestesses as in the olden days in Israel before the appointment, crowning, and subsequent replacement of Saul, as the first king of Israel.\textsuperscript{143} Modern-day Igbos have kings and queens but still maintain the Igbo leadership structure and democratic ideals. Igbo communities close to the Niger River and the North-Western Igboland have elaborate and well-established chieftaincy institutions in pre-colonial times, such as the \textit{Obi}, \textit{Igwe}, and \textit{Eze}, as is evident in places like Onitsha, Oguta, Agulueri, and Nri, among others.\textsuperscript{144}

Igbo people are politically at home with republicanism with a great passion for self-determination and they ensure adequate representations for all sectors of the population, including women and youths.\textsuperscript{145} They aim to see that the wisdom of the elders and people informed by the oracles of the priests or priestesses will help to guide the life of the community. They also accommodate genuine dissents bound by conscience and ensure that decisions reached through this process are for the common good.


\textsuperscript{145} Aka, “Igbo Intellectuals and Igbo Self-Determination: The Case of Professor Ben O. Nwabueze” pp. 369-393, in \textit{Emergent Themes and Methods}, 369.
Decisions made in this way serve the interests of the whole community, the gods of the land, and the ancestors, and affirm that *vox populi* will truly reflect *vox Dei*. Even if their decision happens to be erroneous—which is rarely the case—they will accept it as the will of the gods and ancestors. It is a unique characteristic of the Igbo society, and this ancient practice has persisted till today despite the imposition of modern democratic ideals and the artificial creation of boundaries and states in present-day Nigeria. This cherished system of organization is chiefly responsible for most of their achievements, and they will do what is necessary to protect this cherished value of their social institution and political system.146

Igbo people are very assertive and like to have a say in the way they run their lives, even if it places them at a disadvantage. No one dictates to them what to do. Philip Aka rightly observes that the most pressing problem for the Igbo “is a passion for self-determination.”147 To deprive the Igbo of this cherished autonomy is tantamount to enslavement or even death, and they resist it vehemently because of their cherished republican value and ideal. They resisted the British invasion of Igboland and imposition of colonial rule that shattered Igbo quest for self-determination and marked the beginning of the decay of Igbo institutions and moral synergy.148


147 Ibid.

The climax of this shattered dream of the Igbos is their dubious amalgamation with other ethnic nationalities that formed the present-day Nigeria by the British colonial officer, Lord Frederick Luggard, in 1914. Instead of taking time to study and learn from the Igbo people, they imposed on them a system that was utterly repulsive to them while presuming them to be the same with their northern and western counterparts.

The Igbo cultural context and social organization discourses explain the Igbo cosmology, worldview, identity, values, morality, and social institutions and show how the Igbos organize their society and find meaning in life. Attention will now shift to explore health care in the Igbo cultural context in the next section of this chapter.

**Health Care in Igboland**

This section examines the situation of health care in Igboland in both contemporary and traditional times. It shows the present status of health care in Igboland, which describes Western or biomedical health care practice in Igboland and Nigeria and juxtaposes it with the Igbo traditional healing practice. It also explores the features of the Igbo traditional healing practices.

**Western Health Care**

This subsection examines the present situation of health care in Igboland, which describes, basically, Western health care or biomedical practice in Igboland and Nigeria at large since Igboland is still a microcosm of the Nigerian health care system. The reality of things in the area of health care and healthy living conditions in Igboland, Nigeria, is disturbing and disheartening. To say that health care in Igboland and Nigeria is in crisis is sadly accurate. This

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section does not intend to dwell only on the woes and endless lamentation in the Igbo health care system. It does not also seek to romanticize it by singing the praises of a non-existent health care system in Igboland.

To state the exact situation of health care in Igboland, one must ask how available and affordable and of what quality are the private-sector and public or government health care systems and over-the-counter drugs. Indeed, these indices are strange to average Igbos because they are perhaps non-existent, not familiar, or not affordable for the majority of the people.

The discourse on the present situation of health care in Igboland relies on the available literature and published statistics about Nigeria since what affects Nigeria as a country also affects the constituent parts, which include Igboland. Igboland experiences more of the adverse effects of the unfortunate situation of the health care system because of an intentional neglect of the area and a political ploy by the Nigerian government to limit development in Igboland to subjugate and hold down the Igbo people.

Health care in Igboland, Nigeria, has practically collapsed. Lack of resources, as well as rampant corruption and greed, have all but destroyed the average person’s access to medical treatment. Most public hospitals and clinics and other healing centers have become more or less places for gradual and painful death with decrepit health care infrastructure. Medicines and vital health care machines and tools for effective delivery of care to the sick are either absent or

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151 Since the Nigerian-Biafran war ended in 1970, the Igbo people and Igboland have been treated like prisoners of war in a war zone by the Fulani-led Nigerian government with the knowledge and full support of the British government for fear of a repeat of the Biafran secession experience.
inefficient and non-functional. Where they are available and effectively functional—like in private ones—they are outrageously expensive and are not affordable for the majority of the people. They are at the reach of the highest bidders. Through medical tourism, the rich and well to do fly their sick relatives and friends to other countries to get quality and affordable health care. This sad reality was not always the situation in Igboland.

Igboland has some of the best professionals both in the health care system and in other sectors of human endeavor, and most of these professionals have attained international recognition and are of world-class standards. Many of them emigrate to dwell in foreign lands in search of greener pastures and better conditions of service to the practice because their work environment in Igboland as professionals is very hostile. Vital resources are in short supply, and the government shows little interest in developing Igboland to improve its health care system and the general standard of living. Those who remain are not enough to provide adequate health care for the teeming population. This situation is worse in public health care facilities, which remain shadows of what conventional and standard health care systems need to be.

One cannot talk of quality public health care today in Igboland because it is unavailable to the general public who need it for whom it is, as it were, non-existent. Only a few privileged individuals can boast of having access to such facilities in the Igbo area. It is also true that only private clinics and hospitals are more available with “somewhat standard care facilities,” but these are, more or less, business centers than health care facilities. They are mostly business-oriented and profit-driven. The situation of things in Igboland and Nigeria forces them to maintain the status quo to remain in business because health insurance and medical aid are still not very popular. Where they are available, they are still not affordable for ordinary people, and
there are no guarantees for them to remain in service. This reality explains why quality health care is available only to the highest bidders, and the poor have to seek help where they can get it.

Available studies and research highlight the precarious nature of the health care system in Nigeria and Igboland. Recent research, between 2017 and 2019, shows that Nigeria has one of the worst rankings in most indices that affect health care in the world. The results of the analysis of the world health systems by the World Health Organization (WHO) show that Nigeria ranks 187 out of 191 countries, only ahead of four countries, namely, the Democratic Republic of the Congo, Central African Republic, Myanmar and Sierra Leone. Such a ranking is worrisome for the future of Nigeria and its health care system. This situation directly affects Igboland, which is part of Nigeria, and it shows that health care in Igboland is in crisis.

A study by Brookings Institute in Washington D.C. USA shows that Nigeria recently overtook India to become “the country with the largest number of people living in extreme poverty” and estimates that 87 million Nigerians or more subsist on less than $1.90 a day. This study shows that despite its abundant natural and human resources, Nigeria is now the poverty capital of the world, and it gets worse with time.

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Nigeria also ranks as the 11th worst place to be born with a newborn death rate of 29 per 1,000 births of newborns. A report from the United Nations Children’s Fund (UNICEF) in February 2018 shows an alarmingly high level of death of newborn babies across the globe. It also confirms Nigeria’s rank among the worst, in the 11th position, with 29 deaths per 1,000 births of newborn babies. Another survey carried out with Nigeria’s indigenous system initiative known as the Multiple Indicator Cluster Survey (MICS) corroborates this elevated death rate with a higher record of 37 deaths out of every 1,000 newborns.

The 2018 World Malaria Report, produced in Maputo, Mozambique, by the WHO, shows that Nigeria is among the countries most attacked by malaria in 2017. This annual report revealed that Nigeria and ten other countries recorded “about 70 percent of all malaria cases and deaths recorded in 2017.” It also shows that a total of “151 million malaria cases and 274,000 deaths recorded in 2017” across the globe concentrate in these 11 countries. These countries are India, Nigeria, Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ghana, Mali,

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Mozambique, Uganda, and Tanzania. All of them, except India, come from sub-Saharan Africa, where malaria remains among the leading causes of death. India mitigates this trend of malaria attack, as Tedros Ghebreyesus said, but the ten African countries show a lack of progress. There is, instead, a constant increase in the number of malaria attacks over many years without improvement in prevention and cure, which is a waste of “years of toil, investment and success in reducing the number of people suffering from the disease.” He further says that now “we have to do something different” against malaria at all levels.

Dr. Matshidiso Moeti, the WHO Regional Director for Africa, agrees with Ghebreyesus on the need to change strategy to fight malaria with renewed commitment. She says that “when countries prioritize action on malaria, we see the results in lives saved and cases reduced.” But whereby the leaders choose to maintain the status quo, as in Nigeria and Igboland, only very little will be done, and malaria and other diseases will continue to threaten the lives of our

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158 Okeke T.A, Okafor H.U., and Uzochukwu B.S., “Traditional Healers in Nigeria: Perception of Cause, Treatment and Referral Practices for Severe Malaria” Journal of Biosocial Science 38, no. 4 (July 2006): 491. Okeke T.A and Uzochukwu B.S. are from the Department of Community Medicine, College of Medicine, University of Nigeria, Enugu, Nigeria, while Okafor H.U. is from the Department of Paediatrics, College of Medicine, University of Nigeria, Enugu, Nigeria.

159 Tedros Adhanom Ghebreyesus is an Ethiopian politician, academic, and public-health authority who has been the Director-General of the World Health Organization since 2017. He was Ethiopia’s Health Minister from 2005 to 2012, and Minister of Foreign Affairs from 2012 to 2016.


161 Ibid.
people. Such a lackadaisical response causes more havoc for the health care system in Igboland, and is inconsistent with Igbo traditional healing practice, as the next subsection will show.

**Igbo Traditional Healing Practice**

This subsection discusses the Igbo traditional healing practice in juxtaposition with the present situation of health care in Igboland. Before the British colonial masters came to Igboland with the introduction of Western civilization and its health care system, the Igbos already had an evolving and functional traditional health care system that served their needs at that time and era.

The Igbo health care system is still outstanding for the healing effects of its practice. But it cannot compare or compete with the sophisticated technology of the contemporary Western health care system in terms of the specificity, scope, and range of its diagnostic procedures. It remains prominent because it offers a more holistic approach to health care and healing that incorporates the physical, mental, emotional, and spiritual aspects of healing the whole person, rooted in the communal worldview of the Igbo people. This more holistic approach to health care and healing is not well accounted for in the Western health care system, which is fundamentally fragmented, compartmentalized, and empirical in its approach to health care and healing.

In Igbo understanding, personal health and well-being are not strictly private per se and are common concerns. People usually ask about one’s health and that of family members when they meet or exchange greetings. Moreover, the family and kinsfolk together decide on how to care for a severely sick person, especially if it requires extended attention and care.

As in many traditional African communities, the individual enjoys a cozy relationship with the community and with the environment. The warmth, care, and solidarity that the Igbos experience—and also give to others—in the community help to create a welcoming and
conducive environment for everyone to live and thrive together. This conviviality is real for both natives and non-natives or foreigners who come to Igboland in good fate and with open minds.

Igbo traditional life shows, like many traditional African societies, that “the individual does not and cannot exist alone except corporately.” They exist together because a human being is a product of the community that nurtures one’s life and shapes the present and future of that person in an attentive fidelity with the past generations. It is in relationship with other people within the community that the individual becomes “conscious” of one’s own being, duties, privileges, and responsibilities towards oneself and other people.

John Mbiti succinctly captures this African and Igbo reality in the saying, “I am, because we are; and since we are, therefore I am.” It extends to every aspect of human life. It manifests effectively in times of joyful celebrations as well as in times of tragedy and suffering, especially around the sick and the dying. Mbiti says that when a person suffers, he or she “does not suffer alone but with the corporate group,” and the same is true when one rejoices with one’s kinsfolk, neighbors, and living or dead relatives. He further says: “Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: ‘I am, because we are; and since we are, therefore I am.”’ It is how indigenous African societies express solidarity, especially in Igboland. It manifests prominently in times of illness and situations of need for care.

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163 Ibid.

164 Ibid.

165 Ibid.
The Igbos and many indigenous Africans share things in communion, and this includes the health care needs of the sick. People usually appreciate communal participation, input, and care. Lack of adequate participation in the life of the community is also a cause for concern to all. Patrick Iroegbu asserts that “health is shared intercorporeally and intersubjectively, both in this-worldly and other-worldly or visible and invisible realms.”

He says:

A physical ailment or disease most often reverberates as sickness when it entails a social dysfunctioning and labeling. This may extend to a subjective experience of illness or misfortune in particular when its meaning is being defined in the canvas of (intergenerational) moral debts and bewitchment among kinsfolk. Likewise, a physical (biomedical, pharmaceutical) cure is to be paralleled by a community-based response and appropriate healing of the illness.

One who does not participate fully in the life of the community cannot claim to be in good health, even if the person is not deficient in vital biochemical resources for biomedical well-being. Such a person is sick because he or she may have social and spiritual deficiencies that may lead to psychological imbalance in the person.

Healing of the physical or biological aspect of a person is only a part of the entire process of healing in Igboland. Proper healing of the body depends mostly on many factors that affect the sick person, the healer, and their circle of influence and relationships. All these affect the life of the patient in question. The state of the mind of the person, the soundness of one’s relationships and experiences in community with others, and the connections one has with the ultimate source of one’s being or whatever answer the final questions in the life of a person are vital for healing to occur. These factors affect each person (patient or healer) or each group of people (family,

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167 Ibid.
community, friends, or health care providers) differently, and are vital aspects of the Igbo traditional healing process. They exert potent effects on the Igbo people due to their firm beliefs in God or the Supreme Being and in the deities and ancestors, which are innate and also evident in their worldview, cosmology, cultures, and traditions that shape their life, choices, and actions. How these factors play out in the process of healing depends on how well the people align themselves with the features associated with traditional healing in Igboland. These features of the Igbo traditional healing practices are the concerns of the next subsection.

Features of Igbo Traditional Healing Practice

Igbo traditional healing practices are derived from the traditional knowledge, culture, cosmology, and worldview of the Igbo people and belong to the group of medical practice known as ethnomedicine. Ethnomedicine represents the “beliefs and practices” that relate to diseases, illnesses, and their cure or healing processes, “which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine.”

Igbo traditional healing practices have specific features that make them unique and identifiable. These features enable traditional Igbo healers to achieve three essential things in the healing process. These three vital necessities include: (1) provision of both bodily and spiritual nourishment for the sick person and everyone involved in the healing process, (2) relevant for healing the whole person and the community and so cares for the physical, psychological, emotional, and spiritual aspects of healing, and (3) comprehensive healing effect, not partial.

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The features and characteristics of Igbo traditional healing practice that help produce the above effects include the following. (1) Igbo traditional healing practices provide nourishment. (2) They are culture-based, and they make use of the resources that are readily available to the people. (3) They have experts who have in-depth knowledge of the cultures, traditions, and the worldview of the Igbo people. A brief discussion of these features will help to show why they are beneficial in the Igbo traditional healing process.

Proper nourishment is essential to ensure a healthy living, and Igbo traditional healing practices affirm the truth of this statement as they nourish both the body and spirit of the sick person in every health care situation and practice. Igbo medicine, generally known as ogwu Igbo, has been in use from time immemorial and has been very useful and efficient for dealing with the health care needs of the Igbos before the advent of the Europeans and their colonial exploits in Africa and Igboland. Igbo traditional medicines are usually part of the food given to the sick person, and are also significant components of the regular menu for nourishing the Igbos.

Scholars like Anelechi Chukuezi, Patrick Nwadinigwe, and Fu Wei-Kang point out that food is the earliest form of treatment given to a sick person to aid the recovery of one’s health. Food provides nourishment, which is essential for repairing damaged cells or body parts, and the Igbo traditional healers knew and applied this knowledge in their healing activities. A proper and balanced diet and nourishment helps to keep a person healthy and able to battle various kinds of infections and diseases. Nwadinigwe says that food has always been a significant part of Igbo religious and medical practice, and the control of food intake can influence the outcome of a

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healing process. Moderating food intake helps to “control the inner body as the arena [of] passion” to discipline one’s “desire in the interest of social stability.” It also helps us “live longer” and “enjoy the benefits of good health and longevity” and not depend on drugs.¹⁷⁰

Most of the traditional Igbo foods have abundant natural ingredients that nourish and support healthy living and are of high medicinal value. Herbal products from leaves, stems, or roots of plants are natural products, not synthetic or artificial ones typical of Western medical practice. These organic products, which may sometimes include animal components, form part of the natural food given to the sick to achieve healing without doing more severe damage to their body cells, parts, and systems in Igbo traditional medical practice or ethnomedicine.¹⁷¹

Fu Wei-Kang rightly points out that human beings have had access to the abundance of plants for food and medicinal or health care needs right from primitive times. They have steadily learned by accident or through careful and constant use and through pleasant or unpleasant experiences which plants are either edible or cause “illness, discomfort or death” or relieve pain or illness.¹⁷² So, Igbo medicine rightly nourishes the body and spirit and is a healing remedy.

Traditional Igbo Healers and Cultural Knowledge

The beliefs and practices of a people are vital resources for providing them with their health care needs and for achieving healing. These cultural and traditional beliefs and practices are at the core of their being and are helpful meaning-making tools and resources for dealing


with life issues. When people apply their cultural and traditional beliefs, practices, and resources in dealing with their health care needs, they establish a health care system that is unique to them.

George Foster and Barbara Anderson say that a health care system is “a social institution that involves the interaction of a number of people, minimally the patient and curer,” whose primary aim is to mobilize the resources available to the patient, family, and community of the patient to provide a cure for the patient’s illness.¹⁷³ Patrick Nwadinigwe also affirms that “culture dictates the cause of disease and the course of action taken” to treat and control disease and illness for the health and well-being of the people in a given society.¹⁷⁴ It is then the concern of a health care system to use the knowledge, resources, and methodologies of a people to care for and help the sick to achieve cure and healing.¹⁷⁵ So, the Igbo traditional healing practices rightly contribute to the Igbo health care system with vital resources for addressing the health care needs of the Igbos.

The elements of the Igbo healing tradition, like other indigenous traditions, are “not disembodied and free-varying” but are instead “embedded in the logical and ideological contexts of living communities” and are “shaped by economic, social and political forces” in a place.¹⁷⁶ Steven Feierman and John Jansen show that these logical and ideological contexts of living communities embrace every aspect of life in particular communities.¹⁷⁷

¹⁷³ Foster and Anderson, Medical Anthropology, 37.
¹⁷⁴ Nwadinigwe, Igbo African Thought System, 49.
¹⁷⁷ Ibid.
In their study of the social and cultural reasons that affect the response of patients to
treatment, Arthur Rubel and Linda Garro suggest that the health culture of the people plays a
vital role in the process of healing. A health culture is “the information and understanding that
people have learned from family, friends, and neighbors as to the nature of a health problem, its
cause, and its implications.” Rubel and Garro maintain that sick people often “use their health
culture to interpret their symptoms, give them meaning, assign them severity, organize them into
a named syndrome, decide with whom to consult, and for how long to remain in
treatment.”
All of these health care decisions are possible because of the worldview and
culture of the people that shaped them. The same is true for Igbo cultural and traditional healing
practices, and they determine how Igbo people understand illness and disease as well as their
efforts and approach to eradicate diseases and provide cure and healing for those affected. It is
the acceptable cultural concepts that interpret the pathological perception in any society.

Igbo traditional medicine consists of an accumulated body of knowledge about the
diagnosis and treatment of illnesses and diseases with some form of explanation given about
their causative agents or factors. Igbo traditional medicine refers to and heavily relies on “those
practices and knowledge defined by culture, beliefs, and environment” before contact with
conventional western or orthodox medicine and also afterward. It continues to be relevant among
the indigenous peoples who are vibrant and eager to explore more of its use. This cultural

178 Arthur J. Rubel and Linda C. Garro, “Social and Cultural Factors in the Successful Control of

179 Ibid.

Edward Shizha Eds., African Indigenous Knowledge and the Sciences: Journeys into the Past and
Present (Rotterdam, Netherlands/ Boston/Taipei: Sense Publishers, 2016), 161. See also Eric M. Guantai and Kelly
reality makes the Igbo traditional healers to employ these cultural beliefs, knowledge, and practices in the healing process among the people in Igboland.

The healing of a person begins with ensuring that the sick person has the right mindset to accept treatment and cure in the first place, and this is especially so for the Igbo and African peoples. The healer has to convince the patient that he or she can take care of the person’s condition, thereby winning the patient’s confidence.

To deal with the Igbo or African psyche and mindset, the healer needs to tap into the worldview of the sick person. A healer that draws from this mindset and worldview recognizes things that are meaningful and valuable to the patient and family and will also see their effects in their family life. Knowledge in this worldview helps the healer to contribute meaningfully in healing the patient, and, when necessary, in modifying the patient’s worldview and perception about his or her condition to be able to accept treatment and receive healing. Igbo healers do it very well and can carry the patient and family along in the process of healing.

Gloria Emeagwali affirms this mind and body interplay in the psyche of Africans in indigenous medical traditions. She says: “Endogenous and indigenous African medical traditions view the mind and body as a complex interconnected whole, hence the very pronounced spiritual and metaphysical dimensions in some practices.” These practices have deep connections with their being and their worldview and are vital resources that they truly cherish.

One cannot just discard people’s worldviews or traditional and cultural beliefs as primitive or as myths. Instead, these are to be viewed with the hermeneutics of suspicion so that


only valuable aspects of those beliefs can be incorporated into actual medical practice to serve the needs of the people in IgboLand as is applicable in other places and cultures. It shows that the practice of contemporary medicine does not preclude ideas and practices of previous generations; instead, it “has evolved over thousands of years of each generation built on the knowledge of earlier times.”182

A health care practice grounded in the Igbo worldview and vital traditional and cultural beliefs will achieve a more genuine, effective, and sustainable health care than that based on abstract principles that are unrelated to their worldview and cultural beliefs. Anything to the contrary will not be beneficial and may, indeed, be harmful to people’s psyche and well-being.

**Igbo Traditional Healers as Dibias**

Most families in IgboLand have a general knowledge of Igbo traditional medicine, healing remedies, and their applications, and they use them in normal circumstances for their health care needs. They have relied on Igbo traditional medicine, *ogwu Igbo*, and those of other indigenous tribes and neighbors as their only available curative or healing resources before their contact with Western medicine. Despite the proliferation of Western or orthodox medicine today, Igbo traditional medicine remains useful to many people in IgboLand.183

Many people in IgboLand still consult their experts on issues of concern that require special attention, although they have a general knowledge of the traditional medicine and healing remedies. The experts are *dibias* (singular *dibia*) or the medicine men and women, and are

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responsible for treating all sorts of diseases and illnesses in the community. \(^{184}\) People sometimes refer to the *dibias* as witch-doctors, but such designation is, simply, a misnomer. \(^{185}\)

The *dibias* are essential agents for the integral wholeness of the people in Igboland. In addition to their vast knowledge and expertise in traditional medical practice and control of diseases and illnesses, the *dibias* are also famous for “winning the goodwill and favour [sic] of the divinities and spirits and in promoting the solidarity and peace of the Igbo community.”\(^ {186}\)

Every aspect of life in Igboland has its experts or *dibias* who possess the requisite knowledge to guide the people, and a particular *dibia* may possess the knowledge that goes beyond a specific type into multiple areas of life. Three types of *dibias* are outstanding among the rest in Igboland. These include (1) *dibia afa* (diviner), (2) *dibia ajaj* (priest or priestess who offers sacrifices), and (3) *dibia ogwu* (medicine man or woman, healer, or the so-called witch-doctor). \(^{187}\) These three classes of *dibias* help to serve three vital needs of the people for achieving a healthy and flourishing life in this world and the afterlife.

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\(^{185}\) See the etymology of the word *dibia* in Umeh, *After God Is Dibia*, i, and 73-74. These show a derivation of the word *dibia* from two words, *di* meaning husband and *Abia*, meaning the Master of or Expert in knowledge and wisdom.


The *dibia afa* (diviner or oracle) ascertains the will of the spirits through divination to know how to confront their problems and challenges in life. The *dibia aja* (priest or priestess) offers prayers and performs required rituals, sacrifices, and ceremonies to nourish the bond between the community and the divinities, thereby helping to promote solidarity and peace among the community members. The *dibia ogwu* (medicine man or woman, healer, or traditional doctor) fulfills the third need, which is to protect the members of the community from spiritual and physical attacks and molestations of all kinds that threaten their safety, health and well-being. The *dibia ogwu* also tries to empower the members of the community to do the same through knowledge of potent herbs and other traditional recipes. So, the *dibias* do not arrogate all the powers and knowledge to themselves. Instead, they empower the members of the community to be able to deal with their ordinary day to day needs and to refer more complex cases that require specialized knowledge and expertise to them for their safety and well-being.

**Conclusion**

Chapter Two provides both the context and rationale for establishing a health care system that integrates the Igbo indigenous knowledge with Western knowledge in a way analogous to the indigenous and Western knowledge in integral ecology in *Laudato Si*. It contextualizes the research in Igbo socio-cultural realities as the locus of application of Pope Francis’s demands for an integral ecology by engaging the traditional Igbo healing knowledge and resources juxtaposed with contemporary biomedical or Western medical knowledge. It maintains the same respect for the indigenous people and their knowledge and worldview, which Pope Francis advocates for in

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caring for the environment and all who live in it in integral ecology. It also shows how helpful the indigenous knowledge and healing resources are in promoting a potent, efficient, reliable, and sustainable health care system in Igboland. These are all possible because they appreciate the history, cosmology, worldview, and identity of the Igbos, as a cultural and indigenous group, to understand and relate better with them, as a people, in their cultural context, and to provide a health care system that works for them.

This chapter shows that health care, in Igbo cultural context, must account for the Igbo cosmology, worldview, identity, and cultural realities that shape the Igbo understanding in their social milieu. It also shows that only a health care system that is true to the cultural and contextual realities of a people will be meaningful, efficient, and useful for their health care needs. It compares the present situation of health care in Igboland with the traditional Igbo health care system and highlights the features that characterize Igbo traditional healing practice.

The idea of integrating traditional healing practices with Western medical practice presents some social and cultural issues of concern, which, when resolved, will help to form a useful and well-integrated health care system for people in Igboland. These socio-cultural issues and challenges that confront the establishment of an integrated health care system in Igboland will be identified and analyzed in Chapter Three of this dissertation.
CHAPTER THREE

SOCIO-CULTURAL CHALLENGES WITHIN AND BETWEEN IGBO TRADITIONAL HEALING PRACTICES AND WESTERN HEALTH CARE IN IGBOLAND

This chapter identifies and analyzes key socio-cultural challenges in establishing an adequate health care system in Igboland. As this dissertation argues, an optimal health care system for Igboland would create a mutually beneficial partnership between Igbo traditional healing practices and Western medical procedures. It is important, then, to identify the challenges that confront such a partnership.

Recognizing the challenges will lead to finding ways to address them and build a bridge to facilitate the realization of the best possible health care system that will be beneficial for Igboland. It shows that it is necessary to address the cultural challenges that hinder the realization of an optimal health care system that creates a mutually beneficial partnership between Igbo traditional healing practices and Western medical procedures.

The chapter proceeds in four sections. The first section presents important structural problems that hinder the effectiveness of Western health care practices in Igboland. The second section examines the cultural problems facing Western health care practices in Igboland. Section three addresses issues of concern facing Igbo traditional healing practices themselves. From the observations in sections one through three, section four explores how to build a bridge between these two health care methodologies. This section leads to the next chapter, which proposes a bridge structure.
Structural Problems of Western Health Care Practice in Igboland

While Western health care has saved the lives of countless millions worldwide, realizing the same result in Igboland had been a significant challenge. The non-realization of the desired result is partly because Western health care facilities in Igboland are underfunded, understaffed, and undersupplied. Nigeria’s substandard infrastructure and widespread corruption, and police brutality aggravate these deficiencies that make the Western health care system in Igboland less effective, ill-equipped, and feeble. Below is an overview of these problems.

Underfunded

Unlike traditional healing practices, the methodologies of Western medicine are capital-intensive. Adequate funding is a prerequisite for achieving a functional and reliable Western health care practice in Igboland. In Nigeria, such funding is unavailable. Government funding through tax revenues does not meet needs, nor do out-of-pocket payments or donor contributions. Health insurance is only partially available to select groups of people in public service or community-based programs.¹ Guy Carrin, Dave Evans, and Ke Xu point out that finances shape Western health care delivery’s success or familiarity. As they state,

How health systems are financed largely determines whether people can obtain needed health care and whether they suffer hardships as a result of obtaining care. Both design and implementation of an adequate health financing system are essential in the pursuit of universal coverage, i.e., essential health services and interventions provided at a cost affordable for all.²


² Ibid.
There is a famous assertion that health is the first wealth of a nation. Evidence shows that “the health of a nation significantly enhances its economic development, and vice versa.”³ Deficient economic development can eventually erode a people’s familial, cultural, and spiritual resources—all of which are essential elements of a nation’s health.⁴ Marcelia Alsan, David E. Bloom, and David Canning affirm that “health is an integral component of human capital for developing countries.”⁵ The same is true for developed countries. If a country is going down the Western-style development path, it cannot succeed without a functional and efficient Western-style health care system.⁶ The Nigerian government’s budget and programs must prioritize the health care sector and raise it to internationally acceptable standards to provide adequate care that benefits all.

**Understaffed and Undersupplied**

Public hospitals and health care facilities are understaffed in Nigeria. Doctors are routinely in short supply. Ryan Lenora Brown reports that there is “just one doctor for every 5,500 people in Nigeria’s health care system,” far lower than the World Health Organization’s

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⁵ Ibid., 614.

⁶ Nigeria has enough professionals and resources to raise the system to an enviable status. How Nigeria mobilizes human, financial and other resources in times of emergency shows the capability and expertise of Nigeria’s professionals. The Ebola control mechanism and the strategy put in place to arrest the new coronavirus outbreak from causing much havoc in the country affirm the veracity of this view.
standard of one doctor for 600 patients.\textsuperscript{7} Nigeria’s ratio is far too low for essential health care services.\textsuperscript{8}

It is also normal in Igboland for hospital staff to lack necessary medical diagnostic equipment such as X-ray machines, electrocardiographs, and blood pressure gauges. Even basic items such as gloves, towels, gauze pads, and sponges are not readily available. Many hospital pharmacies lack prescribed medications to treat their patients. Patients’ families have to procure their loved one’s prescriptions from other local pharmacies, usually at exorbitant prices, while still receiving care in the hospital.

Consequently, it is not unusual for health care workers in public facilities to strike for better pay, greater assistance, and more supplies. Only private hospitals can operate during strike actions at public facilities, even as they too suffer being understaffed and undersupplied. This situation generally leads to untold hardship in the health care system and the loss of many patients’ lives due to inadequate care.

\textbf{Structurally Unsound}

Igboland and Nigeria lack reliable infrastructure, which impacts the success of Western health care methods. For example, while a sophisticated global trade and transport system delivers 90\% of Nigeria’s health care supplies, the country’s dysfunctional infrastructure fails to

\textsuperscript{7} Ryan Lenora Brown “A Worker Strike Puts Nigeria’s Health-Care Flaws in Spotlight” published online by the Christian Science Monitor News Media on May 15, 2018, retrieved from the site https://www.csmonitor.com/World/Africa/2018/0515/A-worker-strike-puts-Nigeria-s-health-care-flaws-in-spotlight(accessed on October 03, 2019). This low rate is usually observed in rural areas because some places—like in major cities—have better facilities and less than the above stated proportion of doctors to patients.

\textsuperscript{8} World Health Organization (WHO), “Global Work Force Alliance: Health Workers for All and All for Health Workers” retrieved from https://www.who.int/workforcealliance/countries/nga/en/(accessed on October 03, 2019). The WHO report shows that “Nigeria has one of the largest stocks of human resources for health (HRH) in Africa” yet it gives nurses, midwives, and doctors the combined ratio to patients as 1.95 per 1,000 (or approximately 2 per 1,000).
distribute these supplies to where they are most needed timeously.\textsuperscript{9} A tourism industry preys on this inadequacy by promoting “medical tourism” for Nigerians who can afford to go out of the country for their modern medical care.\textsuperscript{10}

Nigeria’s water supply infrastructure is inadequate, as are its power, sanitation, railway, roadway, and internet systems. For example, the Online Power Journal, ESI Africa, published its 2018 \textit{Advisory Power Team} report, showing that Nigeria’s electricity supply ranks the second worst out of 137 countries in the world.\textsuperscript{11} It currently produces a paltry national grid capacity of 4,000 Mega Watts of electricity. Without a reliable power supply, Western health care technologies are unusable. The gas-powered generators that compensate for the absence of a reliable electrical power grid emit unhealthy pollution of the environment that burdens the health care system in Igboland.

Inadequate water supply affects personal hygiene maintenance and impacts health by causing acute infectious diarrhea and other diseases, limiting productivity in human beings, plants, and animals. Without a sound sanitation infrastructure, the piled-up waste in Nigeria’s bigger towns and cities creates a major health hazard.

Anna Cunningham describes the fires caused by these rotting piles of garbage in Onitsha, one of Igboland’s commercial hubs.

The fires burn constantly in and around Onitsha, a growing city nestled on the banks of the Niger River in Southern Nigeria. Each fire is surrounded by its own hellscape of


\textsuperscript{10} Ibid.

rotting food, mounded rubbish, cast-off computers, and slaughterhouse scraps and blazes—often fueled with old tires sliced into ribbons—incinerate the city’s wastes and send out obnoxious plumes of smoke laden with dangerously high levels of particulate pollution.\textsuperscript{12}

The amount of pollution released into the atmosphere across Nigeria far exceeds the WHO’s acceptable limits. Every day, Nigerians inhale toxic particulates that enter their bloodstreams and trigger cancers and other illnesses.\textsuperscript{13} These changes in the environment impact both the Western health care system and traditional Igbo healing practices.

The city of Lagos exemplifies these problems. The Global Liveability Index in 2018 released by The Economist Intelligence Unit (The EIU) and the World Bank showed that the city is the third worst city for human beings to live in the world. Lagos scored 38.5 out of 100 points in a ranking based on the following five indices: social stability, health care, environment and culture, education, and infrastructure.\textsuperscript{14}

Lack of good roads and railway systems also impairs health care in Nigeria. Whereas the railway system is almost non-existent in many parts of Nigeria, the roads are more or less death

\textsuperscript{12} Anna Cunningham, “Nigeria Has Some of the World’s Most Polluted Cities—and That Isn’t about to Change” published online by Quarz Africa on October 23, 2019 retrieved from the site https://qz.com/africa/1433597/nigeria-has-some-of-the-worlds-most-polluted-cities-and-that-isnt-about-to-change/ (accessed on October 01, 2019). Onitsha is the business hub of Igboland and is located in Anambra state of Nigeria. Both the Anambra state government and Nigeria’s Federal government are not doing much to combat the menace of pollution in the city and turn things around for the better. There is little education of the populace and awareness campaigns on the dangers of environmental pollution to both human and other lives in the environment.

\textsuperscript{13} Anna Cunningham, “Nigeria Has Some of the World’s Most Polluted Cities—and That Isn’t about to Change” published online by Quarz Africa on October 23, 2019 retrieved from the site https://qz.com/africa/1433597/nigeria-has-some-of-the-worlds-most-polluted-cities-and-that-isnt-about-to-change/ (accessed on October 01, 2019).

traps. In 2016, the WHO rated Nigeria as the most dangerous country by road in Africa. The former senate president Bukola Saraki affirmed in his report as Senate President in 2016 that “Nigeria records 33,700 deaths in every 100 million people living in the country annually.”\(^{15}\)

These accidents and associated injuries deplete the available resources for improving the health care system in Nigeria.

Finally, internet availability is insufficient in Nigeria, impacting access to new Western medical procedures and technologies. In 2017, BVA BDRC gathered data from 3,351 individual broadband packages in 196 countries and found that Nigeria is in 141\(^{st}\) position of internet affordability with an average user charge of $80.47 per month.\(^{16}\)

As is evident, Nigeria in general, and specifically Igboland, suffer a wide range of infrastructure failures. Each brings serious harm to human health and impacts the ability to deliver health care modeled after Western methodologies effectively.

\(^{15}\) Mayowa Tijani, “2016: WHO ‘Rates’ Nigeria Most Dangerous African Country by Road” published online by the Cable Nigeria Media on March 10, 2016, retrieved from the site https://www.thecable.ng/who-rates-nigeria-most-dangerous-african-country-by-road (accessed on September 28, 2019). Also, the Corps Marshal, Boboye Oyeyemi, in charge of the Federal Road Safety Corps (FRSC) reported a similarly death statistics in 2017 that Nigeria records about 33.7 deaths per 100,000 of its population yearly, affirming Saraki’s earlier account. This record makes “Nigeria one of the countries with the highest number of fatalities in Africa.” See Amos Tauna, “2017: Nigeria Has Highest Number of Road Fatalities in Africa – FRSC” published online by Daily Post Nigeria Media on May 08, 2017, retrieved from the site https://dailypost.ng/2017/05/08/nigeria-highest-number-road-fatalities-africa-frsc/ (accessed on September 28, 2019).

\(^{16}\) BVA BDRC is an award-winning international consumer insight consultancy, conducting research in over 90 countries. The agency is part of Paris-based BVA Group that offers the complete range of research consulting and business transformation. They help to bring brands closer to their customers and improve customer experience to enhance the growth of the company. See the site https://www.bva-bdrc.com/(accessed on August 13, 2020). The results show that Iran offers the world’s cheapest internet and broadband usage per month with an average cost in US dollars of $5.37 per month for internet and $6.67 for broadband per megabit per month. Nigeria is in 141\(^{st}\) position globally, with an average user charge of $80.47 per month for internet users per month and $7.91 for broadband per megabit per month. Burkina Faso is the most expensive, with an average cost of internet use of $954.54 per month and an average broadband per megabit usage price of $85.31 per month. See Tim Barber, “A global study of broadband pricing” published online by BVA BDRA on October 12, 2017, retrieved from the site https://www.bva-bdrc.com/opinions/global-study-broadband-pricing/ (accessed on October 17, 2019), and Ayo, “Nigeria Is the Second Country with the Most Expensive Internet Cost In the World” published online on December 04, 2017, retrieved from the site https://ionigeria.com/nigeria-second-country-expensive-internet-cost-world/(accessed on September 28, 2019).
Corrupted and Brutalized

Nigeria ranks among the most corrupt countries in the world. In a 2018 survey of 80 countries, Nigeria ranked fourth among the most corrupt countries.\textsuperscript{17} Evidence from Transparency International shows that Nigeria’s corruption perception index (CPI) has continued to deteriorate after improving in 2014, moving from CPI of 136 in 2014 to 149 in 2020.\textsuperscript{18} The difficulties in health care funding, staffing, and supplying, with all the infrastructure problems noted above, are the price Nigeria pays for its widespread, political, business, military, and police corruption. The enormous capital flows required and generated by the Western health care and pharmaceutical industries enter Nigeria and seduce corruption.

Okonjo-Iweala defines corruption in Nigeria as “the large scale transfer of public resources for private interests” and private use.\textsuperscript{19} Political corruption involves “influence-peddling on resource allocations and projects that benefit the decision-maker, friends and

\textsuperscript{17} Megan Trimble, “The 10 Most Corrupt Countries, Ranked by Perception” published online by the US News Media on January 23, 2019, retrieved from the site https://www.usnews.com/news/best-countries/articles/10-most-corrupt-countries-ranked-by-perception (accessed on September 28, 2019). The result of the survey carried out by the USNews to determine the ten most corrupt countries globally and published in January 2019 report shows that Nigeria ranks fourth out of ten world’s most corrupt countries, only a little better than Iran, Pakistan and Iraq. The respondents in this survey were more than 20,000 global citizens, and they worked with the notion of being “corrupt” from the Merriam Webster’s definitions ranging from “tainted” or “rotten” to “morally debased” in addition to their personal view of the word.


acquaintances, directing resources to special projects, and abuse of privileged information.”20 All these converge and engage with Western health care products and systems in Igboland and Nigeria. According to John Campbell, Nigeria will remain a “giant mess” and “dance on the brink” until it deals with corruption in the public and private sectors.21

Police brutality and abuse are ever-present realities in ordinary Nigerians’ lives, which also impact the health care system. Corrupt police officers “demand bribes and commit human rights abuses” as they extort money from vulnerable members of the public.22 For instance, the World Internal Security and Police Index (WISPI) in 2016 reported that the Nigerian Police Force (NPF) is the worst police in the world. The WISPI report says:

Nigeria was the worst-performing country on WISPI, with a score of 0.255. Nigeria scored poorly across all four domains, and had the worst score of any country in the index on the process and outcomes domains. All of its scores were in the bottom ten countries.23


21 John Campbell, Nigeria: Dancing on the Brink (Lanham, New York: Rowman & Littlefield Publishers, Inc., 2013), vii. Campbell had an experience of both the military and civilian regimes during his long sojourn in Nigeria. He started his career as a seventeenth-century English historian but after a period of teaching, Campbell left the academic classroom to take up a more lucrative career with the United States government in overseas assignments that took him to Europe, Nigeria and South Africa respectively. He served in Nigeria twice in different capacities. He was a political counselor in Nigeria from February 1988 to July 1990 and in South Africa in the mid-1990s during the transition from apartheid to majority rule. He later came back to Nigeria when President George W. Bush appointed him as the United States Ambassador to Nigeria from May 20, 2004 to November 1, 2007 when he was succeeded by Robin R. Sanders. So, Campbell has an in-depth political awareness and knowledge of Nigeria.


Any country with the type of security challenges that Nigeria has will undoubtedly have problems with its health care sector.

Western health care facilities in Igboland are underfunded, understaffed, and undersupplied. And each of these problems is either caused or exacerbated by Nigeria’s substandard infrastructure and widespread corruption. The next section will consider the cultural difficulties that face Western health care practice in Igboland.

**Cultural Problems of Western Health Care in Igboland**

Cultural problems of Western health care practice in Igboland emanate from the Igbo cultural context. Context determines the perception of a person or people. Everything, including health care, depends on people’s perceptions. The Igbo cultural context gives the sum of ideas, meanings, assumptions, and preconceptions of the Igbo people in their natural environment, setting, or universe of discourse within which their life is meaningful. Igbo cultural context helps the Igbo people understand the meaning, intent, and relevance of their health care infrastructure for their well-being.

The contemporary Igbo people have multiple heritages. Their multicultural experiences and colonial past made them cross-cultural or intercultural, though many still retained their traditional culture and heritage. As a cultural entity, Igboland shares a lot with the Western culture but remains distinct in its cultural realities. Some of these cultural realities are still either incomprehensible to the Western cultural mindset or not suitable for applying Western
technological skills and knowledge in the Igbo health care infrastructure and protocols. So, they need adaptation and improvement to accommodate the best practices of the Western health care protocols. Following is an outline and a brief explanation of these cultural problems that ensure the Western health care system’s benefits remain elusive for most of the population in Igboland.

**Technology**

Western health care system has sophisticated and heavy-duty technological appliances for effective diagnosis and treatment of the sick. Western health care approach is technology-heavy and requires Western technological skills that are not sufficiently available in Igboland and Nigeria, which are still underdeveloped. Many professionals with the necessary expertise from Western technical skills and knowledge are either underused or seek greener pastures overseas to be more useful and relevant.

These heavy-duty technologies require constant electricity supply, which is not readily available in Igboland and Nigeria. The use of electricity generators as an alternative supply source of electricity for the machines is usually insufficient. It produces abnormal results that negatively affect the diagnosis and treatment of the sick. Its by-products are also harmful to the natural environment as pollutants.

Western health care system has an obsessive reliance on technology to provide the answer or solution to most health care problems. Its use in health care directly depends on the laboratory results or signals from medical appliances used in carrying out particular laboratory tests or physical examination of patients with medical devices and tools. Whatever is not dictated by Western technology usually comes across as irrelevant or only as an aberration. It is usually scornfully dismissed as unscientific and irrelevant to medical or health care attention and
consideration without acknowledging that its possible solution may be outside Western health care’s area of competence. This type of mentality in Western health care practice presents “an undifferentiated and one-dimensional paradigm” that gives technology in Western health care practice an almost magical hold on human consciousness.\textsuperscript{24}

Reliance on Western health care and its technological innovations alone creates an imbalance in human life quality. It leaves out the other dimensions of our life that contribute to human well-being. Western health care system is materialistic as it depends entirely on the acquisition and use of material objects: machines, technology, and pharmaceutical drugs and products in caring for the sick. It places the highest value on matter or material things. Usually, it considers health care practice’s success based on the appropriate balance of the desired biochemical and material agents and objects in an individual, which is different from how the Igbo people judge their success.

\textsuperscript{24} Pope Francis, \textit{Laudato Si}, no. 106.
Empiricism

In the Western health care or biomedical system, diagnosis and treatment of illnesses and diseases usually employ the empirical methodology—the dominant Western scientific research approach. The availability of care, quality of care, hygiene, use of technology in both diagnosis and treatment of cases, and their social adaptability among the people are different from the Igbo traditional health care system. They may produce similar results in the end, which are likely the recovery or wellness and well-being of the sick. Still, their health care cultures remain different and identifiable with the particular culture that produces the care approach. Western health care system follows the Western cultural practice while the Igbo traditional healing follows the Igbo culture and traditions.

Although the contemporary Western health care system’s sophisticated technology is outstanding in terms of the specificity, scope, and range of its diagnostic procedures, it does not provide a holistic approach to health care and healing. It focuses on the physical or bodily aspect of health care without adequately incorporating the mental, emotional, and spiritual aspects of healing the whole person, rooted in the Igbo communal worldview. Its area of competence is on the physical or bodily realm, making it fragmented and compartmentalized within its empirical approach to health care and healing. To practice Western health care adequately in Igboland means that it must adapt to the cultural realities in Igboland. It must go beyond the limits of the physical or bodily health care protocols and visible universe of human beings, which depends on empirical procedures.

Secularity

Western health care practice employs the Western secular worldview and health culture in the process of healing. It does not incorporate the Igbo worldview, cosmology, and cultural traditions to heal and provide health care needs to the Igbo people in Igboland. It pays little or no attention to the spiritual and metaphysical aspects of Igbo life, which also wield powerful influence in the understanding of life and health care needs of ordinary Igbo people. For example, a person may be sick and critically writhing in pain or is practically dying, whereas, surprisingly, the laboratory test results dictate nothing wrong with the person. Western health care personnel usually feel helpless in such situations. Still, when such patients go to the Igbo traditional healers, their health conditions begin to improve, as is often the case. They recuperate and return to their duties and concerns to continue with their everyday life. Their healing comes from their disposition to the cultural, spiritual, psychological, and metaphysical dimensions of care, which form part of their worldview and cosmology. Nwachukwu Iwe explains that this inner disposition emanates from the “Igbo vision, understanding, and interpretation of the universe of human beings,” which is “deeply spiritual and religious,” as is also evident among other African indigenous peoples. This profound spiritual and religious worldview or vision of Igbo life defines their health care needs and practices. Any health care approach—such as the


Western health care system—that excludes or denigrates them diminishes its acceptability, suitability, effectiveness, and sustainability among the people.

Applying the therapeutic practices that are amenable to the people’s worldview helps enhance the sick’s cure. These restorative practices express the Igbo reliance on divine interventions and cultural prescriptions that make sense to the patients and their significant relationships. The Igbos have firm and constant belief in (i) the invisible universe of divine beings, good and evil spirits, and the spirits of departed ancestors, (ii) the visible universe of human beings and natural forces and phenomena, and (iii) communion and interaction of the observable universe and phenomena, and flora and fauna with the invisible universe of the divine and spiritual beings and departed ancestors.28 These realities play a part in the Igbo understanding of illness and disease, sickness and health, and their acceptance of and submission to treatment protocols for their health conditions. Since the Western health care approach applies only the empirical method, which operates within the visible universe of human beings and natural forces and phenomena, it remains an insufficient health care approach to the Igbos. It does not include the participation of the beings in the invisible universe—the divine, good spirits, and the ancestors—whose interaction and communion with the visible universe of human beings, natural forces, and phenomena are a vital part of the health care process in Igboland.

Attention to the people’s worldview and cultural realities enables the sick to experience the healing they desire and expect to receive from a providential and compassionate God who works, even, as they believe, through the health care personnel. It is a common belief in Igboland that without divine approval, medical prescriptions and health care procedures will be

ineffective. When the sick people “experience the liberating, healing or therapeutic hand of God,” any prescribed medicine and health care procedure will become effective for their healing. This belief is in line with the Igbo worldview and ancestral universe “dominated by God, multiple deities, spirits, and ancestors ideally for the enhancement or realization of the destiny of individual humans and the community. The everyday social, economic, and political business of life is displayed before the divine for approval, amelioration, and healing.”

Western health care in Igboland is devoid of the Igbo worldview “where God-spirits and humans interrelate for the good of humans.” As such, it is deficient and lacks the important “approach to the divine that turns around human wholeness.” Without this divine, spirits, and ancestral connection, Western health care and any health care system will be incomplete, superficial, and unsatisfactory for the Igbo people’s needs.

**Context-Independent**

Context is vital in everything we do. It determines the success or failure of any venture, which includes our health care culture. As a foreign health care culture, contextualizing the Western health care system in the Igbo cultural realities is difficult though it will help answer people’s health care needs in Igboland. Without adapting or indigenizing the Western health care system in Igboland, it remains a colonial trait or tool of oppression against the indigenous culture, which attracts resistance from the indigenous Igbo people.

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comes with Western technology, medications, and health care protocols or procedures that make it function properly as a care system in a particular cultural context.

Medical or health care approaches are not neutral, no matter how scientific they claim to be. Deborah Lupton argues that culture plays a vital role in understanding disease and illness and medical practice in Western and non-Western cultures. Social and cultural assumptions and beliefs influence the Western biomedical tradition and make medical practice in Western cultures vary from one country or culture to another. Available evidence shows “significant national differences in how scientific medicine is understood and practised [sic]” within a particular country or nation. “These differences can be particularly evident in controversies over medical innovation, such as human embryonic stem cell research” and in “health-care spending and statistics of drug prescriptions and medical techniques.”

To acknowledge how people’s cultures or lifeworlds influence their health care practice requires a recognition that “doctors and other health-care professionals bring their own cultural beliefs to the medical encounter.” They develop these beliefs both in their scientific training and other aspects of their cultures and cosmology or lifeworlds.

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33 Ibid. See also Sharon K. Johnson, “Hmong Health Beliefs and Experiences in the Western Health Care System” Journal of Transcultural Nursing 13, no. 2 (April 2002): 126-127, brackets mine.

34 Ibid.
Health care personnel in Igboland need to account for the difference between the Igbo and Western approaches to health care as they provide care for the people to achieve better results. It is important to do this because incongruent views between patients and health care providers can influence their compliance, well-being, and satisfaction with the health care protocols.\(^\text{35}\)

With its colonial past and traditional heritage, Igboland is genuinely multicultural. Traditional healing can easily blend with and accommodate Western health care’s physical or bodily healing processes and its technological and diagnostic innovations for better analysis and physical or bodily health investigations. Contemporary Igbo medical knowledge is a synthesis of cultures, values, and knowledge from traditional and Western knowledge bases.\(^\text{36}\) This synthesis is important because of the dual heritages of the Igbos since the colonial era.


\(^{36}\) Uche Anigbogu, “Cultural Commingling: The Impact of Western Medical Conceptions on Igbo Cultural Understandings of Disease” Honors Thesis from Duke University published April 2013, pp. 13 and 74, retrieved from the site https://hdl.handle.net/10161/7564 (accessed on January 04, 2021).
Mistrust

There is a culture of suspicion and corruption among Western health care personal who use various means to confuse and exploit the unsuspecting public. Western health care system does not engender corruption or suspicion on its own. However, because human beings who have some disposition to corruption manage and direct this health care system’s activities, suspicion and corruption remain important concerns. Primary among these concerns are the conflicts of interests from individuals or research groups and the influence of powerful interest groups in scientific studies and research in medicine, food, and other health care products, which target the results to benefit the interest groups. These powerful interest groups usually provide the funding and expertise and guide the studies and research to their desired end.37

Suspicion and corruption promote conspiracy theories in research and health care management. Lack of trust and transparency in the process, content, and management of health care resources exacerbate suspicion and corruption in Western health care practice. It causes severe harm to people’s health with sometimes terminal effects that are irreversible. Lack of trust

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in the health care system and management due to suspicion and corruption usually leads to the rejection of particular health care procedures and prescriptions.\(^{38}\)

Suspicion and corruption of Western health care providers also affect patients and their families’ health care decisions. As Sharon Johnson succinctly states: “Fear of Western medical treatments, feelings that treatments benefit doctor more than the patient, or the feeling that the treatment will not be effective may result in the refusal of treatment by the family/clan.”\(^{39}\)

Other challenges that create suspicion and corruption in Western medical practice depend on Western health care personnel’s character and personality. These are issues that concern patient-provider relationships, exploitation, abuses, and unfairness in the care process. Addressing such issues requires following the law’s due process in the community, state, or society.

**Challenges Facing Igbo Traditional Healing Practice**

Igbo traditional healing practice, as a health care system, is holistic in its approach to healing. The Igbos use their indigenous or traditional healing knowledge and skills to develop and improve the Igbo traditional health care system. Despite its holistic approach to health care

\(^{38}\) The current confusion and conspiracy theories surrounding the origin, transmission, prevention, and treatment of the newly-identified corona virus species, SARS-CoV-2, that caused a global pandemic of respiratory illness, called COVID-19, is a good example. The enormity of the conspiracy theories since the discovery of this covid-19 virus leading to the production and administration of covid-19 vaccines is mind-boggling. See Alexi Mostrous, “How a Kennedy Became a ‘Superspreader’ of Hoaxes on COVID-19, Vaccines, 5G and More” published online by Globe and Mail News Media on September 16, 2020, updated on November 11, 2020, retrieved from the site https://www.theglobeandmail.com/world/article-robert-f-kennedy-jr-medical-misinformation/(accessed on December 05, 2020) and Judy Mikovits, “Millions View Viral Plandemic Video Featuring Discredited Medical Researcher Judy Mikovits” published online by ABC News and Reuters, retrieved from the site https://www.abc.net.au/news/2020-05-13/who-is-judy-mikovits-what-is-plandemic-movie/12233412(accessed on May 13, 2020).

\(^{39}\) Sharon K. Johnson, “Hmong Health Beliefs and Experiences in the Western Health Care System” *Journal of Transcultural Nursing* 13, no. 2 (April 2002): 129.
and healing, it still faces significant challenges or problems in dealing with contemporary cases and issues of complex medical and health care needs. It is insufficient for dealing with present-day health care challenges, and so requires some improvement. This section will briefly discuss some of these problems and challenges that confront Igbo traditional healing practices. It will help salvage the Igbo health care system and make it more efficient and effective in addressing the Igbo health care challenges in the 21st century. Below is a summary of some of these issues and challenges that face the Igbo indigenous healing practices.

**Access and Communication**

There is a general shortage of literature and documentation for Igbo indigenous knowledge, especially in health care. The scarcity of literature limits access to the Igbo traditional medical knowledge and Igbo traditional medicine usage. It also makes the Igbo traditional healers’ skills and expertise available and accessible only through direct contact with the healers during practice, as an apprentice, and by oral tradition. These limitations make traditional Igbo healers not readily available or accessible for broader consultation and research beyond their immediate environment, unlike the Western health care system and practice.\(^{40}\)

The Igbo traditional healers’ specific traditional skills and expertise remain secret or mysterious and embedded in the traditional practices and cultural artifacts of the Igbo people. These healing skills and expertise require a knowledgeable and seasoned healer to transcribe and communicate their underlying meanings to others. Only very few Igbos are interested in following this path today. Oscar Mokeme affirms this view in his lecture on the Igbo tradition

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and healing culture at the University of South Florida, in St Petersburg, on January 23, 2012.\textsuperscript{41} Lack of interest in learning the local language and the traditional healing skills among the younger generation of both Igbos and foreigners limits the prospects for advancement of the Igbo traditional medicine.

**Eclecticism**

Different traditional healers have unique ways of engaging in the healing practice with the sick who come to them. There is a general lack of standardization and a systematic approach to healing in Igbo traditional healing for present and future use. Quality, preservation, and regulation of Igbo traditional medicine are serious challenges to Igbo traditional healing practice.\textsuperscript{42}

Because of the lack of standardization and systematization of the healing knowledge and skills, most of the available literature on Igbo folk medicine portrays only their authors’ subjective experiences. Some authors adapt their works to serve and protect their interests and fail to communicate the actual situation of Igboland’s healing practices. Patrick Iroegbu says that many of the literature pieces are “swathed in half-truths,” making them suspicious and unreliable sources of information for research.\textsuperscript{43} So, they require proper verification to be valuable and reliable for independent study and use. He argues that the distortion of data and its suspicious

\textsuperscript{41} Oscar Mokeme, “Lecture on Igbo Tradition and Healing Culture” at the University of South Florida St. Petersburg on January 23, 2012, retrieved from the site http://enyi-oha-one-of-naiji.blogspot.com/search/label/Traditional%20Healing (accessed on August 26, 2017). As the director of the Museum of African Culture, Mokeme discusses how Igbo masks and sculptures communicate and teach indigenous wisdom and knowledge of the ancient Igbo to present and future generations.


\textsuperscript{43} Iroegbu, “Healing Insanity,” 80.
presentation are the direct effects of Western colonial values, education, and religion championed by various Christian and Muslim groups that vilify the Igbo traditional religion and culture. Their superiority complex denigrates the Igbo indigenous knowledge, belief systems, and worldview. It makes any contrary viewpoint appear to be apologetic to and a defense of the Igbo traditional culture and values.44

**Class Distinction and Corruption**

There is a socio-cultural and class disconnect in using Igbo indigenous healing knowledge between the educated elite and the general population in Igboland. Some of the elite, both civil and religious leaders and authorities, with their Western-trained colleagues in colleges and universities, further deepen the gap between indigenous medicine and cosmopolitan biomedicine and their health care knowledge. They do very little to encourage interaction, collaboration, and integration or, at least, a friendly accommodation between the two approaches to create a conducive environment for improvement and sharing of knowledge and ideas. Yet, Igbo folk medicine and expertise in healing continues to have greater acceptance and reliability than Western medicine, especially in psychiatric or mental illnesses, among the ordinary people and low-income groups.45 Some of the elites who encounter these traditional healers and use their services and products often come to appreciate the benefits and advocate for greater recognition and use of the Igbo traditional medicines and healers.

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Corruption among Igbo traditional healers is a major problem that leads to fake and dubious practices geared towards quick and easy accumulation of wealth by corrupt Igbo traditional healers. Though this type of swindling is recent in Igbo traditional healing practice, it is presently rampant and has a pervading dangerous effect in the Igbo health care system. It encourages suspicion and lack of trust in the Igbo traditional healers and their products, negatively affecting the entire traditional health care system.

Various forms of exploitation and deception of the clients or the sick and families who seek care are among the fruits of Igbo traditional healers’ corruption. However, corruption and exploitations are also common among non-Igbo traditional healers and Western health care providers. The character and integrity of the Igbo traditional healers are important considerations for differentiating between corrupt and genuine healers, in addition to the potency of the traditional medicine and the quality of their services and care. Those healers who are genuine and sincere and with the right expertise gain the people’s trust, confidence, and appreciation. They contribute to the community’s well-being and are famous for their services to the sick, their families, and society.

The challenges that militate against the smooth and adequate practice of Western health care and traditional Igbo healing systems in Igboland are enormous and sometimes seem to be incompatible in their approaches. Yet both systems have come to stay, making it necessary to seek ways to build a bridge between the two health care methodologies to derive their benefits.
Bridging Western Health Care and Igbo Traditional Healing Practice

Igbo traditional healing system and the Western health care approach are two different or unique health care systems that are operational in Igboland. Whereas the Igbo traditional healing system is indigenous to Igboland, the Western health care system is foreign to the Igbos with its unique structure and operation. Indigenizing the Western health care system in Igboland will make it serve the Igbo people better. The uniqueness of the two health care systems makes it necessary to imagine a bridge between the two health care approaches to achieve a better health care methodology in Igboland’s health care arrangements. Such a bridge is vital for proper integration to derive the two health care systems’ benefits in the health care protocols in Igboland. Below are some of the means to facilitate an effective bridge between the two health care systems for the Igbo people in Igboland.

Mutual Adaptation

Adaptation of the Western health care practice to traditional healing is necessary to make health care more useful, acceptable, and practical in Igboland. Adapting or contextualizing the Western health care protocols to the Igbo cultural and existential realities requires finding points of agreement between the two health care approaches to make them function well for the people in Igboland.

Contemporary Igbos are multicultural in their approach to life, which implies that their health care system will also be multi-dimensional to serve their health care needs adequately. And as Uche Anigbogu rightly observes, the present Igbo medical knowledge is a synthesis of culture, values, and knowledge from the Igbo traditional healing and Western health care
knowledge.\textsuperscript{46} This synthesis also includes other non-Western medical knowledge and practices that the Igbo find useful for their well-being and development.

Igbo traditional medicine users and traditional healers see Western health care as another form of health care approach for the sick, which comes from Western culture. It is similar to the Igbo traditional healing in some ways, though with significant differences in content, vocabulary, and usage. The term “ogwu oyibo” or “ogwu bekee” (Western medicine) represents its Igbo counterpart “ogwu Igbo” (Igbo traditional medicine), just as “dibia oyibo” or “dibia bekee” (Western medical doctor) represents the Igbo equivalent “dibia Igbo” (Igbo traditional doctor or Igbo traditional medicine man or woman). This nomenclatural distinction shows how the Igbo regard both forms of medicine and their practice.

Since contemporary Igbo share the Igbo and Western cultural traditions, there is also a real need to approach the two systems of health care without being antagonistic to any of them. Each of the medical or healing approaches deserves respect and deference in its competence and knowledge base and is context-dependent. Context is important because there is no neutral or culturally independent health care system. There is also no presuppositionless position in any worthwhile human endeavor.\textsuperscript{47} Every culture and rational human endeavor presuppose some basic principles to build its theory, knowledge, and practice.

\textsuperscript{46} Uche Anigbogu, “Cultural Commingling: The Impact of Western Medical Conceptions on Igbo Cultural Understandings of Disease” Honors Thesis from Duke University published April 2013, pp. 13 and 74, retrieved from the site https://hdl.handle.net/10161/7564 (accessed on January 04, 2021).

No matter how scientific they claim to be, health care systems are products of cultures, and culture plays a significant role in understanding disease and illness and medicine in Western and non-Western cultures. Deborah Lupton affirms that social and cultural assumptions and beliefs influence the Western biomedical tradition and that medical practice in Western cultures varies from one country or culture to another. Evidence shows that “there are significant national differences in how scientific medicine is understood and [practiced]. These differences can be particularly evident in controversies over medical innovation, such as human embryonic stem cell research” and in “health-care spending and statistics of drug prescriptions and medical techniques.”48

Lupton discourages a non-critical endorsement of the Western biomedical approach, saying that it is wrong to “assume that just because a medical system has science as its knowledge base that it is morally neutral or somehow immune to the influences of culture.”49 Such influences of culture may be good or bad for advancing medical innovations and progress. They require critical assessment and evaluation before acceptance and collaboration with other health care approaches.

To acknowledge the role of people’s cultures or lifeworlds in medical practice also requires a recognition that “doctors and other health-care professionals bring their own cultural


49 Ibid.
beliefs to the medical encounter.” They develop these beliefs both in their scientific training and other aspects of their cultures and cosmology or lifeworlds.50

The traditional and many Christian healing centers and hospitals in Igboland incorporate the Igbo cultural realities’ metaphysical and spiritual aspects beyond the Western health care system’s control and scrutiny. This adaptation effectively demonstrates “an access to God enjoyed pre-eminently through the Holy Spirit for the overall good” or health and wholeness of the individual and community.51 Incorporating Igbo people’s worldview and cultural realities probably accounts for the ease with which the Christian and Igbo traditional healing centers gained acceptability among the Igbo people and other African and indigenous communities worldwide.

Because Western health care is devoid of the Igbo worldview that relies on the divine, spirits, ancestors, and human interrelationships, the Western health care providers and personnel seek to augment this deficiency to gain greater acceptance among the indigenous Igbo people. To bridge the gap, many Western health care protocols and providers more recently introduced a gradual incorporation of spiritual care in their health care protocols and facilities.

**Mutual Standardization**

Standardizing and systematizing the traditional healing knowledge and procedures will improve Igbo traditional medicine and healing systems. Through standardization and systematization of the Igbo traditional healing knowledge and procedures, Igbo traditional medicine’s preservation and regulation will become a reality. To promote a safe and high-quality

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50 Ibid.

practice of Igbo indigenous healing, proper regulation of practitioners’ quality of care, quantity of traditional medicine administered to patients, accreditation of the traditional healing system and facilities, and education are essential.\(^{52}\) These qualities and processes will help for easier comparison, competition, and collaboration of Igbo traditional healing knowledge and system with Western health care knowledge and system, and achieve their proper integration.

An increase in acceptability, use, and reliability of Igbo traditional medicine and healing makes it necessary to properly integrate it into people’s health systems.\(^{53}\) Proper integration of the Igbo traditional healing and Western medicine into the present Igbo national health care system provides broader health care systems’ choices to consumers.\(^{54}\)

Dr. Margaret Chan, the Director-General of WHO in 2006-2017, speaks of integrating Western medicine and traditional healing practices. She says:

The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony using the best features of each system, and compensating for certain weaknesses in each. This is not something that will happen all by itself. Deliberate policy decisions have to be made. But it can be done successfully.\(^{55}\)


\(^{53}\) Ibid., 19.

\(^{54}\) Ibid., 37.

To integrate traditional Igbo healing with national health care systems where feasible will be more effectively realized by developing Igbo traditional medicine policies and programs.\textsuperscript{56}

It is important to improve the traditional Igbo medicine and healers’ access by increasing their availability and affordability to the poor to maintain their sustainability.\textsuperscript{57} Instead of denigrating the Igbo traditional medicine, there is a need to develop proactive policies and action plans to strengthen its role in keeping people healthy in Igboland.

**Mutual Information**

Information is crucial in health care and healing. The methodology for gathering and preserving the health care information for immediate and remote uses can promote or mar the health care protocols’ effects. Modern and digitalized technology can help communicate and preserve the traditional healing knowledge for present and future use. Its inclusion in the academic studies in university curricula for health care profession students will ensure that the knowledge remains relevant and accessible when necessary.

The Igbo traditional health care system and Western health care system in Igboland, like most developing or low and middle-income countries, have inadequate health information systems (HIS).\textsuperscript{58} Achieving an adequate health information system in Igboland is a top priority if


\textsuperscript{57} Ibid.

health care conditions have to improve. It requires a well-integrated HIS to sustain health care protocols’ gains and enhance future research in health care.

Western health care system offers a better and more integrated HIS, which helps keep track of the sick people’s information for easier reference and research purposes. To properly integrate the two health care systems, the Igbo health care system needs some advancement in gathering health information. This improvement is vital, and it will make the Igbo health care system more efficient and more adequate in tackling Igbo people’s health care needs.59

Establishing the required information communications technology (ICT) system will “improve routine health data management” in Western health care and Igbo traditional healing systems. Such improvement will facilitate health care delivery.60 With the right planning and foresight, it is easy to prevent unnecessary delays in accessing health information for proper diagnosis, prognosis, and cure.61

The health care system in Igboland, like any other nation or country, needs to have a central or national health information system (NHIS) that “encompasses different health information systems” with specified regional or geographical differences and different health care delivery services at the primary, district and national levels.62 The NHIS will help facilitate a better organization of its health data for more effective use in providing adequate health care


61 Ibid.

delivery to people in Igboland. The NHIS presents “a basic technological platform to manage and enable sharing of data, information, and knowledge across domains” that need them.\(^{63}\)

Mudaly et al. also argue that the connectivity and knowledge management capabilities that an NHIS provides are helpful. Their use “can improve the quality of health data, information, and knowledge used to support decisions at all levels and in all domains of the health sector,” whether it concerns personal health, health care delivery, public health, or research.\(^{64}\)

Don Detmer says that inaccessible data, information, and knowledge lead to poor quality and many avoidable shortcomings in the health sector. A standard national health information infrastructure (NHII) “offers the connectivity and knowledge management essential to correct these shortcomings.”\(^{65}\) Detmer also said that improvement in national health “requires strengthening four major domains of the health care system: personal health management, health care delivery, public health, and health-related research.” The strengthening of these four critical sectors requires that Western health care and Igbo traditional healing systems collaborate, and it also requires private and public sectors collaboration.\(^{66}\) He concludes that “a health information


\(^{64}\) Mudaly et al., “Architectural Frameworks for Developing National Health Information Systems,” 1.


\(^{66}\) Ibid.
infrastructure capable of managing the knowledge base for a free, complex society is no small undertaking” but vital in Igboland. Such health information system “is essential for personal health, safe communities, effective and efficient high-quality care services, and timely patient-centered care.”

Mutual Trust

The culture of suspicion and corruption among health care providers in Western and traditional Igbo health care systems are perennial problems that demand solutions to enable the process of collaboration and integration of both systems to proceed correctly and seamlessly. It is crucial to follow the established health care procedures and standards with some reliable and sincere body or personnel to facilitate checks and balances in the health care practice. Doing so will help eliminate or reduce the various forms of malpractices and corruption that afflict the Western and traditional Igbo health care systems and confuse, exploit, and impoverish the unsuspecting public to the benefit of the health care providers. It will also help reduce the conflicts of interest from individuals or research groups and the pressure from powerful interest groups in scientific studies and research in medicine, food, and other health care products, which target the results to benefit the interest groups.

Attempt to reduce and alleviate suspicion in Western medical practice necessitates the declaration of disclosure statements in research backed up by the works of institutional review boards (IRB) that guide study conducts in academic and research institutions. Such efforts, when properly followed, affirm and dissociate health care and other researchers from allowing their personal or group interests to influence their research’s conduct to produce unbiased results.

67 Ibid., 11.
These precautions limit possible failures in transparency and fairness in research following the Western scientific methodology and can also extend to the traditional Igbo healing approach.

Bringing corruption and malpractices in health care practice to a minimum level will help people be more confident and free to use whatever health care methodology they prefer without much prejudice. This situation will bring out the best practices among the Igbo traditional and Western health care personnel and help shape their character and personality as individuals and groups. Patient-provider relationships will improve, and exploitation and unfairness in the care process will effectively end or reduce drastically.

Conclusion

Chapter three identifies and analyzes key socio-cultural challenges in establishing an adequate health care system in Igboland. It shows that it is necessary to address the cultural challenges that hinder the realization of an optimal health care system that creates a mutually beneficial partnership between Igbo traditional healing practices and Western medical procedures. It identified these challenges in three sections, specifying how problematic they are for achieving an effective health care system in Igboland, and ends with a fourth section that seeks to build a bridge that will address the challenges from the two health care systems. Whereas the challenges that confront the Western health care system include structural and cultural problems, the issues that limit the traditional Igbo healing practices’ effectiveness are inherent in the Igbo traditional healing practices themselves.

The first section argues that underfunding and understaffing Western health care facilities in Igboland and limited provision of health care supplies are among the main structural problems that limit the effectiveness of Western health care practice in Igboland. Lack of reliable
infrastructure in Nigeria, especially inadequate water supply, power, sanitation, roadway, railway, and internet systems, also negatively impacts Western health care methods.

The difficulties in health care funding, staffing, and supplying, with all the infrastructure problems in Igboland and Nigeria, are possible because of the widespread political, business, military, and police corruption. They contribute to causing severe harm to human health and also impact the ability to deliver health care modeled after Western methodologies effectively. These problems present insufficient conditions for Western health care in Igboland to thrive and prevent the realization of the desired Western health care system’s benefits for the people’s well-being.

The next section examines the cultural problems facing Western health care practice in Igboland. These cultural problems of Western health care practice in Igboland emanate from the Igbo cultural context. Context determines the people’s perception and health care, like everything else, depends on people’s perceptions.

Western health care system’s sophisticated and heavy-duty technological appliances require Western technological skills that are not sufficiently available in underdeveloped places like Igboland and Nigeria. Adequate technological and infrastructural advancement will help its practice in Igboland. Other cultural problems include overreliance on technology for health care solutions, empirically-based diagnosis and treatment methodology, exclusion of Igbo cosmology, worldview and cultural practices in its care protocols, non-indigenization of health care culture, and a culture of personnel suspicion and corruption that encourage exploitation and malpractice.

Section three acknowledges the Igbo traditional healing system’s insufficiency in dealing with the present-day health care needs and points out issues of concern in the Igbo traditional
healing practices themselves. Its knowledge and health care protocols are culture-bound within the Igbo cultural context, requiring Igbo cosmology and worldview for effective application and practice.

The scarcity of literature and documentation limits access to the Igbo traditional healers, their medical knowledge, and Igbo traditional medicine usage. A shortage of the Igbo traditional healers makes their specific traditional skills and expertise remain secret or mysterious and often unavailable to those who need them. There is also a general lack of standardization and an absence of a systematic approach to healing in Igbo traditional healing practice, which affects the quality, regulation, and preservation of medicinal products for present and future use. Lack of standardization and systematization in Igbo traditional healing encourages corruption and malpractice and exacerbates the socio-cultural gap between the educated elite and the general public in using and promoting Igbo traditional healing products and knowledge.

Following the outlined challenges that militate against a smooth and adequate practice of Western health care and traditional Igbo healing systems in Igboland, section four explores how to build a bridge between the two health care methodologies to derive their benefits. Linking Western health care to Igbo traditional healing requires contextualization or adaptation of the Western health care protocols to the Igbo cultural and existential realities. It also requires standardizing and systematizing the traditional healing knowledge and procedures to improve Igbo traditional medicine and healing systems.

These processes will ensure the elimination or reduction of suspicion and corruption in health care practice in Igboland. This section leads to the next chapter, which proposes a bridge structure for a health care system that is well integrated and ethical in Igboland.
CHAPTER FOUR
AN INTEGRAL HEALTH CARE FOR IGBOLAND

Analogous to Pope Francis’ vision of integral ecology in *Laudato Si*, this chapter suggests an approach toward integral health care in Igboland that combines suitable Western health care methods with traditional healing procedures consistent with Igbo culture and society. This approach is not static but open to new ideas that maintain respect for the values of Western medicine and Igbo healing traditions.

This chapter proceeds from the arguments laid out in the previous three chapters. Chapter One offered an overview of Pope Francis’ idea of integral ecology in the face of today’s ecological crisis. It then drew attention to Pope Francis’ noteworthy respect for Indigenous knowledge and his recommendation that the world pay special attention to this source of wisdom. The suggestion was then made in the chapter that this dimension of Pope Francis’ message opens up rich possibilities for bridging divides that exist between Western health care practices and traditional cultural sensibilities about healing that exist in many parts of the world. This seemed especially pertinent to this author’s personal experience as an Igbo man from Igboland in Nigeria.

Using Igboland as a test case for bridging Western health care and traditional healing practices, Chapter Two devoted itself to a study of the Igbo people, their culture, and their worldview. It ended with a discussion of the current condition of health care in Igboland. Chapter Three explored this later topic more thoroughly, with focus on the benefits and pitfalls
of both Western health care and traditional healing practices in Igboland. It ended with an indication that both approaches could be in fruitful dialogue over four topics: adaptation, standardization, information, and trust.

Drawing on the inspiration of Pope Francis, the profound richness of Igbo culture, and the existing relationship between Western health care and traditional healing practices in Igboland, this chapter delves deeper into the possibilities of a mutually beneficial relationship between these two curative methodologies. The chapter first discusses the relationship between the traditional Igbo notion of *ubenwanne* and the Western idea of solidarity in line with the African notion of *ubuntu*. Then, discussing this relationship leads to a section on shared perspectives between the Western “ethics of care” paradigm and the Igbo idea of *ubenwanne*. Finally, the chapter concludes by returning to Pope Francis’ message in *Laudato Si* and its inspiration for the approach toward integral health care in Igboland that this dissertation proposes.

**Ube Nwanne, Ubuntu, and Solidarity**

This section introduces the Igbo concept of *ubenwanne* and the Western idea of solidarity. It begins with a discussion of *Ube Nwanne* and African notion of *Ubuntu*.

**Ube Nwanne**

*Ube nwanne* is a short form of an Igbo phrase that conveys the disposition to help family and community members in need. The complete phrase is *o nuruubenwanneagbalaoso*, meaning “whoever hears the cry of a brother or sister should not run away but should come to the aid of

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1 *Ube nwanne* is the short form for *o nuru ube nwanne agbala oso* which literally translates as “whoever hears the cry of a brother or sister should not run away.” It obliges one to come to the aid of whoever is in need or some difficulty and calls for help in the family, community or wider society.
the one who cries for help.” 

*Ube nwanne* has another short form known as *o nuruube*. Both are short forms of *o nuru ube nwanne agbala oso* and impress one who grows up in an Igbo community with the duty to always assist family and friends when a need arises. But *ube nwanne* goes even beyond family and friends to anyone in need. As Ikenna Okafor notes, *ube nwanne* focuses community attention on “the cries of the poor, the oppressed and marginalized individuals and groups whose sighs of distress grow increasingly louder every day.”

It contextualizes the theological models of neighbor love into a language that reaches into the heart of the Igbo people. One might say that it encapsulates the Christian message of liberation, compassion, justice, and the “preferential option for the poor” as found in Roman Catholic social teaching.

**Ube Nwanne and Ubuntu**

*Ubuntu* is a concept that originates from the Southern part of Africa, precisely, from the Nguni and Ndebele languages of the Zulu, Ndebele, and Xhosa people in South Africa and their relatives in other places in Southern Africa. It has *botho* as a derivative from the Sotho

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3 Ibid.

languages. It expresses “the very essence of being human,” distinct from a beast or other living but non-human creatures.  

Ubuntu emphasizes our shared humanity and relatedness in a “communal and spiritual dimension of human identity.” It also “poses a challenge to persons accustomed to thinking of themselves as individuals” without the community. It simply means “humaneness” or “humanism.” It is an expression of our sharing in universal humanity. According to Desmond Mpilo Tutu,

‘My humanity is caught up, is inextricably bound up, in yours.’ We belong in a bundle of life. We say, ‘A person is a person through other persons.’ It is not, ‘I think therefore I am.’ It says rather: ‘I am human because I belong. I participate, I share.’ A person with ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished when others are tortured or oppressed, or treated as if they were less than who they are.

Martin H. Prozesky identifies ten qualities that characterize ubuntu: humaneness, gentleness, hospitality, compassion, empathy or taking trouble for others, deep kindness,
friendliness, generosity, vulnerability, and toughness. These are by no means exhaustive, but they still represent ubuntu’s essence as an indigenous African philosophy and epistemology.  

Ube nwanne and ubuntu represent the same idea and reality of humanness and oneness among all peoples. Other phrases, such as onye aghala nwanne ya (let no one’s brother or sister be left behind, overlooked, or abandoned), and igwe bu ike or igwebuike (unity is strength) portray the same idea. African and Igbo thinkers and scholars generally underscore all of this with John Mbiti’s famous African dictum, “I am because we are, and since we are, therefore, I am.”

Solidarity

The term “solidarity” comes from the Latin noun solidus, which means “the whole.” Kurt Bayertz locates the roots of solidarity in the Roman law of obligations. There, obligatio in solidum refers to the “unlimited liability of each individual member within a family or other community to pay common debts.” The French equivalent of solidarity is solidarite which denotes “the whole, union, or fellowship” that arises from “common responsibilities and

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interests, as between members of a class or a body of persons, or between classes, peoples, or groups. It further signifies a community of interests, feelings, purposes, or actions.\textsuperscript{13}

Donatus Ike adopts the definition of the word “solidarity” from the French equivalent, \textit{solidarite}. He uses it sociologically to mean the social cohesion of a group. It emphasizes the “unity of the whole, or union, or fellowship of a body of persons arising from common responsibilities and interests in a metaphysical sense.”\textsuperscript{14} People enter into solidarity when they take a stand to maintain a united front in any endeavor. Such endeavor can include engaging in dialogue or action with individuals, groups, communities, or people who share common interests, feelings, purposes, activities, cultures, and traditions.

Solidarity is a vital concept in Roman Catholic social teaching. Here, solidarity is the necessary contextualization for understanding the freedom and rights of the human person and the responsibilities each person has to the other in community.\textsuperscript{15} Pope John Paul II pointed out that there is a growing conviction of the necessity of “a radical interdependence and

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\item \textsuperscript{13} Ibid. See also Okafor, \textit{Towards an African Theology of Fraternal Solidarity}, 157. In line with this definition, the Oxford English Dictionary defines solidarity as the “unity or agreement of feeling or action, especially among individuals with a common interest.” It also says that it is a “mutual support within a group” that informed and guided the independent trade union movements and popular oppositions that developed into mass campaigns for political change in Europe during the 1980s. See also \url{https://www.lexico.com/en/definition/solidarity}(accessed on April 07, 2021) and Moon-Ho Jung, “Solidarity, Liberalism, History” \textit{American Quarterly} 68, no. 2 (June 2016): 257.
\item \textsuperscript{14} Ike, “The Need for African Solidarity,” 367.
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consequently of the need for a solidarity which will take up interdependence and transfer it to the moral plane.”

According to Eve Weinbaum and Max Page, group solidarity helps social movements and organizations keep in mind that “their own self-interest, rightly understood, depends on solidarity.” In concrete terms, this enables communities to better press their needs on “the local, state, and eventually national level.” In the tensions that arise within and across communities, the belief in fair play and human respect that comes with a strong sense of solidarity can help to reduce violence.

_Ube Nwanne and Solidarity_

The Western idea of solidarity carries a moral sensibility not unlike that in the Igbo notion of _ube nwanne_. Both emphasize, in varying degrees, communal interconnectedness, social cohesion, communal bonding, and fraternal or sororal sharing. _Ube nwanne_ is a call to the spirit of solidarity that echoes in Western discussions of this concept. However, there are two areas where _ube nwanne_ enriches the concept of solidarity beyond the conventional Western understanding. One area concerns the idea of holism. The other area concerns the phenomenon of liberation.

In general term, holism refers to the idea that the sustainability of a whole system cannot be completely determined or explained by the actions of the system’s discrete parts. This idea is

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16 John Paul II, _Sollicitudo Rei Socialis_, no. 26.


18 Ibid.

summarized in the saying “the whole is more than the sum of its parts.” In environmental science, holism is sometimes related to the phenomenon of an “emergent property” that evolves to sustain a natural system but is not fully explainable by the known behavior of the ecosystems individual members. The idea of emergent properties has also applied to the study of mental states and language.

As discussed in Chapter Two, the Igbo worldview holds that all visible and invisible, tangible and intangible, physical and spiritual, and natural and supernatural realities are interconnected and interrelated. This is clearly a manifestation of solidarity. But it is also assumed within Igbo culture, unlike in the conventional Western notion, that the rich and complex interrelatedness of solidarity includes the anticipation of currently unknown benefits that will support community sustainability.

In the African context, solidarity can also—more so than in the West—carry with it the political notion of liberation. As Ikenna Okafor points out, ubenwanne is the basis for any genuine commitment to the liberation of the oppressed from whatever oppresses them or hinders their progress, development, peace, and harmony as human beings. It “recapitulates” the liberating act of God in response to the cries of the people of Israel in their oppression and misery in Egypt (Exodus 3:7-8), showing the care, attention, and commitment of God to intervene and save the people.

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The combination of cooperation and liberation within the African notion of solidarity has a bearing on all sectors of life, not only the political and ecological sectors, but also the health care sector. Therefore, solidarity as cooperation and liberation is a necessary perspective for bringing Western health care methods and traditional healing practices together in Igboland. At this point, this discussion will turn attention to the shared perspectives between the Western “ethics of care” paradigm and the Igbo idea of *ube nwanne* in the next section.

**Western Ethics of Care**

The positive link between Igbo *ube nwanne* and the Western concept of solidarity suggests a further, more detailed, connection between Igbo traditional healing practices and the Western notion of an “ethics of care.” This section offers an overview of the ethics of care before moving to the next section which proposes shared elements between it and Igbo healing practices.

**Ethics of Care Background**

Ethics of care, also known as care ethics,\(^{22}\) is both a practice and a moral theory. It holds that the fundamental elements of relationships and dependencies in human life have strong moral significance and justification for moral assessment. Ethics of care “emphasizes the value of fostering relationships, paying as much attention to personal details as abstract principles, and recognizing the ethical importance of affection and care for others.”\(^{23}\) It seeks to maintain

\(^{22}\) Ethics of care (EoC) and care ethics will be used interchangeably in this work.

relationships that promote the well-being of caregivers and care-receivers in the context of their network of social relations.\(^{24}\)

The ethics of care terminology was put forth by Carol Gilligan as an alternative to the hierarchical and principle-based approaches characteristic of the dominant views in ethics.\(^{25}\) The dominant views in ethics, such as Kantian deontology, utilitarianism in the tradition of John Stuart Mill, and the justice theory of John Rawls, propose abstract principles and rules of general applicability to all people everywhere. Yet, by definition, these ethical paradigms do not emerge from individual human beings’ felt needs, subjective perceptions, and intimate experiences. An ethics of care, on the other hand, locates its fundamental approach precisely inside the subjective experience and objective social context of people who are suffering.\(^{26}\)

The origins of the ethics of care lie in the works of some women philosophers, ethicists, writers, and social activists.\(^{27}\) Already in 1929, Virginia Woolf pointed out how, in Western society, women’s values generally differ in significant ways from men’s values. In a male-


\(^{27}\) Waller, *Consider Ethics*, 121.
dominated world, “it is the masculine values that prevail,” not the feminine values.\textsuperscript{28} As the feminist movement grew in the 20\textsuperscript{th} century, more attention was paid to this social and cultural observation.

It was Carol Gilligan’s research association with Harvard psychologist Lawrence Kohlberg that moved the general observation of male value dominance to a tested and proven social phenomenon. Kohlberg identified six stages in the development of moral judgment, with the highest level being the kind of abstract reasoning characteristic of men like Kant, Mill, and Rawls. Kohlberg generally associated women in the third stage of moral development where the focus of decision-making is “conceived in interpersonal terms” and morality is equated to “goodness with helping and pleasing others.”\textsuperscript{29}

In her 1982 book, \textit{In a Different Voice}, Gilligan argued against Kohlberg’s hierarchical, principled, and masculine approach. She agreed that women generally make their moral assessments in ways different from men but disagreed that this difference amounted to a degraded form of moral reasoning.\textsuperscript{30} Gilligan said that men and women experience dependency and relationships differently not because they possess differing levels of cognitive aptitude, but because of the unique ways each employs their equal cognitive aptitudes. Boys and men in Western society generally develop their gender identity through the practice of separation and


\textsuperscript{30} Gilligan, \textit{In A Different Voice}, 8.
individuation from their mothers. On the contrary, women in Western society “do not depend on the achievement of separation from the mother or on the progress of individuation.”31 In short, separation is strongly linked to masculinity in Western society, whereas attachment defines femininity.

In general, Gilligan argued that “males tend to have difficulty with relationships, while females tend to have problems with individuation.”32 According to Gilligan,

The quality of embeddedness in social interaction and personal relationships that characterize women’s lives in contrast to men’s, however, becomes not only a descriptive difference but also a developmental liability when the milestones of childhood and adolescent development in the psychological literature are markers of interesting separation. Women’s failure to separate then becomes, by definition a failure to develop.33

As a result, moral problems generally arise for women “from conflicting responsibilities rather than from competing rights and requires for its resolution a mode of thinking that is contextual and narrative rather than formal and abstract.”34 Unlike moral theories based on the assumptions of Kant, Mill, and Rawls, an ethics of care rooted in the experience of women, “centers moral development around the understanding of responsibility and relationships” and not, in the first instance, around an abstract notion of fairness expressed in language of rights and rules.35

31 Ibid.

32 Ibid.

33 Ibid., 8-9.

34 Ibid., 19.

35 Ibid.
Gilligan’s scholarship invigorated new interest in feminist ethics which further enhanced an ethics of care. While it is true that not all feminist ethicists today are focused on an ethics of care, the ethics of care would likely have not emerged without the research that showed the unique and profound strengths that women bring to the human reality of moral reflection and moral living.

**The Elements of an Ethics of Care**

In the years since Gilligan’s groundbreaking research, many scholars have contributed to the ethics of care. This section discusses the main elements that have come to characterize the Western ethics of care.

**The Meaning of Care**

Care implies giving or showing concern, respect, compassion, and attention to someone or something to achieve good health and well-being. Care is the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something. It involves putting or applying a real deal of attention or consideration in doing something correctly or avoiding damage or risk. To do so requires being empathetic to those for whom one provides care. As Nel Noddings says, “the essential part of caring from the view of the one-caring” must apprehend the

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36 Gilligan’s approach was well-received among scholars and prominent feminist thinkers like Nel Noddings, Eva Kittay, and Virginia Held adopted and applied it in their works. They argue for a moral assessment based on care rather than on abstract principles that have little bearing on the lives of real people in their concrete situations and contexts. This assessment based on care, according to them, is better suited for cases where people have a real need to depend on one another. Noddings, Kittay, and Held applied Gilligan’s approach to their various works to affirm this feminist approach to ethics known as the ethics of care. Whereas Noddings applied her insight in education, and Kittay applied hers to dependency and gender works, Held employed her insight in the areas of women’s labor and the market. See McHugh, *Feminist Philosophies*, 39 and Dunn and Burton, “Ethics of Care” in *Encyclopedia Britannica* retrieved from the site https://www.britannica.com/topic/ethics-of-care#ref1185810(accessed on May 05, 2021).
reality of those cared for and, as closely as possible, feel what they feel. They must do so, whether formally or informally, in health care and other situations of need.

According to Virginia Held, care is a practice that involves “the work of care-giving and the standards by which the practices of care can be evaluated. Care must concern itself with the effectiveness of its efforts to meet the needs” and motives for providing care. “It seeks good caring relations.” Good caring relations produce these effects. It shows that those who share the same worldview, values, ethics, and belief system or philosophy of life can give, receive, and appreciate good caring relations better than others. This need to give, receive, and appreciate good caring relations is why caring requires fraternal and sororal solidarity, which ube nwanne seeks to achieve among the Igbos.

When we see care as a value, it places care beyond the domain of work or profession and also demands new criteria for assessing its worth beyond the categories of right or wrong, good or bad, and legal or illegal. Seeing care as a value helps to “pick out the appropriate cluster of moral considerations, such as sensitivity, trust, and mutual concern, with which to evaluate such practices.” These criteria make caregiving different from work, job, or profession, although the same criteria are not mutually exclusive in each of them. For example, when one works with sensitivity, trust, and mutual concern, the result in the workplace is usually outstanding and appreciated beyond the requirements for the legality, justice, and rightness of one’s actions.

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38 Held, Ethics of Care, 36.

39 Ibid., 38.
The Meaning of Autonomy

The meaning of autonomy is the single most important topic that differentiates conventional Western health care from the ethics of care. As will be shown, this is also the topic that draws the Western ethics of care within the sensibility of Igbo culture and traditional healing practice. Because of its importance, some attention is paid first to the conventional notion of autonomy in Western health care and its differentiation from the idea of “relational autonomy” that characterizes the ethics of care.

The Conventional Western Concept of Autonomy

The word autonomy, whose Greek equivalent is autonomia, derived from autonomos, comes from two Greek words: auto meaning “self” and nomos meaning “law.” It refers to the idea of self-legislating, self-governing, or self-directing in one’s affairs in ways similar to how an independent government manages its territories and policies.40 This idea of self-governing or self-legislating is the sense in which the Enlightenment thinkers, especially Kant, expressed autonomy as a rational agent’s capacity to make informed decisions and direct one’s life without coercion from another person or thing outside of oneself.41


41 Treiger-Bar-Am, “In Defense of Autonomy: An Ethic of Care,” 555. See also Korsgaard, Self-Constitution, 25 and 213; and Dryden, “Autonomy” in Internet Encyclopedia of Philosophy retrieved from the site https://iep.utm.edu/autonomy/ (accessed on July 09, 2021). Kant did not invent the word autonomy, but he brought the concept of autonomy to great prominence in the philosophical thinking of contemporary society. However, his influence came from Rousseau’s conception of moral freedom, which he described as obedience to the law that one prescribes to oneself. See Dryden, “Autonomy” in Internet Encyclopedia of Philosophy retrieved from the site https://iep.utm.edu/autonomy/ (accessed on July 09, 2021).
The concept of autonomy occupies a central place in Western liberal thought and shapes Western laws and cultures in line with the Kantian tradition that developed from it.\(^4\) Kim Treiger-Bar-Am succinctly explains Kantian autonomy and its categorical imperative as the central part of Kantian philosophy, which “requires one to act in a manner that respects other individuals’ existences as ends in themselves, rather than merely as [a means to an end].”\(^4\) He sees Kantian autonomy as the “capacity of a rational being to make universal laws,” which is not only for the individual but also for everyone else who possesses autonomy. It means then that the existence of others is implicit in the Kantian autonomy as a concept.\(^4\)

Kantian autonomy involves much more than the “knowledge of others’ existence.” Instead, it rests on “the rational being’s capacity to legislate [one’s] maxims according to action that would be rational for others to perform,” which shows that the “autonomous being must define rational action according to universal laws.”\(^4\) Furthermore, this explanation shows that autonomy emphasizes “respect for each person’s individual rational will,” to which one subscribes freely in a social contract.\(^4\)


\(^{46}\) Yoyo Okano, “Why Has Ethics of Care Become an Issue of Global Concern?” \textit{International Journal of Japanese Sociology} 25, no. 1 (March 2016): 89. Kant’s autonomy is a moral autonomy which is the “autonomy of
Autonomy is the ground for dignity, which, for Kant, is the “capacity to give universal law.” He sees dignity to be unconditional for a rational being. One who has dignity deserves and commands respect ordinarily and freely. Yet, respect is integral to autonomy because one who possesses autonomy owes others respect and receives respect from others. People owe respect to the person who also owes respect to others in return.

The categorical imperative imposes the duty to respect others on oneself and does the same on others. On the other hand, it demands respect from others for the self that possesses autonomy. This understanding of the relationship between autonomy and obligation clearly defines the relationship between rights and duties for oneself and others. It is challenging to accomplish this duty to respect oneself and others without care, which implies giving or showing concern, respect, compassion, and attention to someone or something to achieve good health and well-being, do something correctly, or avoid damage or unnecessary risk.

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47 Treiger-Bar-Am, “In Defense of Autonomy: An Ethic of Care,” 567. See also Kant, Groundwork, 34: 421 and 41:429; and Arrington, Western Ethics, 268-279.

48 Ibid., 568. See also Kant, Groundwork, 47-48:436; and Arrington, Western Ethics, 268-279.


50 Ibid. See also Kant, Groundwork, 34: 421 and 41:429; and Arrington, Western Ethics, 268-279.
David Callahan says that one of the major attractions of autonomy is that “it helps to establish moral independence.” So, autonomy entails that “as an individual, I am to be treated by others as a moral end rather than a moral means” and “it also requires that they allow me to pursue my own moral goods.” Thus autonomy is “the basis for moral enfranchisement, establishing my standing as an equal in the community and my liberty to pursue my own ends.”

So, autonomy is of value in various fields of human endeavor.

In the medical or health care context, autonomy has “served to establish the rights of patients over physicians, and the right to be spared the paternalistic interventions of those who think they understand my welfare better than I do. The purpose of autonomy is to make me my own moral master.” It also makes others their moral masters individually or collectively. An autonomous person has the competence to govern oneself, make choices, and formulate goals unimpeded by the choices and goals of others. The requirement to respect autonomy in health care ethics necessitates care providers to secure an agent’s voluntary and informed consent for all health care decisions and treatments. The Kantian concept of autonomy requires respect for the autonomous self and entails obligations or duties which the autonomous or independent self has to accomplish.

Although the principle of autonomy is fundamental and universal in bioethics and biolaw, it is important to note that autonomy has limits and is not the only principle that guides health

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care and bioethics. It is a useful and necessary concept, highly cherished and applied in medical practice, bioethics, biolaw, and health care situations, yet it is not even the most important principle. Its justification as a single principle in biomedical ethics is difficult. So, it requires strengthening by other principles or regulating guidelines for an adequate application in bioethics and biolaw.

Autonomy helps us to focus on human rights and respect for human persons as the central concern in bioethics; but it is not sufficient to provide the required protection in many limitations in health care. In order to fully understand the significance of autonomy we have to consider autonomy from the perspective of other important values and principles.

Some of these principles include beneficence, non-maleficence, justice, informed consent, dignity, integrity, sensitivity, vulnerability, care, and respect as in ethics of care. These principles provide a normative framework for protecting the human person in health care, bioethics, and biomedical research.

The concept of autonomy generally helps express our wish and desire for the future of humanity. It provides humanity and the human person with the necessary guidelines for protecting humans against threats of extinction. “The principle of autonomy contributes to the


55 Ibid.

56 Ibid.

57 Ibid. See also Beauchamp and Childress, Principles of Biomedical Ethics, 13; Held, Ethics of Care, 63, and Osuji, African Traditional Medicine, 19.

58 Rendtorff, “The Limitations and Accomplishments of Autonomy,” 75.
expression of the political morality of the medical and legal systems in modern society." When autonomy goes together with the other principles, it helps to protect the “human person’s ‘privacy’ in the face of technological developments.” All these together form the foundation of a human rights policy in the global community.

Since the principle of autonomy helps to express the political morality of the medical and legal systems in the society and requires other regulating guidelines for adequate application, it is pertinent to consider its role in the care process in relational terms. Therefore, this relational conception of autonomy is the concern of the following subsection of this chapter.

**Relational Autonomy and the Ethics of Care**

The origin of the concept of relational autonomy, which characterizes the ethics of care, lies in the feminist critique of the Kantian understanding of autonomy. From a feminist perspective, Catriona Mackenzie and Natalie Stoljar argue that the conventional understanding of autonomy in Western ethics is based on the “conviction that the notion of autonomy is fundamentally individualistic and rationalistic.”\(^{61}\) Mackenzie and Stoljar “draw on aspects of the feminist critique of autonomy to reconceptualize and refigure the concept of individual autonomy from a feminist perspective.” They call this refigured concept “relational autonomy.”\(^{62}\)

Relational conceptions emphasize agents’ situatedness in historical, social, class, race, and gender contexts. Moreover, the agent’s social situation impacts one’s identity and self-

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59 Ibid.

60 Ibid.


62 Ibid., 3-4.
conception and on the nature of other important capacities like autonomy, informed consent, and agency, to mention but three. So, relational autonomy, like other relational approaches, focuses on how to “analyze the implications of the intersubjective and social dimensions of selfhood and identity for conceptions of individual autonomy and moral political agency.”  

Relational autonomy is essential in care situations. Virginia Held points out that caring persons cannot be autonomous because of their relationality. The idea of an independent or autonomous self is inconsistent with human relationality. This reality of human relationality necessitates reconceptualizing autonomy for relational persons. So, relational persons require a “different kind of autonomy than that of the self-sufficient, atomistic self that can be distilled, uncharitably, from traditional liberal theory.” Instead, relational persons need relational autonomy to show that part of all human beings’ social embeddedness and relationship characteristics as everyone is a member of a family, community, society, race, ethnicity, and other social ties like class and gender. At the same time, relational autonomy is “sensitive to the importance of avoiding paternalistic domination.” It must ensure that “moral evaluations of care will include subtle understanding of how caring relations that do not involve domination should develop.”

Relational autonomy effectively incorporates autonomy into care ethics and removes barriers between autonomy and care or caring relations. According to Virginia Held,

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64 Held, Ethics of Care, 48.
65 Ibid. See also Mackenzie, and Stoljar, “Introduction: Autonomy Refigured” pp. 3-34 in Relational Autonomy, 4.
66 Held, Ethics of Care, 83.
Thinking of persons as relational does not mean that we cannot make autonomous choices to resist various [kinds] of the social ties we grew up with or find ourselves in and to reshape any relations we maintain. On the contrary, it often requires that we do so. The ethics of care suggests that we can conceptualize these choices as taking place within social relations that partially constitute us as what we are. We maintain some relations, revise others, and create new ones, but we do not see these as the choices of independent individuals acting in the world as though social ties did not exist prior to our creating them, as does the contractual model.  

Held points out that one of the aims of care ethics is that it promotes “responsible autonomy of the cared-for where this is appropriate” and does not ignore the responsible autonomy of the carer too. Relational autonomy makes ethics of care achieve responsible autonomy, which becomes “much more satisfactory for thinking about large domains of activity, including public activity, than are liberal contractualist conceptions of individual autonomy.”

Ethics of care does not condemn autonomy. Instead, it “requires us to pay attention to, rather than ignore, the material, psychological, and social prerequisites for autonomy,” which is why relational autonomy is appropriate and indispensable or is a requirement in ethics of care. Relational autonomy is the kind of autonomy required in ethics of care. “Persons without adequate resources cannot adequately exercise autonomous choices. Autonomy is exercised within social relations not by abstractly independent, free, and equal individuals.”

Because the exercise of relational autonomy occurs within social relations, its application in the care process requires a just and ethical procedure, as the next subsection will show.

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67 Ibid., 84, *brackets mine.*

68 Held, *Ethics of Care,* 84.

69 Ibid.

70 Ibid.


**Justice and the Ethics of Care**

Justice is a vital moral consideration in any health care setting. Health care practitioners must be sure that “fair, equitable, and appropriate treatment” is given to all people.\(^ {71} \) Justice is also a virtue, in that a just person honors the dignity of each human being and has a desire to “foster the common good”.\(^ {72} \) While justice is a conventional norm and virtue in Western ethics, its relational and common good dimensions are often deemphasized.\(^ {73} \)

When looked at from a social perspective, justice is unevenly distributed. An ethics of care proceeds with a frank admission of this power asymmetry and the need to make what Roman Catholic social teaching calls a “preferential option for the poor.” It recognizes care as “basic well-being, or welfare, as something to which each person is entitled by right under conditions of need and ability of the society to provide. Welfare rights would be recognized as basic rights guaranteeing persons the needed resources to live.”\(^ {74} \) Justice, in this standpoint, demands that those most in need require priority attention. Concerns about justice in an ethics of care ensure that we deal with structural inequalities and various forms of discrimination that may arise in health care based on gender, race, ethnicity, or social class.

Robert Wuthnow states the importance of prioritizing the needs of the less privileged and unfortunate others in his book, *The Acts of Compassion: Caring for Others and Helping Ourselves*. He describes the motivation for volunteer services among Americans, which he says

\(^ {71} \) Beauchamp and Childress, *Principles of Biomedical Ethics*, 250.


\(^ {73} \) Ibid. See also Held, *Ethics of Care*, 71.

\(^ {74} \) Held, *Ethics of Care*, 69.
is more or less a commitment to make sacrifices to “identify totally with the suffering of the poor” than any other personal benefits that the volunteers get by serving the needy. The value of their care and sacrifices depends on how altruistic or selfless their services are, not on any other benefits to the volunteers. It is this capacity for compassionate justice that the ethics of care emphasizes.

The ability and readiness to recognize those most in need shows a relationship of mutual respect and justice between the care receiver and the care giver. The ethical well-being of both the care receiver and provider is the goal of an ethic of care. The Igbo traditional healing practice achieves the same goal in its care process as the next section will show.

**Igbo Traditional Healing Practice and Links to the Ethics of Care**

Unlike ethical theories built from abstract “universal” principles, the ethics of care is rooted in the human capacity to live out an inner attitude of compassion, a respect for persons in relationship, and a passion for justice that begins with the cry of the poor and the suffering. In these ways, the Western ethics of care is much closer to the Igbo notion of *ube nwanne* than the conventional Western theories based on abstract principles.

*Ube nwanne* is a call for compassionate care that lies deep in Igbo culture. It prioritizes the needs of others before personal concerns but also takes them together and concurrently. It emphasizes the notion of reciprocity echoed in the concept of *ubuntu*. The practice of *ube*

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*nwanne* demands the responsibility and accountability of all members of the community for all members of the community.

Igbo traditional healing is a way the community expresses its responsibility for those who are sick and suffering. It is an important way in which Igbo culture expresses its ethics of care. With this in mind, a bridge can be built between Western ethics of care and Igbo traditional healing practices.

**Care Features of Igbo Healing**

With the elements of the Western ethics of care explained above, it becomes much easier to see the connection between it and certain features of Igbo healing that were discussed in chapter two. To clarify these connections, it is helpful to recall the main points made in the previous chapter.

Igbo traditional healing practices aim at the relief of suffering, with all suffering understood as an inextricably conjoined physical, mental, emotional, and spiritual reality. In this, Igbo healers understand suffering in precisely the way Igbo community members experience it.

**Healing and Nourishment**

Proper nourishment is essential to ensure a healthy living, and Igbo traditional healing practices affirm this in the use of their *ogwu Igbo*, or Igbo medicine. Igbo traditional medicines are usually part of the food given to the sick person and are also significant components of the regular menu for nourishing the Igbos. It will be recalled that Patrick Nwadinigwe pointed out how food has always been a significant part of Igbo religious and medical practice, and the control of food intake can influence the outcome of a healing process. Moderating food intake helps to “control the inner body as the arena [of] passion” to discipline one’s “desire in the
interest of social stability.” It also helps us “live longer” and “enjoy the benefits of good health and longevity” and not depend on drugs.\textsuperscript{76}

**Healing and Cultural Affirmation**

The beliefs and practices of a people are vital resources for their health care. Cultural beliefs and practices are at the core of the meaning people bring to their experiences of suffering, sickness, joy, and wellness. Again, as recalled from Patrick Nwadinigwe, “culture dictates the cause of disease and the course of action taken” to treat and control disease and illness for the health and well-being of the people in a given society.\textsuperscript{77}

Igbo traditional healers are deeply embedded in the cultural beliefs and practices that give self-identity to those they heal. Traditional healing begins with the healer ensuring that the sick person has the right mindset to accept treatment and cure. The healer must build trust with the patient. Trust begins the healing and ensures that the patient continues with and completes the recommended course of treatment and practices to achieve recovery and wholeness.

\textsuperscript{76} Nwadinigwe, *Igbo African Thought System*, 65 [bracket mine].

\textsuperscript{77} Nwadinigwe, *Igbo African Thought System*, 49.
Healing, Ancestors, and Future Generations

It is common in conventional Western society to view living human beings as those people who surround one in everyday life. In non-Western indigenous societies, it is common to view living human beings as not only the human beings that literally surround one in daily life, but also one’s ancestors and future generations.78

A Western doctor makes a partial concession to Igbo culture if she breaks down the walls of autonomy that can separate an Igbo patient from the needed consultation of immediate family. But this important gesture does not go far enough. In Igbo culture, the family includes the ancestors and the generations to come. Traditional healers know this and sharing that knowledge with a patient can be an important dimension of healing.79

Healing and Spirit

Igbo traditional healers are called *dibias* (singular *dibia*).80 In addition to their skills at nourishment, cultural affirmation, and respect for ancestors and future generations, *dibias* are important for “winning the goodwill and favour [sic] of the divinities and spirits.”81 As noted in

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chapter two, this important healing function is divided among three kinds of dibias: dibia afa (diviner or oracle), dibia aja (priest or priestess), and dibia ogwu (medicine man or woman).

The dibia afa (diviner or oracle) ascertains the will of the divine, spirits, and ancestors for the patient and the community. The dibia aja (priest or priestess) offers prayers and ceremonies to nourish the bond between the patient, the community, and the divinities, spirits, and ancestors. The dibia ogwu (medicine man or woman) performs actions that protect the patient and the community from spiritual and physical attacks. Some of these practices may include making some sacrifices to appease the land, the ancestors, and the community. The dibia ogwu also shares knowledge of curative herbs and recipes.\(^8^2\)

Overall, as Bujo affirms, it is important to understand that the Igbo community “is not limited only to the visible community,” but includes “the invisible community.” And the invisible community includes not only the “deceased ancestors, [and] those not yet born,” but also “other spiritual beings, and even God,” all of which are important to the Igbos.\(^8^3\)

**Healing and Dialogue**

Illness and healing in Igboland and sub-Saharan Africa have a community dimension that stems from the community-oriented lifestyle of the people. Benezet Bujo affirms this characteristic of Igbo and African life as part of their “holistic type of thinking and feeling.”\(^8^4\) As

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Bujo states, there is “no dichotomy between the sacred and the secular” in indigenous cultures. As such, the traditional healer and the patient “regard themselves as being in close relationship with the entire cosmos” during healing.\(^85\) In this context, healing occurs in an atmosphere of dialogue or conversation, not debate or argument, between the healer, the patient, the past, present, and future family, and the powers within the spiritual realm. This phenomenon is what Bujo means by a “community of healing dialogue.”\(^86\)

It is important to note that communication in these healing settings comes, as in all cultures, in both verbal and non-verbal forms. This value for conversation and dialogue is another advantage a traditional healer has over a conventional Western health care worker. Even if a Westerner learns the Igbo language, it is difficult, if not impossible, for the person to gesture in the subtle ways that bring comfort to a patient. All of this is what makes up the “communicative community” that can “bear the illness in common, as brothers and sisters.”\(^87\)

**Links to the Ethics of Care**

While the precise expression of nourishment, cultural affirmation, regard for past and future generations, attention to the spiritual realm, and those included in dialogic communication may look different in a Western ethic of care from that of Igbo traditional healing practices, it can be seen by what has been analyzed above that both have more in common than either has in common with the conventional Western health care emphases on technology, empiricism,

\(^{85}\) Ibid.


secularity, and context-independence. If curative technologies were presented (1) within a Western ethic of care, and (2) in partnership with the culturally rich practices of Igbo traditional healing, the people of Igboland would have within their communities a truly ethical and integral health care system.

As discussed in Chapter Three, the potential for bridging Western health care in Igboland is in the real capacities of a Western ethic of care and Igbo traditional healing practices to mutually adapt to one another, find mutually agreed standards of care, share information, and work for a relationship of trust. A reminder of these key links is helpful here.

**Mutual Adaptation**

Adapting Western health care protocols to the Igbo cultural context is vital. Contemporary Igbos are multidimensional in their approach to life, so there is a general opening to a variety of health care approaches. Indeed, Igbo traditional medicine users and traditional healers generally see Western health care as not primarily an evil in itself, but another form of health care that is characteristic of what they already know about Western lifestyles and worldviews.

The Igbo term for Western medicine is *ogwu oyibo or ogwu bekee*, which has its linguistic counterpoint in the Igbo term for traditional medicine, *ogwu Igbo*. It is also the case that the Igbo term for a Western medical doctor, *dibia oyibo or dibia bekee*, has—as discussed above—its Igbo equivalent in *dibia Igbo*. There is, then, a linguistic predilection to show respect for various forms of health care practice that do not degrade or disrespect Igbo people and their culture.
Mutual Standardization

Some standardization of traditional healing knowledge and procedures is possible and would be helpful in a positive interaction with the procedures of a Western ethic of care. Nor would it be impossible to seek a cultural accreditation of traditional healers and healing methods. Here too, a bridge would be built between the customs of accreditation within Western health care and traditional healing practice.

As quoted in Chapter Three, Dr. Margaret Chan, Director-General of the World Health Organization from 2006-2017, said “The two systems of traditional and Western medicine need not clash. Within the context of primary health care, they can blend together in a beneficial harmony using the best features of each system and compensating for certain weaknesses in each.”88 The exact details of the bridge plan will depend on the health care needs, available resources, and cultural priorities of particular communities in Igboland.

Mutual Information

The Igbo traditional health care system and Western health care system in Igboland, like most developing or low and middle-income countries, have inadequate health information systems. This can be corrected through adequate education and improved technology.

In principle, there is nothing preventing Igbo traditional healers from making certain patient health information available to those Western health care counterparts who understand and respect the value of this information for the healing of their patient. As Don Detmer noted,

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lack of shared information leads to poor health care in the four domains of a health care system: personal health management, health care delivery, public health, and health-related research.

**Mutual Trust**

Suspicion between Western health care workers and Igbo traditional healers can be reduced if Western health care workers proceed with an ethic of care. When Western health care workers use this approach, traditional healers are more likely to engage in some measure of adaptation, standardization, and information sharing. This would only serve to improve health care in Igboland and bring it closer to an integral health care system. Such an integral health care system would be analogous to integral ecology proposed by Pope Francis in *Laudato Si* and discussed at the outset of this dissertation.

**Conclusion**

This chapter has presented the details of a relationship between the Western ethic of care and Igbo traditional healing practice. Integral health care in Igboland, like Pope Francis’ integral ecology, must acknowledge, incorporate, and collaborate with the positive values now coming forth in the West through the ethics of care and care for creation. Likewise, to truly serve a global community, ideas and knowledge must be interdependent and interdisciplinary. Integral ecology and integral health care both manifest these characteristics of interdependence and interdisciplinarity. As Pope Francis states:

> Each particular group becomes part of the fabric of universal communion and there discovers its own beauty. All individuals, whatever their origin, know that they are part of the greater human family, without which they will not be able to understand themselves fully. To see things in this way brings the joyful realization that no one people, culture, or individual can achieve everything on its own: to attain fulfilment in
life, we need others. An awareness of our own limitations and incompleteness, far from being a threat, becomes the key to envisaging and pursuing a common project.  

Integral health care is a needed response to a fragmented healthcare system, just as integral ecology responds to the fragmentation and degradation of the earth’s natural systems. So too, both emphasize the elimination of wasteful, unnecessary, and unsustainable practices.

Integral ecology shows how biotic organisms and abiotic features of the natural world interact to achieve optimal sustainability for their existence. So too, integral health care attends to the biotic organisms and abiotic contexts that impact the healthy sustainability of persons and communities. This chapter presented the case for an integral health care for Igboland grounded in a collaboration between the Western ethic of care and Igbo traditional healing practice. The chapter proceeded through three main sections.

The details presented in this chapter to support this analogy were given in three sections. Section one presented the fruitful relationship between the Igbo concept of ube nwanne and the Western concept of solidarity. This provided an entre' into the section two discussion of the Western ethic of care in relation to conventional Western medical ethics and health care delivery. Section three discussed Igbo traditional healing practices and showed a positive relationship between the spirit of these practices and the fundamental orientation of the Western ethic of care.

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89 Pope Francis, *Encyclical Letter: Fratelli Tutti of the Holy Father Francis on Fraternity and Social Friendship* Vatican City: Libreria Editrice Vaticana, October 03, 2020, nos. 149-150 retrieved from the site http://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20201003_enciclica-fratelli-tutti.pdf (accessed on October 06, 2020). One of the lessons we have learned from the Covid-19 pandemic is that we are all equally vulnerable and that no individual or system can handle all our problems alone. Instead, we need inclusive and integrated efforts and systems or strategies to confront the challenges we encounter every day.

SUMMARY AND CONCLUSION

Pope Francis’ interest in indigenous people’s care for the environment and integral ecology and his call, in *Laudato Si* and other writings and speeches, to humanity to learn from the indigenous people’s wisdom and environmental knowledge inspired this dissertation. The research focused on how the mutually beneficial dialogue that Pope Francis encourages between Western science and indigenous people’s knowledge can broaden to include a dialogue between Western health care methods and the Igbo traditional healing practices. This dissertation argues that in Nigeria’s Igboland, a health care ethic reflective of the Roman Catholic Christian faith must build links between the rightful practices of both conventional Western medicine and traditional Igbo healers. Such health care ethic is an integral health care ethic in the Nigerian Igbo context.

The dissertation has four chapters. The first chapter presents the necessary background information that supports the dissertation’s argument. This dissertation states that in Nigeria’s Igboland, a health care ethic reflective of the Roman Catholic Christian faith must build links between the rightful practices of both conventional Western medicine and traditional Igbo healers. The key result of this first chapter shows Pope Francis’ respect for indigenous knowledge and his belief that this knowledge is necessary to address the environmental crisis of our time, which is one important backdrop for the pope’s attention to indigenous people.

Another backdrop for Pope Francis’ attention to indigenous people in this chapter is the improved attitudes and modified missionary methods that the Roman Catholic Church has
employed in missionary endeavors since the Second Vatican Council. These new attitudes and missionary approaches encourage respect for indigenous people’s beliefs, knowledge, customs, cultures, and traditions and see them as partners in the evangelization and inculturation processes.

Beginning with the principal features of the environmental crisis and its main drivers as Pope Francis sees them in *Laudato Si*, Chapter One delineates the pope’s statements on indigenous people in their relationship to his specific environmental concerns. A similar rationale accounts for the discussion of what Pope Francis means by an integral ecology. Additionally, Chapter One paid attention to the meanings of “indigenous people” and “indigenous knowledge” and their relationship to Western science. These clarifications provide the necessary background for arriving at and interpreting Pope Francis’ statements on indigenous people and their knowledge from his pontificate’s beginning in 2013 to 2020.

This dissertation turned to another key issue in Chapter Two, having outlined and interpreted Pope Francis’ regard for indigenous people and their knowledge earlier. It explored how to contextualize Pope Francis’ ideas about the indigenous and Western knowledge and integral ecology into the Igbo indigenous healing practices to help establish integral health care in Igboland. So, chapter two provides the context and rationale for establishing a health care system that integrates the Igbo indigenous knowledge with Western knowledge analogous to the indigenous and Western knowledge in integral ecology in *Laudato Si*. It contextualizes the research in Igbo socio-cultural realities as the locus for applying Pope Francis’ demands for an integral ecology by engaging the Igbo traditional healing knowledge and resources juxtaposed with contemporary biomedical or Western medical knowledge.
Chapter Two has three sections. The first section provided the location of Igboland with background information about the Igbo people that briefly surveyed their origin and history as a people. Section two explored the Igbo cosmology, worldview, values, morality, and identity, pointing out specific characteristics that confer Igbo identity and specify the Igbo cultural context and social organization within which Igbo indigenous knowledge and values reside and are retrievable.

Section three of this chapter explained the situation of health care in Igboland in contemporary and traditional times. First, it showed the present health care condition in Igboland, which describes Western biomedical or orthodox health care practice in Igboland and Nigeria and juxtaposes it with the traditional Igbo healing methods. It also explored the features of the Igbo traditional healing practices (ITHPs) and highlighted the expertise of Igbo traditional healers in cultural knowledge as dibias. These three sections led to the next chapter, which analyzed the socio-cultural problems identified in conventional Western health care and traditional healing practices in Igboland, Nigeria.

The idea of integrating traditional healing practices with Western medical practice presented some social and cultural issues of concern, which, when resolved, will help to form a useful and well-integrated health care system for people in Igboland. Chapter Three examined these key factors that militate against a mutually beneficial partnership between traditional Igbo healing practices and Western medical procedures. It also looked for ways to address these socio-cultural challenges and build a bridge to realize the best possible health care system that will benefit people in Igboland.
Chapter Three proceeded in four sections. The first section presented critical structural problems that hinder the effectiveness of Western health care practices in Igboland. These structural problems showed that Western health care in Igboland is underfunded, understaffed, and undersupplied. It is also structurally unsound, corrupted, and brutalized. The second section examined the cultural problems facing Western health care practices in Igboland, which include inadequate technology, empiricism, secularity, context-independent, and mistrust in health care practice.

Furthermore, the issues of concern facing Igbo traditional healing practices themselves received attention in section three. These issues include inadequate access to and communication of the Igbo traditional healing knowledge, eclecticism, class distinction, and corruption in the practice of Igbo traditional healing. All these problems from sections two and three, evident in both health care systems, required bridging Western and Igbo traditional healing practices. As section four showed, adequate bridging of the two systems called for mutual adaptation, standardization, information sharing, and trust in their care processes. This section then led to the next chapter, which proposed a bridge structure as integral health care.

Chapter Four proceeded in three sections. The first section discussed *ube nwanne*, *ubuntu*, and solidarity and explored their roles in the care process. Section two dealt with Western ethics of care, its background, and elements that facilitate its role in health care. It also explained the meaning of care, autonomy, and relational autonomy in conventional Western parlance showing their connection with justice in ethics of care. The third section discussed how Igbo traditional healing practice connects with ethics of care. It explained the care features of Igbo healing and how nourishment, cultural affirmation, ancestors and future generations, spirit,
and dialogue affect healing in Igboland. Section three ended by showing that linking the features of the Igbo traditional healing with the Western ethics of care requires mutual adaptation, standardization, information sharing, and trust. This dissertation then ended with the conclusion of the work done.

This dissertation has argued that in Nigeria’s Igboland, a health care ethic reflective of the Roman Catholic Christian faith must build links between the rightful practices of both conventional Western medicine and traditional Igbo healers. It called such a health care ethic an integral health care ethic in the Nigerian Igbo context to show that it must be adequate to cater to contemporary Igbo people’s health care needs.

The arguments of the dissertation followed in a four chapter process. The first chapter presented the necessary background information supporting the dissertation’s argument that in Nigeria’s Igboland, a health care ethic reflective of Roman Catholic Christian faith must build links between the rightful practices of conventional Western medicine and traditional Igbo healers. This chapter has two crucial outcomes. First, it showed the importance of Pope Francis’ attention to indigenous people, respect for indigenous wisdom and knowledge, and his belief that indigenous wisdom and knowledge are necessary to address the environmental crisis of our time.

Secondly, it points to the Roman Catholic Church’s improved attitudes and modified missionary methods since the Second Vatican Council. These new attitudes and approaches encourage respect for indigenous people’s beliefs, knowledge, customs, cultures, and traditions. The Catholic Church now sees them as partners in the evangelization and inculturation processes. In line with this recent development, Pope Francis adopts integral ecology in *Laudato*
Since integral ecology proffers the cure to the environmental crisis of our time and its main causes, this dissertation asks whether it is possible to apply the same integrated approach to the area of health care in Igboland. It seeks to achieve integral health care that will serve the health care needs of the Igbo people of southeastern Nigeria. It gives an affirmative answer to the above question. In addition, it argues that such integral health care will end their health care system’s crisis and adequately cater to the present-day Igbo people’s health care needs ethically.

It is necessary to contextualize the research in Igboland and geographically locate Igbo culture area to achieve the above goal of the dissertation. Chapter Two took good care of this function. So, chapter two provided the context and rationale for establishing a health care system that integrates the Igbo indigenous knowledge with Western knowledge analogous to the indigenous and Western knowledge in integral ecology in *Laudato Si*.

By contextualizing the research in Igbo socio-cultural realities, Igboland became the locus for applying Pope Francis’ demands for an integral ecology. It engaged the Igbo traditional healing knowledge and resources juxtaposed with contemporary biomedical or Western medical knowledge while maintaining the same respect that Pope Francis recommends for the indigenous people, their knowledge, and worldview in caring for the environment in integral ecology. It also shows how helpful the indigenous knowledge and healing resources are in promoting a potent, efficient, reliable, and sustainable health care system in Igboland. These are all possible because they appreciate the history, cosmology, worldview, identity, values, and morality of the Igbos, as
a cultural and indigenous group, to understand and relate better with them, as a people, in their cultural context, and to provide a health care system that works for them.

The idea of integrating Igbo traditional healing practices with Western medical practice presented some social and cultural issues of concern, which, when resolved, will help to form a useful and well-integrated health care system for people in Igboland. Chapter Three examined these key factors that militate against a mutually beneficial partnership between Igbo traditional healing practices and Western medical procedures. Firstly, it presented critical structural problems that hinder the effectiveness of Western health care practices in Igboland. These critical structural problems showed that Western health care in Igboland is underfunded, understaffed, and undersupplied. It is also structurally unsound, corrupted, and brutalized. Secondly, it examined the cultural problems facing both health care systems in Igboland. While the cultural problems that Western health care practice in Igboland faces include inadequate technology, empiricism, secularity, context-independent, and mistrust, those of the Igbo traditional healing practices come from the healing practices themselves. These challenges in Igbo traditional healing system include inadequate access to and communication of the Igbo traditional healing knowledge, eclecticism, class distinction, and corruption in the practice of Igbo traditional healing. All these structural and cultural problems of the two health care systems required bridging Western and Igbo traditional healing practices to realize the best possible health care system that will benefit people in Igboland.

As Chapter Four showed, adequate bridging of the two systems called for their mutual adaptation, standardization, information sharing, and trust in the care process. It proposed a bridge structure as integral health care, which linked the care resources and features of Western
health care and Igbo traditional healing represented, respectively, by Western ethics of care and *ube nwanne*. Linking *ube nwanne* and Western ethics of care ensures adequate collaboration, mutual adaptation, standardization, information sharing, and trust needed to achieve integral health care in Igboland, Nigeria.

Integral health care analogous to integral ecology in *Laudato Si* is the needed response to the health care problems in Igboland. It combines *ube nwanne* and Western ethics of care as its vital resources and care ethic for achieving integral health care in Igboland thereby incorporating the traditional and contemporary realities of the Igbo culture, knowledge, and worldview in its approach to health care. Integral health care in Igboland will be open to new ideas and contributions that are not antagonistic and harmful to individuals and groups to serve their health care needs better.

As interest in the collaboration between Igbo traditional healing practices and Western biomedical or orthodox medical practice continues to grow, the need for integral health care becomes more urgent. Future research will seek to foster this alliance between the two health care systems and make integral health care more readily available, accessible, and affordable to those who need it for their health care and well-being.
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VITA

Dr. Michael Osondu Okoro is an ordained Catholic priest of the Congregation of the Holy Spirit (aka Spiritans), Province of Nigeria Southeast, and a graduate of the University of Nigeria, Nsukka, where he earned a Bachelor of Science degree in Biochemistry in 1997. During his bachelor’s program, he received a Diploma in Philosophy from the Spiritan School of Philosophy Isienu, Nsukka. He then taught biology briefly at the Holy Ghost Juniorate (the Spiritan Junior Seminary) at Ihiala. He later entered the Spiritan International School of Theology, Attakwu, Enugu, where he earned a Bachelor of Arts degree in religion from the University of Nigeria, Nsukka, and a Master of Arts degree in Theology from Duquesne University, Pittsburgh, and was ordained a Roman Catholic priest in 2001.

After his priestly ordination, he worked briefly as an Associate Pastor in the Archdiocese of Abuja, Nigeria, before going to South Africa for missionary work. Having worked for eight years in South Africa as an Associate Pastor in the Archdiocese of Durban, Parish Pastor in the Diocese of Dundee, and Parish Pastor in the Archdiocese of Johannesburg, he moved to the United States for studies. He graduated from the University of Notre Dame, Indiana, with a Master of Theological Studies in Moral Theology in 2012. He later moved to Chicago to begin a doctoral program in Integrative Studies in Ethics and Theology at Loyola University Chicago while also engaging in ministry in the Archdiocese of Chicago. In addition, he taught an Undergraduate course in Ethics at Loyola University Chicago as a teacher of record.
Dr. Okoro’s dissertation focuses on achieving the right health care ethic for the Igbo people, reflecting the Roman Catholic Christian faith and building links between the rightful practices of conventional Western medicine and traditional Igbo healers. It calls such an ethic an “integral health care ethic” in the Nigerian Igbo context. His dissertation integrates ethics and theology in health care and biomedical ethics in Igboland and elsewhere and is relevant for both indigenous and non-indigenous peoples everywhere. It is a conduit that opens the doors for engaging in scholarship focusing on the intersection of faith, spirituality, and medicine in Igboland and beyond.