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Healing with African literature: Emecheta's *Second Class Citizen* as auto-scriptotherapy text

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Abstract

There are a lot of literary studies on African experiences right from colonisation to the present as well as exploration of the Literature of the Black Diaspora but little attention has been paid to Literature and Medicine as a field of study and synergy between the two as life-nurturing and life-preserving disciplines. Therefore, this paper examines Literature as therapy that heals the writer and characters in Emecheta's *Second Class Citizen* as well as the readers. The Psychoanalytic theory of Carl Jung is used to drive this work as he posits that components like *animus*, *anima*, *persona*, and *shadow* are the drives for human behaviour which could be positive or negative as well as survival of man on earth. The findings in Emecheta's *Second Class Citizen* views the text as *Auto-scriptotherapy* as it heals both the author and the readers with the assistance of using the complexity in the portrayal of Adah to teach medical personnels how to deal with their patients with patience, sympathy and love with a view to healing both the sickness and the sick. Therefore, both traditional and Contemporary African Literature are capable of healing writers, doctors, patients and the depressed as explored in the text. While African Literature can be recommended to units of Medicine in Nigerian and African Universities as it serves as therapy to all, as they erect medical humanities classes.

Keywords:

Psychoanalytic theory, *Second Class Citizen*, Carl Jung, *Victim-writer*, *Auto-scriptotherapy*

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INTRODUCTION

There are dearth of literary works connecting Literature and Medicine as a field that have unbroken synergy as far as humanity is concerned. In Africa, literary scholars predominantly Omobowale has investigated Literature and Medicine as therapy as there are other scholars from the western world that have examined the two disciplines as one especially using Literature to explicate Medicine. Beverage (2009) expounds the nexus between Literature and Medicine as he views Literature as adding to Medicine which he calls, 'additive approach' and calls the second approach, 'integrated approach', as it refocuses on the whole of Medicine to humanities. Therefore, this paper examines Literature and Medicine using Emecheta's *Second Class Citizen* as an African fictional work of healing to the author, characters and readers.

LITERATURE REVIEW

In this paper, relevant literatures that have to do with healing, Medicine and Literature are looked into. Literature and Medicine are as well considered as there have been paucity of references as far as African Literature is concerned. Sontag (1979) condemns the use of derogatory metaphor to describe patients and one-timed experience patients. She believes the 'experiencer' is the only personality who can use right metaphor to describe his or her ailment or self. She submits that

my subject is not physical illness itself but the uses of illness
as a figure or metaphor. My point is that illness is not a metaphor,
and that the most truthful way of regarding illness-and the healthiest
way of being ill- is one most purified of, more resistant to, metaphoric
thinking. Yet, it is hardly possible to take up one's residence in the
kingdom of the ill unprejudiced by the lurid metaphors with which it
has been landscaped. It is toward an elucidation of those metaphors,
and a liberation from them, that I dedicate this inquiry.

The position of Sontag encourages medical doctors and people to learn to use appropriate words that do not segregate patients and make them feel unwelcomed in anywhere they find themselves but use metaphors that appreciate and show them love no matter their conditions, diseases or ailments. In spite of her scholarly contributions, she fails to explain that not all disabilities and diseases are disabilities as most 'so-called disabled' can reason with their sound mind which makes them to be able to carry out certain functions without hindrance(s) as their 'physical or obvious indisposed' can not stop them from effective functioning.

Beveridge (2009) expounds the new wave especially the benefits of Literature to medical doctors and health personnels. He reveals that

in fact, recent years have seen a resurgence of interest in the relationship between medicine and the arts. There has been the publications of the insistence that reading literature can help doctors better understand the 'narrative' of their patients and the creation of the centre for Arts and Humanities in health and Medicine at Durham University. Medical schools such as Glasgow and Birmingham now offer modules in the humanities. Such developments spring from the beliefs that it is beneficial for doctors to be exposed to the arts; that somehow it makes them better clinicians.

From this evidence, doctors and health personnels and medical intern students build their knowledge and clinical horizons with the reading of all genres of Literature. The obviousness in the above excerpt reveals the synergy between Literature and Medicine especially as some universities erect faculty of arts and medical humanities to better treat their patients as people and their sicknesses as well.

Bryant (1994) avers the position of author-physicians in Literature and Medicine as the two disciplines are inseparable in contributing positively to human health. He submits that

bibliographies, anthologies, collections of work by physician-writers reflect an ongoing interest in this phenomenon.

In 1916, Charles Dana offered *poetry and the Doctors*, a Bibliographic list, based largely on his own library, of 160

Physicians who had produced literary works since classical times.

In 1945, Mary Lou McDonough published *poet-physicians*, an anthology of poems by some 100 physicians, followed by an index of over 380 poet physicians dating as far back as Lucretius and St. Luke.

Twenty years later, the New York public Library printed *Doctors as Men of Letter*, a catalog of an exhibit from its Albert A. Berg and Henry W. Berg Collection, which provided biographical summaries of 80 medically trained individuals beginning with Linacre in the

fifteenth century. From the 1970s through 1990, several additional listings have appeared. Joanne Trautmann and Carol Pollard's *Literature and Medicine: Topics, Titles & Notes* was one of the first publications to link Literature with medicine formally.

The above extract of Bryant narrates the origin of Literature and Medicine in the USA especially experts in double honours, Literature and Medicine. From the historical narrative of Bryant, Literature and Medicine as a discipline had been before the appointment of Joanne Trautmann Banks as the chair of College of Medicine in 1972 as a professor of Literature heading college of medicine in USA. It is no doubt that Literature and Medicine are disciplines that deal with lives and treatment especially mentally which is the core aspect that builds man's understanding and perception to shapen lives and society.

Jones (1957) reveals the genesis of human health with the assistance of interpretation of written words known as Literature. He narrates that

throughout its long history, literature has been much indebted to medicine and surgery and to their practitioners. In early ages, when healing and religion were more closely identified than they are at present, the distinction between prophet and doctor was undoubtedly difficult to draw and the man of medicine appears in many cultures also as a man of religion. Notable examples are saint Luke and Maimonides; and the effects of writings of the former on the literature Christian Europe since classical times would, for example, be impossible to estimate. Furthermore, the medical theory of the humors provided elements of character conception and treatment for writers in drama and other fiction from classical times down to the nineteenth century and was only superseded in importance by the relatively modern concepts of medically based psychology as that science became popularized and thus available to lay authors.

The above submission views experts in Literature to be 'literary prophets and seers' that expound future for people and they are not different from medical practitioners as they both deal with the health and future of people. Without human health, society can not be in good shape as man is the shaper and arranger of the world. Also, Medical theory of humour is also

applicable in Literature as authors use colour theory to call attention of readers to have a deeper meaning of things or objects in the work of art as well the theory of four humours in the analysis of Greek physician Hippocrates who posited that four fluids/humors (blood, yellow bile, black bile, and phlegm) influence and shape life; Literature makes use of kinds of humours to heal and shape life as well. Therefore, without four humors in medicine, the kinds of humours as components of comedy in Literature would not exist as they hold the life of producer of Literature because without blood and yellow bile, comedians and comedienne will not be alive to present their works to shapen and make life livable and enjoyable for human beings. Therefore, Literature and Medicine are unique in their contributions to humanity as they can be seen to be inseparable as man can not run away from health as well as nature which is Literature.

Jones (1990) reveals the significance of Literature to Medicine as the faculty of the Pennsylvania State University Colege of Medicine, at Hershey appoints Joanne Trautmann Banks in 1972, a professor of Literature to chair faculty of medicine. Jones explains that

Literature and Medicine as a contemporary academic subspeciality is said to have (sic) began in 1972, with the appointment of Joanne Trautmann Banks to the Faculty of the Pennsylvania state University College of Medicine at Hershey. She was the first person with a Ph.D in Literature to hold a full-time faculty position in medical school in this country (America) and probably the world.

From this unusual successful effort, Literature and Medicine in America and other continents become twins that Banks turns the Universities and the entire world around with her contributions to improve synergy between Literature and Medicine.

Jones (1997) reveals the essentiality of a writer's mental illness in narrating autobiographical text especially mental patients. In other words, the experience of a patient from a particular ailment makes them become a patient-writer or writer-patient as the situation determines where each belongs to. Patient-writer can be a writer who is an experienced writer that his or her sickness experience makes him or her pen sickness journey for others to read and learn. Writer-patient, on the other hand can be a novice in writing fictional works as reading life-experiences and sicknesses of others force such to become a writer. Therefore, it can be concluded that experiences in 'literary clinical-reading' make them venture into Literature as this can be termed to be Literature and Medicine.

Kekegbe (2018) posits that as the well-being of every man is necessary so Literature is, in projecting life including Medicine or healthcare. He submits that, 'since human existence raises the constant question of mental and physical well-being the writers' social obligation cannot discard human health situation.' Unarguably, literary writers' aim is to consider the well-being of both the characters and the readers and society during the plotting and crafting

of their works in spite of the genres they choose as none of the genres does not involve the discussion of man and health as Literature itself depicts life.

Neeraja (2013) submits that health and medicine are based on the author's imagination as the author is the originator, narrator, describer, and interpreter (prescriber) of every discipline. He posits that

since humanities is defined as "all things that constitute the human" and medical (with attendant condition of health, sickness, cure) is central to the very ideas of the human, it is necessary to, I believe, to study discourses of health, illness and medicine to examine what forms of the 'human' emerge, thus making health and medicine subjects for humanities.

The position of Neeraja is excellent as disciplines in humanities are necessary to contribute to the growth of Medicine as a discipline. Literature as a discipline in this paper is the target as a discipline that heals experts in other disciplines which may be through reading techniques and devices relating to their situations and issues at hands.

Sheriff (1988) submits that, 'Literature is life. Literary classics presents and confronts us with problems of daily human experience including medical ones.' From the observation, Literature connects Medicine as a discipline, father, shaper and builder of other disciplines.

McLellan (1997) notes the biographies of some literary writers who are also into medicine as one discipline succeeds in other disciplines and contributes to the life of others. She observes that

the list of men and women who have combined medicine and Literature is long and valuable, depending on the whims of the compiler. Some writers began but did not finish medical school; some finished their studies but never practised, some eventually abandoned practice for further writing; and very few managed to juggle both occupations through their lives.

It is obvious that some physicians believe in shaping lives through the use of Literature instead of Medicine as they leave Medicine for Literature and some use both to survive as this goes with the saying of Africa that, '*owo kan ko gbe eru d'ori*' { transl. *One vocation does not favour but two or more*]. This proves that reliance on either without considering both is like a person using one eye to see in life. Therefore, any discipline that denies the existence, adherence and infusion of Literature and Medicine is not worth to be called

discipline because every discipline and expert requires good health and nature to shape their disciplines as well as their future.

McLellan (1997) argues that autobiographical stories that are based on sicknesses serve as succour to both physician and patient. She submits that

they have been called stories of sicknesses, pathographies and narratives of illness. However, they are characterized patients' stories are an increasingly important contribution to forms of autobiography and to clinical practice. They may also serve as important resources for medical education and medical ethics. These usually autobiographical stories deal with a wide range of illness. Obviously, persons with chronic or slowly progressive diseases are more likely to be able to write about their experiences.

The position of McLellan is pessimism because she only discusses the autobiographical stories that contribute to clinical practice but fails to include the treatment and possible solutions of autobiographical stories to Clinical Literature.

Hajar (2004) narrates diseases and deaths in Chekhov's stories as they are the prevalent themes in his works. Hajar explains that

disease features prominently in Chekhov's stories, and his characters often suffer tragic and untimely deaths. Chekhov suffered from tuberculosis and died of the disease at the age of forty-four, hence it is not surprising that he was haunted by the notion of infirmity.

Chekhov's writings from the quote, foreshadows his own sickness as the sicknesses and deaths feature in his works have become part or inherent in him when writing. Therefore, this constant writings on sicknesses and deaths truncate his life on time. From another lens, it is advisable for any patient-writer or author to discuss little about sicknesses or 'gatekeep' some aspect of sicknesses and deaths in their works. This possibly assists readers and patient-writers to think and imagine less on the aspects of sicknesses and death except aspect that has to do with solutions to sicknesses and deaths are allowed and encouraged as constant imagining on horror and sicknesses may attract ailment that could kill faster than expected.

Hannemann (2006) encourages the medical personnels to always listen to patients as they are the ones that know more of their pain and condition and health personnels need to respect and treat them based on their condition and explanation. He believes, it guides healthcare providers that

the patients not only bring in age-related problems and questions during the individual therapy session, but also existential questions, which might help the therapist to understand their thoughts, feelings, and reactions. It allowed me to stimulate the patients individually.

From the position of Hannemann, most of the complains from patients are commonly experienced by patient-writers as their experiences revealed and narrated in their narratives. However, this is not valid in some instances as patient-writer especially in autobiographical work may decide to conceal some experiences deliberately from readers for the purpose of achieving his or her aim during plotting.

Hawkins (1993) expounds photography, narrative by patients, that patients are best to narrate their condition to medical doctors and negates the failure of doctors who is only interested in the physical condition of patients rather than mental state. Furthermore, he debunks doctors that concentrate on the sickness alone but neglects patients who suffer. To him, both should be catered for in Literature (moral) and Medicine (therapy).

Kravitz (2010) submits that the issues of sicknesses and deaths have been discussions that interest writers from ages as fictional writers have been writing tirelessly on these topics. The argument is that

the idea of incorporating disease or illness in literature has been with us from the beginning of fiction writing. Take, for example, the concept of madness; there have always been narrative strands of madness, dating from the works of Homer, Cervantes and Shakespeare. Representations of illness have captured the imaginations of countless readers.

On the contrary to the submission of Kavitz, diseases and sicknesses are not meant to applaud and celebrate in Literature and Medicine but are meant to trace the source of sickness(es) and proffer possible solutions to such. Therefore, literary writings are meant to teach aspects of medicine to readers so as to learn and take care of their health in order not to fall victims of the ailments and sicknesses read in any literary work.

Evans (2009) discusses the role of Literature in medical education that Literature serves as guidance for medical doctors especially instilling principles of love and empathy to their lives. Although the roles averered by Evans are essential, there are other roles and ethics in Literature to medical education such as ability to censor humans (patients) like censoring pages of stories and internalising characters within themselves as if reading stream of consciousness texts as well as developing themselves as a *bildungsroman* hero or shero does while treating patients.

According to Omobowale (2018), Hippocrates is considered to be a great writer n Medicine and contributes to other disciplines and natural occurrences. Although Omobowale does not explain the field of natural occurrences, it could be Literature which depicts everything in life as it is known that Literature is the study of life.

Gladding (2018) views the importance of writing to human's health especially mental aspect. He submits that there are some therapeutic elements that are required to shapen man's health that

writing is a therapeutic tool which can be used for dealing with a variety of mental health issues as anxiety, depression, ambivalence, and trauma. A member of counselling theories, like narrative therapy, have incorporated it into their therapeutic techniques. Other approaches to counselling use writing as a way to help clients sort out their thoughts and feelings while making choices.

The observation of Gladding is obvious by explaining the synergy between Literature and Medicine that counselling is essential in Medicine as narrative techniques are also important bringing narrative therapy to both writers and readers. He fails to discuss narrative techniques and narrative therapy in his explication. However, narrative techniques are flashbacks, foreshadowing, interior monologue technique among others. These are essential to teach doctors the spirit of calmness and be willing to know future occurencesin the life of their patients so as not to give up on any patient whose body system is not responding to treatment on time. On the other hand, narrative therapy can be to recommend some literary texts that have series of adventures about life but at the end there are successes like taking patients through the world of *Robinsonade* in the prose fictional works. Reading such literary works heals patients mentally, emotionally and psychologically while doctors take care of other aspects based on their test, diagnosis and prescription. It is obvious from this explication that Literature and Medicine are twins that are identical, siamese but not fraternal.

THEORETICAL FRAMEWORK

This paper considered Carl Gustav Jung's psychoanalytical theory useful. Therefore, Psychoanalytical theory was propounded by Sigmund Freud but an aspect discussed by Carl Jung is used in this paper. Other relevant scholarly positions are considered too. Hull (1981)

argues on the development of personality by Jung. His position is that collective education is essential as man lives in the collective world. To him, the principle of collective education is invaluable to the growth of 'individual idiosyncrasies.' From the position of Hull, individual idiosyncrasies are not explained, which possibly talk about 'persona' as external objects that enlighten man on things to write or work on. Hull (1981) further posits that personality is a complete realisation of man but it is never a goal as he believes that man's personality develops in the course of man's life from germs that are difficult to discern and the only thing that reveals man's personality is his deeds. Therefore, it is essential to note that Hull's personality argument has common stand with Jung's 'persona' as it has been a drive that proves the deeds of man. Again, without *persona*, *shadow*, *anima*, and *animus* there can never be deeds in life. Hull (1981) relates great personality acts as the liberator, redeemer, transformer and healer of society as the birth of personality in oneself has a therapeutic effect. He fails to expatiate on the 'great personality' in his argument but it is understandable that *anima*, and *animus* bring a man and a woman together to birth a great liberator of society as personality that provides a therapeutic effect to masses and society.

Jung (1968) appreciates *animus* believing that it serves as succour to *anima* as he posits that woman is a blessing and a compensation to man. He submits that

woman is compensated by a masculine element and therefore her unconscious has, so to speak, a masculine imprint. This results in a considerable psychological difference between men and women, and accordingly I have called the projection-making factor in women the *animus*, which means mind or spirit.

Psychoanalytically, women are the compensation and the 'being' that cause life of men to be blossom and fruitful and *animus* as the image in man that attracts man and at the same time considered greater and stronger than *anima* that is the reason Jung calls it mind or spirit being the seat of power or masculine strength.

Jung (1968) further argues *anima* as the motivator and controller of animus as he submits that image in woman is the utmost factor that controls totality of/in man.

The *anima* is a factor of the utmost importance in psychology of a man wherever emotions and effects are at work. She intensifies, exaggerates, falsifies, and mythologizes all emotional relations with his work and without other people of both sexes...When the *anima* is strongly constellated, she softens the man's character and

makes him touchy, irritable, moody, jealous, vain,
and unadjusted.

It is obvious from the position of Jung that through the power of *anima* in woman, she controls man with the assistance of image in her and man eventually becomes unconscious of his actions as a result of dominance control of the power of *anima*. *Anima* is in charge and controls man's personality and ego as it births *femme fatale* as woman's sword to win man anywhere. *Again*, he argues that, 'a woman possessed by *animus* is always in danger of losing her femininity.' The argument here is to caution any woman to beware of *animus* as it has not been part of them and if unconsciously dominated and controlled by *animus* such misbehaves and tends to act and become like man in her deeds.

Jung (1968) perceives *anima* and *animus* as ones that fascinate life as he submits that image and drive in woman ejects poison into illusion of seduction that brings negativity into man sometimes. He submits that

when *animus* and *anima* meet, the *animus* draws his sword
of power and *anima* ejects her poison of illusion and seduction.
The outcome need not always be negative, since the two are
equally likely to fall in love.

The submission of Jung here reveals love or falling in love between man and woman as a result of different images in the that come together and display unconsciousness that eventually results to love.

Jung (1970) expounds *anima* and *animus* that, 'every woman carries within her the external image of a woman, not the image of this or that particular woman, definite feminine...The same is true of the woman: she too has her inborn image of man.' From the position of Jung, *animus* is the instinct in man that attracts woman to him and *anima* as well as the internal and external appearance of woman that attracts man.

However, *persona* is not mentioned but both *anima* and *animus* carry *persona* as their source because the external appearance (*persona*) is the source that makes both *animus* and *anima* to exist and function.

Congyang (2010) argues that the coming together of *anima* and *animus* births love or falling in love between a man and a woman. He submits that

deeper introspection, or ecstatic experience, reveals
the existence of a feminine figure in the unconscious,
therefore the *feminine*, *name*, *anima*, *psyche*, *ame*, *Seele*.

The *anima* can also be defined as an image, archetype, or

as the resultant of all the experiences of man with woman.

This is the reason the *anima* image is projected on the woman.

The submission of Congyang supports *anima* more than *animus* because 'all the experiences of man with woman' can never be *anima* as there are other aspects of men that women are not involved in. For instance in Catholicism, few of their men practise celibacy that has nothing to do with women except doing business or marketing with them.

Kenneth (2002) submits that Jungian theory is analytical therapy that assists people access their unconscious to develop greater self-realisation. Therefore, all the four elements of Jung discussed above centre on analytical therapy to achieve or develop greater self-realisation as *anima* and *animus* display their images to build themselves and society while *persona* serves as driver between the two and the case of shadow covers the hidden aspect of *anima* or *animus* that either does not want the other to know.

FINDINGS OF AFRICAN LITERATURE AS HEALING/THERAPY IN EMECHETA'S *SECOND CLASS CITIZEN*

Emecheta's *Second Class Citizen* is an autobiographical text that depicts the life of the author as she uses Adah to represent herself. As a healing text, Adah who represents the author discovers herself when she boldly utters, 'I came to school-my parents would not send me.'(p.6) This utterance depicts *auto-scriptotherapy* which is three words in one; auto (self), scripto (writing) therapy (healing). Therefore, the combination of these three words gives 'self writing that heals.' This comes to play in the above extract as joy and happiness in Emecheta (Adah) heal Emecheta as she is able to pour out her mind to the whole world even if no one is ready to read her work. Therefore, reading her own work herself heals her mentally and all 'wounds in her vanish.' From the lens of the readers, the excerpt heals female readers who have opportunity of hearing this story as they will probably use this text as healing the societal issues like segregation, neglect, and from those perceiving them as 'second class citizen' that must not be educated formally. The point of view here can be said to be epiphany as Adah discovers herself as a unique lady among Ibuza ladies ready to move out from bondage of being 'second class citizen.' However, the whole events change and Adah feels better mentally and psychologically which can be termed to be therapy as Adah representing Emecheta would be happy reading herself in a story.

As a text that explores healing, it views huge 'bride price' as the only choice that would make her parents happy with her when a man with huge bride price comes her way (p.14). Adah as an ideal character of Emecheta later succeeds by writing a story titled *Bride Price*, in which she feels showing the text to Francis, her husband, would be joy to both of them (p.175). It is a text of medical humanities, writing 'Bride Price' as a *text within text* heals Emecheta (in Adah) as she remembers the interest of her parents on huge bride price which inspires her to write the story. Again, writing such text as a *story within story* reveals therapy or healing to her as the burden in her is taken off. Therefore, pouring out her mind through Adah heals her

as a victim-writer or patient-writer that has once been in the bondage of huge bride price. Even, some imagined victim-readers of high bride price as demanded by some African parents would have a relief or solution as healing or therapy to their problems of parents demanding high bride price without considering the foundation of future of grooms and their families as Africans usually do to protect themselves from future problems.

The story moves from Lagos to England where Adah experiences 'a cold welcome' and this experience serves as healing to her long-time dream of travelling to United Kingdom as she perceives it, as dream fulfilled. Therapeutically, Emecheta in Adah narrates her new and unique encounter with some buildings in United Kingdom as colours in their windows communicate. The story narrates that

the house was grey with green windows. She could not tell where the house began and where it ended, because it was joined to other houses in the street. She had never seen houses like that. In Lagos houses were usually completely detached with yards on both sides, the compound at the back and the verandas in front (p.35).

As a text of medical humanities, the appearances of buildings in the United Kingdom communicate colour theory (symbolism). The painting of their windows communicates fertility and calmness and if any wicked 'element' wants to attack any of the buildings he or she will quickly be noticed and arrested as the colour (green) reveals and exposes 'bad elements' unless he or she puts on green too. Therefore, the excerpt as Literature saves lives and calm lives of the visitor like Adah as she feels elated which can be termed to be healing or therapy to her wholeness as she has never been in a state of such happiness in her life.

In the *Second Class Citizen*, Literature and Medicine overtly come to play as the third pregnancy of Adah is protected by a female gynaecologist and the story reads that

Oh, God, what was she going to do? Francis would say she had invented the pregnancy to avoid work. Had he not taken her to see a female gynaecologist the very next day because, as he said, no marriage succeeds without a good sex life? As far as he was concerned, marriage was sex and lots of its, nothing more. The doctor was very sympathetic towards Adah and guessed that she was sent home equipped with all sorts of gadgets to prevent a baby that was already sitting there

prettily (p.39).

Emecheta as patient-writer combines Literature and Medicine in the extract above especially revealing to readers the intervention of a female gynaecologist who provides some gadgets to protect the child in Adah's womb. Medically, Emecheta as patient-writer (in Adah) proffers solution to protect a baby not only telling readers about Adah's pregnancy also treating new life as expected builder of tomorrow. Therefore, Literature and Medicine come to play in the excerpt as patient-readers find themselves in the situation of Adah through reading or hearing about the story would know how to save their lives and unborn children. Without doubt, it is obvious that the above extract teaches nature and importance of health as the onus of patient-writer or victim-writer, and *auto-scriptotherapist*.

Second Class Citizen is a work of literary or satirical medicine that Emecheta uses her protagonist, Adah to expound her experience in the Diaspora as a second class citizen character. The story reads:

she would read and re-read all that shop windows had to advertise. 'Nearly all the notices had 'sorry, no coloureds' on them. Her house-hunting was made more difficult because she was black; black, with two very young children and pregnant with another one. She was beginning to learn that her colour was something she was supposed to be ashamed of (pp. 70-71).

As a patient-writer, Emecheta as represented by Adah suffers racial discrimination and segregation among the Whites in the Diaspora and learning about the meaning of her colour depicts patience in the midst of struggles in life as medical doctors can learn the act of patience while treating their patients. Most African medical doctors are not patient but talk to patients as if they are not humans. As a result, they contribute more harms to their patients. Therefore, in medical humanities, it is *sine qua non* for medical personnels to be aware of themselves as Adah as patient-writer representing Emecheta is aware of herself when facing problems of colour; awareness of oneself suggests being in the right state of mind with self and others around (as patients).

Literature as medicine or healing therapy is obvious in the encounter between Adah and Mrs Noble in England in the narrative as it occurs to Adah as a surprise.

The cost of it all was so outrageous that Adah called upon Jesus to have mercy on them all. Then Mrs Noble explained to her that they were buying them on 'never-never'. Adah did not know what the 'never-never' was

and she looked so blank that Mrs Noble laughed, twisting her long red hair between her fingers. Mr Noble then told her that here in England it was possible to buy many things without a penny... 'Just like that?'. Adah said, unbelieving (pp.138-139).

As a literary work of healing, the concept, 'never-never' is unusual and strange to Adah because her experience in Nigeria is not the same. Reading a work like this heals the readers and encourages them to travel to England where one does not struggle to purchase goods and commodities and one pays at one's convenience which saves and preserves lives as hunger, sicknesses and infirmities will reduce and society will be in good shape without turbulence evolving in people's minds. Therefore, African and Nigerian governments need to learn from this as a therapy that grows society and makes life better and bearable for all, as Yorubaa say, '*ìròrùn ìgi ni ìròrùn eye.*' This is interpreted as, 'The good health of individual is the good health of all.' In other words, if 'never-never' is followed by African and Nigerian governments, there will be less corruption, bribery, theft, burglary, looting among others because the needful is done as healing or medicine to everyone through the reading of this literary work.

The comparison of health in the way people live is considered especially between the Blacks and Whites as the Blacks are always free relating with one another with their belief of '*Igwe bu ike*' which means there is 'strength in unity or oneness.' The researcher believes that '*Igwe bu ike*' is more than just strength in unity but strength in better/ strong unity without compromise or hatred. The narration goes thus:

She was always forgetting her door key in England.

In Africa she seldom carried one: your door was always open. In the afternoon, people would all be out on their verandas, talking and eating sugarcane, coconut or bananas.

In England people locked themselves inside; they made a paradise of their living-rooms, because they didn't stay out a lot, not like they do in Africa (p. 108).

Health wise, the coming together of the Africans, talking and eating sugarcane and bananas as narrated in the story depicts the wellness of the Africans. Again, it is a component of therapy to stay and chat with loved ones as they share experiences both the good and the tough ones that reveal more about one another as staying alone in a room may lead to depression and sometimes suicide. Therefore, coming together of the Africans in an open place, discussing and enlightening one another is therapeutic in nature. However, there are

other sides to coming together of the Africans but to stay healthy in an open place as it is different from that of Diaspora that African youths need to learn as their ancestors used to do.

To point out medical humanities in African Literature, the reactions of African men are needed to be worked upon as it is explored in the experience of Adah when she gives birth to a baby girl that makes Francis to hate Adah and the new baby girl, Titi.

She tried to imagine what her life with Francis would be if she had given him no child. She recalled Titi's birth. After a long and painful ordeal she had come home to Francis bearing a girl. Everybody looked at her with an 'is that all?' look. She had had audacity to keep everybody waiting for nine months and four sleepless nights, only to tell them she had nothing but a girl (p.116).

This excerpt reveals the experience of Emecheta as she presents Adah as her 'replica' narrating wounds placed on women in Africa and as a work of literary healing or Clinical Literature, African men need to change their perception on female children as their wrong perception about female children causes havoc such as suicide, and lack of proper education to female children. Therefore, to reduce tension and cataclysm in African society, works like *Second Class Citizen* that treats series of 'sicknesses' in some African societies need to work seriously and bring more abnormalities such as mental and psychological disturbances to African Literature with the purpose of correcting them in the medical humanities or clinical humanities (literary clinic).

As a literary clinic text, the reaction of Francis, Adah's husband takes patient-readers to literary clinic class to work on themselves by reading and learning from this text to work on themselves to heal themselves from wrong assumption of some African men. The story reads that

she told Francis about *The Bride Price* in the evening. But he replied that he would rather watch *The Saint* on the new television which they had hired. Adah pleaded, and wailed at him that it was good, that her friends at the library said so. He should please read it. She said that Bill thought it should be typed out, because it was good. Then Francis said, 'You keep forgetting that you are a woman

and that you are black. The white man can barely tolerate us men, to say nothing of brainless females like you who could think of nothing except how to breast-feed her baby (p.178).

The reaction of Francis in the above extract serves as 'lumps' in the body of patient-readers to quickly get rid of themselves from the bondage of white people who feel African women are brainless according to Francis possibly as a result of his experience and discussions with white people of who African and black women are. Reading this work by any patient-reader assists him or her to experience narrative therapy as solution to his or her 'sicknesses and wounds.' Also, the hatred Francis had towards Adah's story, *The Bride Price* serves as a clarion call for all patient-readers in Africa and Nigeria to work on their true self and their ambition to make Africa and the entire world healthier and habitable for both men and women who love to live with geniuses in Clinical Literature and to swim with literary clinicians to live healthily a better life.

CONCLUSIONS

This paper expounds Literature and Medicine using Emecheta's *Second Class Citizen* as a work of *auto-scriptotherapy* that the patient-writer uses her work to heal herself and victim-readers passing through similar challenge(s) to come out of issues at hand. Through this paper, it is no more a mirage that Literature and Medicine are inseparable as victim-readers and medical doctors can use the complexity in the character of Adah and various shifts and challenges in the narration to achieve success in the course of treating their patients. This is evident at the close of the text and the writing of short story by Adah which can be called literary/narrative therapy, or healing to douse tension and depression to Adah as the patient-writer who writes experiences to make herself happy and comfortable as others read her story to correct likely hurdles and ruckus in the future.

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Healing with African literature: Emecheta's Second Class Citizen as auto-scriptotherapy text

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