



Procreation-Triggered Psychiatric Episodes, Maternal Mortality and Male Dominance in National Development: A Study of Selected Nigerian Gynotexts

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Abstract: The hazards related to parturition hardly feature in androtexts (male-authored texts). This is because men do not personally experience the pang of labor during childbirth. That some women procreate without hurdles does not make many people to realize that there are other women who have complications during pregnancy, labor and after parturition. Procreation exerts untold pressure on women's mental wellbeing, and it results into psychiatric episodes, protracted infirmity and maternal mortality, sometimes. This necessitates the reflection of women's experiences in gynotexts (female-authored texts). The foci of this study are the exposition of the degeneration of childbirth into psychiatric conditions, maternal mortality and how gynotexts dwelling on literature and medicine could be used to project didactic lessons that make women to be less vulnerable to unwholesome health challenges during procreation. Denial of women's participation in crucial national affairs is also given attention in this study. It is discovered in the study that Yejide's delayed pregnancy results into a psychiatric condition called *pseudocyesis* in Adebayo Ayobami's *Stay with me*. Rayesha is so much traumatized that she goes to the night market everyday in search of the baby she loses to miscarriage, in the short story maskheaded as "Night Market", in Molara Wood's *Indigo*. Parturition and mental dissonance are the thematic preoccupations of Chimamanda Ngozi Adichie's *Zikora*. Women's reproductive challenges make men dominate them in all spheres of national development. It is recommended that more gynotexts be prescribed to students studying literature to make them more conscious of the reproductive challenges women face.

Keywords: Psychiatric Episodes, Maternal Mortality, Gynotexts, National Development

1. Introduction

National development is an all-inclusive term. It encompasses the development of all aspects of the life of an individual and a nation. In this context, it is a process in which Nigeria's socioeconomic, industrial, educational, political, scientific, cultural and individual lives are optimally developed. It simply means an all-round development in Nigeria. The total effect of good living is felt in the lives of the citizens of developed nations, and Nigeria should not be an exception. To this end, men and women have crucial roles to play towards national development. Regrettably sometimes, procreation exerts mental health and other

challenges on women, which endanger their lives and dispose them to macho domination. A number of Nigerian female writers use their works to reflect some of the experiences the female folk contend with. These writings are called gynotexts. Gynotexts are written by women, in female's voice and perception, to correct how women are perceived in androtexts (male-authored texts). The term was coined in the nineteen-seventies by Elaine Showalter [7]. These female writers channel their feminine experiences through drama, prose and poetry, to their reading audience, because literature creates awareness and heals infirmities like medicine.

The study of the interface of literature and medicine as a subspecialty of the humanities enhances the understanding of

medical practices, health challenges and infirmities in literary works. Literary works portraying, sketchily or in-depth, the development of medical practice, whether or not they are written by physician-writers, give readers a snapshot of the synergy between the two fields [9]. They often signify plot structure portraying both literal and figurative diseases. The artistic depiction of the health status of a society, with a view to salvaging it from devastating infirmity, is one of the social responsibilities of a good writer and a good literary text.

Stephen Kekeghe [10] asserts that the redemptive vision of a writer and a good literary works is to reflect the sociological, psychological and the rhetorical dimension of reality. In a similar vein, Chinua Achebe [1] states unequivocally that the role of the writer hinges on the state of health of his/her society, because if a society is ill, the writer has the responsibility to point it out and, if otherwise, the writer still has to reflect it. In Achebe's words, "if a society is ill the writer has a responsibility to point it out. If the society is healthier, the writer's job is different". Achebe opines that art and society are structurally bound. Art is used to structure, restructure, salvage and heal society. This foregrounds the link between a writer's calling and the calling of the physician. The prime responsibility of the doctor and the writer is to save life.

Procreation-induced dissociation in women constitutes parts of the social ills psychoanalytic-feminist discourse can be used to ameliorate. This is because women are integral part of society; their state of health is a reflection of the state of their society, and a good barometer to gauge the pace of national development. Women's reproductive roles often objectify and make them timorous. Many women procreate without much ado, but this should not underplay the fact that some women experience complications during pregnancy, labor and after giving birth. Mbanefo [11] opines that because few lucky women get pregnant and give birth without much pang have been the reasons women are considered as mere reproductive machines in many male-dominated societies, without taking into cognizance the fact that many women are depressive and sometimes suffer fatality during pregnancy. Psychoanalytic-feminism brings the plights of such women to the fore in literary texts. Psychoanalytic-feminism is the interplay of psychoanalysis and feminism in literary studies. Psychoanalysis enhances the understanding of mental health problem and, as Peter Barry [7] observes, it is "...a form of literary criticism which uses some of the techniques of psychoanalysis in the interpretation of literature".

Psychoanalysis is therapeutic. Its aim is "to cure mental disorder by investigating the interaction of the conscious and the unconscious elements in the mind" [7]. The practical way this is done in this study is the psychoanalytic exploration of the instances of the pressure procreation wields on the mental wellbeing of the major female characters in the selected gynotexts analyzed. In the main, this psycho-diagnostic procedure – or narrative-based therapy – is considered appropriate for the healing of society, where women are means to attaining men's sensual fulfillment. The interface of

psychoanalysis and feminism provides an in-depth understanding of the impact of parturition on mental wellbeing of women. The psychological impact of marriage on women has gained currency in many gynotexts in contemporary times. Many female-authored works present psychiatric episodes, maternal mortality and female subjugation in socioeconomic affairs.

2. Pseudocyesis and Miscarriage-triggered Psychiatric Episodes

Ayobami Adebayo's *Stay with me* [2] and Molar Wood's "Night Market" in *Indigo* [11] portray instances of women's mental health problems associated with procreation. The two writers do not gloss over the impacts of patriarchy and procreation on women's mental health. In *Stay with me*, which reflects the Freudian *free association* – hinged on first person narrative technique, in medias res plot structure and flashback, each patient-character speaks in such a manner that enables the reader to gain access to their unconscious mind. In *Stay with me* [2], Adebayo presents the psychological effects of a scenario in which Yejide, the protagonist, is under the pressure to procreate at all costs, risk the possibility of being ejected from her matrimonial home or co-habit with a co-wife. First person narrative technique of the novel makes its two major characters, Yejide and her husband, Akin, to purge out their repressed experiences from the unconscious mind. The unconscious, according to Lois Tyson [14], "is a dynamic entity that engages us at the deepest level of our being".

The intertextual similitude of Lola Shoneyin's *The Secret Lives of Baba Segi's Wives* [12] with Adebayo's *Stay with me* brings to the fore the various ways men smartly cover up their reproductive health problem, and blame their wives for infertility. Like Shoneyin, Adebayo undertakes the responsibility of refuting the blame game through narrative.

Akin, Yejide's husband, is impotent, and knows that he is, but he does not disclose his reproductive health problem to his wife, before and after their marriage is contracted. Yejide, on the other hand, does not know that Akin is impotent, because she is a virgin, and is ignorant of how erected penis is. Akin, who has "...never had an erection" (p. 279), marries Yejide, a damsel, on false pretence. In spite of the results of many tests carried out on the protagonist in the hospital, which prove that there is nothing wrong with her reproductive system, she is being blamed by everyone, including her mother-in-law, for delayed pregnancy, while Akin conceals his impotency. Akin plays pranks on Yejide's inexperience about sex for over four years, deceiving her into believing that each penis bears different look: while some get hard, others may not get hard, during coitus. Yejide gullibly accepts Akin's claim but admits, regrettably, at the climax of the narrative, that: "...he said it casually, slipped it into the conversation so it sounded like one of the things men told their virginal wives about sex" [2].

As the pressure of expectation to be procreative continues to mount on Yejide, before Akin's reproductive problem is exposed, she develops a psychiatric condition known as *pseudocyesis*. Pseudocyesis is a psychiatric disorder in which a woman feels that she has pregnancy symptoms, which make her wallow in the illusion that she is pregnant while, in the actual sense, she is not pregnant. It is a dissociative disorder – and a psychiatric condition – which is characterized by thoughts and experiences that are disconnected from reality. Uche, the female doctor who handles Yejide's illusive pregnancy, expresses worry over her mental health problem, and refers her to a psychiatrist. The protagonist admits that:

After Funmi moved in, I began seeing a psychiatrist on Wednesdays. I'd never heard of pseudocyesis until then and though it sounded to me like a made-up word, I went for my appointment every week and my body began to revert gradually to its normal size. I took to walking to and from work because my psychiatrist recommended exercise" [2].

Yejide's psychiatric condition is triggered by family conspiracy. Akin's family, led by the patriarch, Baba Lola, in conjunction with Akin's mother, and Yejide's stepmother, Iya Martha, bring Funmi to Akin, as a second wife. They have a strong conviction that Akin will raise children by Funmi, because of the assumption that Yejide is barren. The subtle but insulting manner Baba Lola, the patriarch of Akin's family, introduces Funmi to Yejide is captured in the narrative. According to the narrator, Baba Lola begins by saying that:

Well, our wife, this is your new wife. It is one child that calls another one into this world. Who knows, the king in heaven may answer your prayers because of this wife. Once she gets pregnant and has a child, we are sure you will have one too [2].

This satiric excerpt portrays Baba Lola's exhibition of macho ego without compunction. It also reveals the problem of objectification of women in society. This objectification explains the reason many women are denied the opportunities of participating in decisions that snowball into national development in Nigeria – the epicenter of the narrative. Yejide is portrayed as an object designated for reproductive roles. She has no say in the husband's home, and her husband has the prerogative to discard her or marry another woman at will without seeking her consent. Abigail Eruaga [8] and Chizoba Akpan [6] aver that patriarchy, as an ideology, privileges a male-centred society and encourages male control to such an extent that women now begin to be conscious of the sexist society and its imbalances against them. Women's determination to challenge the encumbrances which they are being subjected to is now thematized in female-authored works.

Unlike the naïve Yejide, who marries as a virgin, it does not take long before Funmi discovers that Akin is impotent. Akin ingeniously pushes Yejide to his younger brother, Dotun, in order that the duo may have sexual intercourse. Although Yejide has affairs with Dotun out of desperation, it

is against her will. The affairs produce three anemic children.

In Molar Wood's "Night Market" – the third short story in *Indigo* [15] – loss of pregnancy is the psychogenesis of Rayesha's psychiatric condition. Rayesha is an African – American of the Yoruba descent, who is married to Mr Laniyan, a Nigerian of the Yoruba extraction. The couple returns to Nigeria, because Rayesha wants to know more about Africa. She prefers to "...live among ordinary people on the mainland" [15] of Lagos, which is the setting of the short story. The epileptic power supply in the mainland of Lagos, where the couple chooses to live, is the immediate cause of the miscarriage Rayesha has, and the root cause of her mental health problem. On the other hand, erratic power supply is one of the social ills plaguing Nigeria. It contributes significantly to her underdevelopment. It happens that:

Rayesha Laniyan lay in a heap of at the bottom of the back of stairway...she was heading downstairs to leave a message for Chinyere when the light went off and she lost her footing. When Timi helped her out of the car on return from hospital a week later, she looked drawn and thin; life seemed to have been knocked out of her. Adigun knew before Chinyere whispered it as she scuttled past with Rayesha's hospital bag that Madam had lost her baby [15].

Rayesha's psychotic disorder manifests shortly after she returns from the hospital. In her state of fragmented thought, which the narrator brings to the fore through flashback and omniscient narrative technique, "Rayesha Laniyan started going to the night market" (p. 43) in search of spirits and lycanthropic beings. In time, her condition degenerates from desire to see extraterrestrial beings to searching for her lost baby in the night market. Chinyere, who is Rayesha's housemaid, reports in pidgin English, in the course of the narrative, that: "Na madam...She dey for night market, dey run around like say she don crazy! She say she dey look for di lost baby" (p. 47). Rayesha's psychological problem is not unconnected to societal expectation and the African culture, which she intends to fulfill. In a similar vein, it has direct link with one of the Nigerian national problems – electricity. Mbanefo [11] explains how this is possible. In his words:

Pregnancy appears to be a period of increased susceptibility to crisis. this may be due to the fact that the factors operating on the biological plane in the expectant mother interact reciprocally with factors in her psychological functioning, and in the interpersonal relationships of her family group; and this equilibrium may constantly be affected by the interplay of social, cultural, and economic forces between the family and its external social and physical environment.

Pregnancy often imposes stresses on each of these planes of interaction and in many cases lead to disequilibrium in the general system. The method of resolution of these upsets in equilibrium may have a lasting effect in any area of the functioning of the mother and her family, and in particular may determine to a large extent the quality of her future mental health and that of the baby..." (p. 157).

This extract sheds light on Rayesha's mental health problem. The pregnancy Rayesha loses means a lot to her. As

a biracial, her reproductive ability is the determining factor in her total acceptance in Laniyan's family. This may have been internalized in her psyche. Should she give birth to the baby, it would concretize her marriage to Laniyan. This explains the psychological pressure procreation exerts on women in African marriage. Azeez Akinwuni [5] notes that "...cultural configuration dictates what is conventional and moral among members of the community with much expected rewards and punishments as deemed appropriate".

Mrs. Laniyan's mental health problem transcends mild psychosis; it develops to the stage that she grows weird in the night market. She takes to scattering sellers' merchandise, visual hallucination (seeing and chasing invisible beings) and crying for her lost baby, which she does not really give birth to. The narrator describes the level of her psychiatric episodes thus:

They were trying to restrain Mrs. Laniyan. She was howling all over the market, scattering traders' wares, chasing something we couldn't see, crying, 'My baby, come to me! American woman running mad in Lagos market....it was sad!' (p. 47).

African marriages are built on procreation. From childhood, a woman's psyche has been programmed towards reproduction. A woman who fails to fulfill this societal role and expectation is being stigmatized against. Hence, it predisposes women to nervousness, which sometimes degenerates into psychosis, if a woman experiences delayed pregnancy, infertility, and miscarriage or when she loses her child.

3. Parturition and Mental Dissonance

Chimamanda Ngozi Adichie's *Zikora* was published in 2020. The short story explores the love escapade between its eponymous central character, Zikora, a Nigerian Igbo girl of thirty-nine living in Washington DC, and her lover, Kwame, a thirty-seven year old Ghanaian of Ewe descent she meets incidentally in the United States, at a book launch. The text is presented in omniscient narrative technique predicated on episodic plot structure and stream of consciousness, using flashback, to reminisce the protagonist's oxymoronic love affairs, formative years, pregnancy, abandonment and infirmity experiences during childbearing. In the work, Adichie highlights a number of experiences, which are peculiar to women and which make them exceptional human beings that men should treat compassionately. The narrative contains salient feminine experiences, which even male doctors do not undergo, in spite of their glamorous expertise. The experiences include labor pang and its attending somatization (or hysteric behavior), side effects of contraceptive pills, the bond pregnancy, labor and breastfeeding create between a mother and her child, "why women can't hold their periods in...." (p. 15), vulva tears during childbirth, menopausal symptoms, the burden of post-birth sanitary pads and menstrual sanitary pads, the essence of sitting on "warm sitz bath" (p. 26) after a woman has given birth and maternal mortality.

In the text, pregnancy and parturition are portrayed as

challenging biological and psychological phenomena, which confer a high risk of psychiatric episodes on women. Adichie presents the ambivalent of pregnancy in the short story. She makes one realize that a woman whose pregnancy test comes out positive is happy, because she is able to procreate; on the other hand, she has to live all through the gestation period with the unease which pregnancy causes. More often than not, different conflicting thoughts erupt in the mind of the pregnant woman, which account for her capricious mood. When mood swings are so strong, they are disruptive, and can escalate into bipolar disorder, such as the type Zikora suffers in the short story. In the labor room, Zikora unconsciously exhibits a weird behavior she will not have put up if she is not pregnant and in labor. The extract below captures her display in the face of labor pangs:

My arms itched, my scalp itched, and malaise lay over me like a mist. I wanted nothing touching my body. I yanked off my hospital gown.... Naked, I perched on the edge of the bed and retched. Relief was impossible; everything was impossible, I stood up, sat down, and then I got on my hands and knees, my taut belly hanging in between.... (p. 5)

The scenario depicted above seems uncanny. It portrays a woman who is distressed and out of her mind, because of the excruciating pains she feels. Walking on one's legs and hands is an animalistic behavior, but labor pang can make a woman descend to such behavior. This is not strange to the nurse attending to Zikora though. The mien of the nurse is portrayed as one "who had seen all the forms of madness that overtook birthing women lying on their back with their bodies open to the world" (p. 5).

The labor pang brought to the fore in the work can only be narrated by a woman who had undergone a similar scenario – unlike a hypothetical parent. It may not be wrong altogether if Adichie's personal experiences during the birth of her own daughter had influenced the writing of the short story. Hence, through the deployment of stream of consciousness (or what is christened as interior monologue), the protagonist is able to describe the multitudinous thoughts and feelings in her subconscious mind during labor. The narrator's thought process in the labor room is characterized by anxiety, fear of death and her memory of Chinyere, her cousin's cousin, who died during her third childbirth.

Adichie makes use of verisimilitude to depict the thought of the protagonist about death, as "...a wave of exhaustion, a tiredness limp and bloodless....", (p. 6) becloud her consciousness. The alarming rate of maternal mortality among the black women in America is another source of concern for Zikora. Parturition triggers somatization conditions, as the narrative progresses, and this reflects in the behavior of the protagonist. Somatization is the exhibition of psychological distress, in the form of somatic symptoms. In other words, it is a manifestation of physical symptoms of psychiatric conditions, which nervousness builds up during labor.

The use of interior monologue reveals Zikora's thought about death. Interior monologue is a literary device that exhibits the thoughts going on in the mind of the protagonist. As the image of the death of Chinyere during labor

dominates Zikora's mind, she thinks she also may die. The death of any woman in such circumstance only becomes "a new report on maternal mortality" [4], which make everyone to "wonder if it was Black women who died more often" [4]. Adichie alludes subtly to the frequency of maternal mortality among black women, in the United States and, by extension, all black nations. Her position on maternal mortality in Nigeria and among the black women in the Diaspora corroborates the report of the former President of the Nigerian Medical Association, Dr Kayode Obembe, in the *Punch* newspaper of Sunday, August 30, 2015 [13]. The report indicates that Nigeria's health care indices remained among the poorest in the world. Besides, it states that six hundred and thirty (630) pregnant women die in every One thousand births with Eighty-eight (88) infant death recorded in every one thousand births in Nigeria. One can infer from both Zikora and Obembe's report that many Nigerian women and black women in the Diaspora have lost their lives during childbirth. This is an attestation that procreation disposes women to death, in spite of the fact that pregnancy is the result of coitus between a man and a woman. This explains the reason Adichie [4] maintains that: "...in creating a child, Nature demanded so much of the woman and so little of the man" (sic). Women give birth through their genitals but men through emission of semen into the female genitals. In procreation process, the reproductive burden of the man terminates after ejaculation, during coitus, while the woman's spans nine months and more.

4. Need for the Participation of Women in National Development

If Nigeria must be developed nationally, all the stakeholders in the country's welfare have enormous roles to play in her developmental projects. This entails equal opportunities for all – young, old, men and women – to live a health life, free from gender domination and encumbrances. All over the world, the population of women is more than the men's. Adichie's [3] observes that "there are slightly more women than men in the world – 52 per cent of the world's population is female but most of the positions of power and prestige are occupied by men". In Nigeria, there are more men than women in political offices and other positions of authority. Men rule in Nigeria and in many other countries but there is no scientific proof which shows that men have higher intelligent quotient than women.

The disparity in opportunities for men and women are societal constructs hinged on physical and/or muscular strength. This physical agility does not often translate into exceptional managerial acumen or performance. In order to attain national development, participation in political, economic, educational, cultural and religious activities should be based on sound intellectual qualification, not on gender divides. In contemporary time, the person who should lead should not be the physically strong person, but "...the

more intelligent, the more knowledgeable, the more creative, more innovative. And there are no hormones for those attributes" [3].

5. Conclusion

Nigerian gynotexts, through the representations of procreation-triggered psychiatric episodes, maternal mortality and male dominance, elucidate the pains of women and their mental health conditions in society. The vital reproductive roles women play in society have been employed to encumber their participation in nation building by men. It has become an instrument of oppression of women by men. Rather than compensating them for the risk undertaken during procreation, which sometimes results in psychiatric conditions and maternal mortality, more often than not, women are denied equal opportunities with men in national assignments. They are often restricted to building their homes, whereas the home is a microcosm of the macro-society. The reason women who build the home are denied the opportunities of building the nation in all spheres remains a puzzle.

6. Recommendations

Both men and women should be involved in gynocritical studies, to have an in-depth knowledge of feminist-psychoanalysis, which transcends gender divides and fosters equitable recognition and participation in national development. Therefore, prospective researcher (s) could dwell on patriarchy and procreation as catalyst for women's mental health problems and restricted roles in national development in Nigerian gynotexts.

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