ABSTRACT

This study examines the depiction of female mental ill health in selected African novels. We intend to explore some causes and manifestations of, as well as responses to women’s emotional disorders. Through the prism of psychoanalytical feminism, our paper identifies those socio-cultural and environmental factors that are drivers of female mental ailments as represented in Mariama Ba’s *So Long a Letter* and *Scarlet Song*, Tsitsi Dangarembga’s *Nervous Conditions*, Chris Abani’s *Becoming Abigail*, Nawal El Saadawi’s *Women at Point Zero*, and Sindiwe Magona’s *Beauty’s Gift*. A close reading of these selected African novels reveals that the predominantly patriarchal nature of many African cultures enable and promote gender relationships that act as stressors to women’s psychological welfare. That this paper focuses on an often ignored or glossed over, but very important, aspect of African women’s existential reality is one of its strengths. It concludes that there is a need to give priority attention to the festering epidemic of female mental illness in African societies in order to attain more holistic outcomes for individual, gender and social well-being.

KEYWORDS: Female Mental Health, African Novel, Medical Humanities, Psychoanalytic Feminism.

INTRODUCTION

Strange and varied manifestations of neuro-vegetative dystonia. Doctors, beware especially if you are neurologists or psychiatrists. Often, the pains you are told of have their root in moral torment, vexations suffered and constant frustrations: these are what accumulate somewhere in the body and choke it (Ramatoulaye in Mariama Ba’s *So Long a Letter*, p. 44)

Literature in its multifarious nature often reflects the human condition where and for whom it is created, hence the importance of culture and society in African literature. In Africa’s case in particular, literature has become a window into the lives of the people it represents. Some writers go on to expose certain unpleasant phenomena in their societies towards not only drawing attention to them but also sensitizing the populace towards remediating the ugly situations. African literature has done this in the area of female mental illness, which is the subject of this paper. The African novels selected to explore the representations of female mental ill health are: Mariama Ba’s (from Senegal) *So Long a Letter* and *Scarlet Song*, Nawal El Saadawi’s (from Egypt) *Women at Point Zero*, Chris Abani’s (from Nigeria) *Becoming Abigail*, Tsitsi Dangarembga’s (from Zimbabwe)
Nervous Conditions and Sindiwe Magona’s (from South Africa) Beauty’s Gift.

By mental ill health, we mean medical conditions that adversely affect the normal functioning of the brain, mind, and emotions and often manifest in forms of psychological disorders such as anxiety, depression, madness, personality disorders, schizophrenia, bipolar behaviour and others. These are forms of dysfunction that affect a person’s physical and emotional behaviours, total well-being, and productivity (McNally, 2012). It is a diseased condition that could also arise from reactions to extreme stress in life. Since there is a connection between wellness of the mind and that of the body, there is inevitably a cross-current between a diseased mind and body. Thus the psychological state of a sufferer of a mental condition shows in the physical appearance of the person. In addition to biological and psychological causes of mental ill health, there are also socio-cultural dynamics. In any of these cases, the patient seems to behave abnormally from what is generally seen as normal.

There seems to be an alarming increase in cases of mental illnesses among women in Africa. The recent global COVID 19 pandemic further compounded female health crises as researches reveal it took a greater toll on women’s mental health than men’s (Minor, 2020). The lockdown restrictions declared by many nations and states as part of measures to curtail the spread of the virus increased women’s responsibilities as primary caregivers, made them deal with job losses and financial insecurities, and compelled them to be in close and constant proximity with the male gender, many of them their abusers and oppressors. There were therefore, significant spikes in cases of rape, physical assaults and other gender based and domestic violence against women that exacerbated their mental health conditions.

Ironically, there is a poor understanding of female mental health problems in Africa because of the nature of the society and culture. Generally, not much attention in terms of government policies and institutional interventions is paid to the problem. Amuyunga-Nyamongo (2013), a research scientist on women’s health reports that “most developing countries dedicate less than 2% of government health budgets to mental health care” (p. 60), while only 56% of African countries have community-based mental health facilities. There is also the additional challenge of inadequate resources such as health centres, specialized or trained personnel to help prevent, manage or treat these diseases. Often times, those who experience these mental health challenges are either misdiagnosed or their ailments explained away using uninformed, superstitious, or religious beliefs. Akyeampong, et al. believe that this cross-cultural conflict “obstructs a clear understanding of the nature of psychosis on both sides of the cultural divide” (p. 11). Worse still is the issue of stigmatization which accounts for why many of the sufferers and their relatives prefer to keep their condition secret, seek other more private and often unorthodox means of care, or wait until the cases reach advanced stages before seeking professional assistance. These deficiencies of treatment avenues added to personal and other stresses compound mental illnesses and lead to precarious situations.

From the foregoing, it is quite obvious that in Africa there is not much available in terms of professional or even informal health care for those who suffer from mental ailments. Women are among the most vulnerable who often succumb to its pressures. On the converse side, it is however, fortunate that as a result of some recent and global happenings pertaining to mental health crisis, there is renewed interest and participation in conversations on mental health care in Africa’s public spaces. One of these latest interventionist efforts that trended on many social media
Implications of African Patriarchal Culture on Female Mental Health

Patriarchy is a very strong aspect of African culture. It is a custom that privileges men over women in almost all spheres of human endeavours and interactions. It operates in a way that allows men hold positions of power and authority over women. This has been identified in more developed societies as gender discrimination or sexism, as a particular (male) gender takes undue advantage of another (female) perceived and treated as subordinate by virtue of gender or sex differentiation or culturally constructed power, privileges and values.

Walby (1990) believes that patriarchy is a system of social structures and practices in which men dominate, oppress and exploit women. The position of women in this social structure is based on a series of systematic marginalization and exploitation. This becomes even more of a disadvantage for this gender in a culture that promotes collective values above individual well-being. African culture’s idea of an ideal woman, or as Nwokocha (2019) succinctly puts it, “the social expectations of femaleness,” is of one who is “…innocent, calm, gentle, passive, and sacrificial …who surrenders all so as to gain the respect of the community” (p. 275). Adding her voice to the subject, Millet (2016) submits that “patriarchal culture is resolute as a system of power relationship, whereby men as a group control women as a group and possess more social wealth, power, esteem as well as control over these resources than women” (p. 22). Physical and psychological violence against women are forms of male control over women and these ultimately become crucial forces that shape their overall physical and mental health.

Specifically, a woman’s status as mother, wife, or other filial relationships she shares with the men in her life and community defines the essence of her womanhood or identity as an African. There are so many dos and don’ts which limit the woman’s freedom and voice and go on to restrict and restrain her potentials. At the back of her mind is the helpless feeling of being monitored and compelled against her will to conform within such a system, making her feel boxed in and consequently fall into nervous conditions. As already mentioned, one of the hallmarks of a ‘good woman’ by African patriarchal standards is her submissiveness even in the face of unpleasant experiences. Most times, it is assumed she has no voice of her own nor is she allowed to express her true feelings on issues threatening her emotional stability. Worse still, the assumption is that her enforced silence or voicelessness means her acquiescence.

Another aspect that complicates and exacerbates the low position and, by extension, mental ill health of women in a patriarchal society is the irony that some women themselves are complicit because they are either directly responsible for or are enlisted as enforcers of some of the practices that are inimical to the welfare of other women. In a recent (Monday, 12 April, 2021) interview with the BBC, the Zimbabwean female writer and activist, Tsitsi Dangarembga refers to this class of women as “patriarchal females.” On her part, Chukwuma (1991) identifies marriage
(polygamous settings, mother/daughter-in-law conflicts, etc) and funeral practices (enforcing widowhood rites) as two areas where “women constitute institutional and individual cogs” (p. 50) via intra-gender conflicts to further entrench patriarchy. Speaking further, she says these different socio-cultural practices “where female dignity, feelings, honour and individualism count for nothing in the face of male chauvinism and societal norms” (p. 45) continue to create tensions between men and women in gender relationships. They also contribute in no small way to the mental disequilibrium suffered by female characters in modern African literature.

The following excerpt from a 2012 World Health Organization report tidily summarizes the foregoing situations:

Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse, combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression.

https://www.who.int/mental_health/prevention/genderwomen/en/

The conditions outlined above, therefore, have roles to play as mechanisms of female discrimination, oppression, marginalization and exploitation as they act as triggers of female mental instability and are consequently reflected in African literary narratives. In other words, patriarchy, intra-gender conflicts, and other instruments of oppression which discriminate against women and hinder them from personal and communal self-actualization have been identified as some of the factors responsible for the debilitating mental conditions of women. When clearly spelt out, silencing and unquestioned submission to male and social order to include complicity of women as well as alienation are bound to lead to depression, anxiety, bipolar disorder, postpartum depression, posttraumatic stress disorders, scarification or self-harm, nervous condition or even madness for women. This is more so because the woman’s identity and sense of self-worth have been mostly determined by norms and practices that do not take into consideration her personal well-being or self-esteem. Rather, “discipline and punish” (to paraphrase a Foucauldian concept) is brandished instead as the heavy stick whenever she protests or is subversive. Vikram Patel and Dan J. Stein (2015) reveal that in the African context, marginalization and lack of life choices are risk factors for common mental disorders that particularly apply to women. We strongly believe that the portrayal of female mental illnesses in the literature constitutes the African writers’ conception of the causes, manifestations, and aftermath of mental disorders women suffer from.

Many theories on mental disorders have been applied to the personality or behavioural traits of women. However, this study adopts psychoanalytic feminism or feminine psychology as a special point of interest. This theory identifies cultural influences to include male oppression and domination as inherently responsible for mental ailments in women. It traces the origin to the
patriarchal processes of socialization that promote gender discrimination and subjugation. In fact, Simone de Beauvoir accuses Freud and other psychologists of studying women’s personalities in psychoanalytic discourse through masculine models (“Psychoanalytical Feminism” in Stanford Encyclopaedia of Philosophy). Horney (1926) brings in the concept of “womb envy” to explain men’s psychosocial need to live up to the masculinity complex in gender relationships. It is pertinent to state at this point that we do not intend to examine the clinical or medical aspects of female mental illnesses, but rather we will focus on how socio-cultural and environmental factors exacerbate psychological distresses in African women as represented in African literary narratives.

Female Mental Ill Health in Selected African Novels

Probably because of the peculiarities surrounding its emergence, which Onoge (1985) describes as akin to being “born in a hostile milieu” (p. 22), African literature essentially performs a utilitarian function. The very culture and society of the writers are quite significant in the creation of their characters as well as their thematic preoccupations. It is often within the imaginative works of arts of the African literary tradition that one is able to critically evaluate the condition of the actual people replicated in such fictionalized writings. This section thus pays particular attention to female characters in African fiction involved in what appears to be an epidemic of female mental ill health in African societies. We hope to interrogate the causes or triggers of their mental ill health, the nature and patterns, and responses to the phenomenon. From the discussion, it will be observed that some types of psychiatric illnesses may be obvious or latent and others could manifest as a result of pressures or conflicts in gender relationships.

Some researchers have directly or indirectly touched on the issue of mental health in modern African literature in the course of their writings. For example, Ojo-Ade (1979) identifies this subject as part of conversations in African literature when he states that “the proliferation of works dealing with this particular theme can only indicate its presence and great impact within the societal structure” (pp. 134-135). But as in most enterprises where men dominate, he focuses only on the male experience or “mad heroes” as he examines what he termed “the colonial [and postcolonial] contributions to the psychological disintegration of the African” (p. 135). How these same factors impact on female counterparts is not discussed. Thus a holistic projection of the African experience, which includes the female, of this debilitating illness through its literature, is a gap our paper intends to fill.

Other critics (Arndt, 2002; Cooke, 2015; Williams, 2017) adopt a narrow or singular approach to their study of female mental health in African literature especially when they focus on only madness probably because it is one of the most obvious and violent forms of this disease. Specifically, Kehinde’s (2006) article’s focus on patriarchal suppression as one of the factors responsible for the “battered women’s syndrome” (p. 171) in J.M Coetzee’s In the Heart of the Country is a single-text discourse even though it touches on the female protagonist’s experience of mental disorder. However, our study of mental illness is a wider and more inclusive exploration of different categories or expressions of mental disorders in women. This essay will mainly reveal socio-cultural and environmental factors responsible for multiple types of mental illness in African women in fictional works. The female characters in the novels selected for this study undergo and/or display bouts of anxiety, erratic behaviour, depression, momentary madness,
hallucination, flights of fancy, scarification, as well as other forms of physical and mental atrophies as consequences of their lived realities.

Quite a number of African literary narratives reveal women’s precarious mental health conditions as a result of being victims of childhood and sexual abuses. The novelists present their vulnerability and victimisation as primarily because of their gender. Ironically, the victimisers are usually close male relatives and acquaintances who take undue advantage of familial trust and proximity to perpetuate acts of physical cruelty and sexual violations. Some of these men also violate state laws and moral codes of conduct by having illegal sexual knowledge of minors which makes them paedophiles. Similarly, they sometimes share blood ties with these girls thereby committing cultural taboos such as incest. Both Nawal El Saadawi’s Women at Point Zero and Chris Abani’s Becoming Abigail have female protagonists as victims in the above category. The reader is able to conclude that Saadawi’s Firdaus’s visceral hatred for men stems first from her childhood abuse at the hands of her father, cousin, and uncle. As other men later join the list of her victimisers, she is consumed by an intense desire to physically hurt men generally for her early loss of innocence which had left her unexcitable by what other girls her age were interested in. Repeated acts of sexual violation and betrayal had killed her sexual emotions.

In her forced marriage to a man almost thrice her age who constantly beats and starves her of food as well as violates her body sexually, she is told when she complains that, according to Islamic precepts, “A virtuous woman was not supposed to complain about her husband. Her duty was perfect obedience” (pp.46-47). Culture and religion collude to compel her to rein in feelings of hurt, betrayal, and anger from the series of mistreatments and buffeting she receives from interactions and relationships with the opposite sex. Several attempts at self-liberation are met with harsher brutalities at the hands of the man in question as the patriarchal system allows her no respite. If not directly at their hands, then through mechanisms set-up and controlled by men, Firdaus constantly battles against patriarchal oppression and suppression that sorely test her psychological equilibrium.

Saadawi’s prevalent use of the image of the all-seeing and all-knowing “eyes” that haunts Firdaus speaks of an inescapable force. She ultimately loses her mind as if to momentary madness, giving in to years of pent-up emotions. In self-defence, she brutally turns on Marzouk, her pimp, stabbing him several times all over his body when he attempts to stop her from walking out on him and a lifetime of exploitation during a scuffle. This last act in itself is quite symbolic as the writer describes a scene fraught with a victim’s recourse to the only other alternative for releasing years of emotional trauma arising from childhood and sexual abuses. Ironically, the system which before now has made no attempt to protect Firdaus from series of abuse from men is quick to haul her in to face the harshest penalty under law for taking the law into her own hands. Faulkner (2008) concludes that Saadawi through Firdaus reveals “the systematic abuses … endured and, through that herstory, … reveals the shape of her Egyptian patriarchal-class society” (p. 72).

Abani’s Abigail’s growing up years are streaked with several psychological burdens she struggles with. Her mother, whom she resembles so much and was named after died during her birth. She thus was expected to “become” like her mother especially, by her father who wanted her to be the replica of the woman he had dearly loved. She sees in her father’s eyes mixed emotions. Sometimes, there is the accusatory look as if blaming her for the death of his beloved wife, her own mother; and at other times, a repressed, but sexual desire for her as if contemplating
her as a replacement for his dead wife. Abigail is plagued by feelings of being a failure for not being able to become like her mother as others expected. She sees herself as a ghost dwarfed by the shadow of the larger-than-life mythical image of a mother she never knew yet was expected to become like. So, from early childhood, Abigail contends with an identity crisis that had negative implications for her wholesome mental growth. In addition, a cousin who lived with them also took advantage of her sexually when she was just ten years old, threatening to kill her if she told anyone. As a young vulnerable child who suffers sexual molestation, she is physically intimidated and emotionally manipulated by her abuser making it more difficult for Abigail to be psychologically stable. She therefore, deals with bouts of anxiety and depression that lead to melancholic thoughts and seemingly deviant behaviours. As a means of escape and coping mechanism from all these pressures, she often gives in to flights of fancy that make others view her as mentally unstable.

Abigail thus grows up as an introverted and conflicted young woman who exhibits a pathological behaviour through acts of scarification as if for masochistic pleasure. This act of self-harm validates the psychologist, Freud’s concept of guilt and eroticism as that becomes her way of managing her frustrations and the private hell she inhabits in her mind. Her father takes her to a psychologist who dismisses her behaviour as signs of a “mildly confused child” (p. 37) and only prescribes some sweet aspirin as treatment for her condition. The traditional medicine practitioner her father visits next asked him to buy a bracelet and matching earrings with which to anchor her to “reality” (p. 37) as if hers was a spiritual problem associated with the changeling child popular in African cultural traditions. The forms of treatment recommended by both supposedly knowledgeable practitioners are examples of the poor professional responses many women who suffer from mental illnesses receive that only further exacerbate their plight. Her father becomes ill and Abigail, barely a teenager, is made to return home from school as a boarding student to be his caregiver. He eventually commits suicide by hanging himself oblivious to the effect of his action on her already tenuous mental health. The husband of her cousin who takes her to live with them in London subjects her to subhuman acts of brutality when the underage Abigail resists his attempts to force her into prostitution. To subdue her, he chains her outside the house like a dog, feeds her rotten food, urinates on her and sexually assaults her.

Like Firdaus, Abigail also inevitably reaches her point zero at the height of her psychological suffering. She turns on Peter, her abuser by biting off his penis during one of his brutish assaults thus exhibiting the character of a crazy being. Kehinde believes that female characters’ recourse to extreme violence against their male oppressors “is a course that is inevitable to any neurotic” (p. 177). Abigail escapes and roams the streets in a half-demented state, clutching the severed male organ until she is found by a policeman. Thus, dispassionate as it sounds, respite for some of these female characters is tied to acts of murder or near-murder. Felman (1991) deduces that such “...madness is the impasse confronting those [women] whom cultural conditioning has deprived of the very means of protest or self-affirmation.... Mental illness” is a request for help” (p. 22). Abigail later enters into an illicit but consensual affair with Dereck, a social worker assigned to assist her in recovering. He is later sentenced to prison when the affair is discovered and all her efforts to prove his innocence fail. Abigail’s troubled mind is unable to come to terms with this situation and out of a feeling of guilt, she commits suicide by plunging into River Thames. It is important to note that both the female doctor who visits Firdaus in prison
and to whom she recounts her life’s experiences and Dereck, the social worker who intuitively understands Abigail’s plight and gains her trust are those who recognize these female characters’ “request for help,” albeit a little too late.

Spousal infidelity, which is closely tied to betrayal and abandonment, is another factor depicted as responsible for women’s psychological crises in African novels. Sindiwe Magona’s *Beauty’s Gift* is the story of their respective male partners’ betrayal of five respective female best friends. A part of the opening sentence of the novel’s first chapter foreshadows the harrowing psychological conditions these women would later pass through. This section which reads: “God knew the African woman was going to have a very, very, hard life…” (p. 1), also describes her heart described as “torn and tattered” because of the woes she has to stoically live with.

The eponymous character, Beauty, suffers unmitigated spousal emotional abuses in her marriage. She is neglected by Hamilton, her husband who relinquishes familial responsibilities to her, deprives her of self-care and isolates her from close friends while he pursues a libertine lifestyle. Beauty’s friends notice her deteriorating health from its early stages but she refuses to open up to them in a bid to protect her marriage as is culturally expected of an African woman. When her condition worsens, Hamilton abandons her by sending her to her mother’s place where she eventually dies. Before her death however, Beauty reveals to Amanda, her closest friend that she eventually dies. Before her death however, Beauty reveals to Amanda, her closest friend that Hamilton infected her with the much dreaded AIDS in spite of being faithful to him and is therefore responsible for her tragic circumstances. She thus admonishes her friends to “live life!” (p. 48) rather than let themselves die “a stupid death” (p.73). When Amanda wonders why women continue to stay in unhealthy relationships in spite of the socio-cultural factors that act as stressors to their well-being, Cordelia, explains that it is because the African woman’s identity is chiefly dependent on her attachment to the man (*Beauty’s Gift*, p. 115).

The Senegalese novelist, Mariama Ba, presents how culture, religion, and perhaps nationality come as stressors of female mental health by causing them severe emotional anguish. In both *A Scarlet Song* and *So Long a Letter*, several female characters’ spousal relationships ineluctably end in their psychological meltdown as a result of the actions of their male partners. Disparate cultures, religions, and sometimes nationalities are part of the catalysts. In *Scarlet Song*, after the Senegalese Ousmane marries Mirelle, a French lady, he later succumbs to his Islamic religious and African cultural practices of polygamy and marries another wife. Mirelle’s emotional response to what she considers her husband’s unexpected betrayal causes a nervous breakdown which eventually leads her to kill her own son.

Similarly, in *So Long a Letter*, Jacqueline, an Ivorian Christian lady, had defied all odds, including her parents’ vehement disapproval, to marry her Senegalese Muslim lover, Samba Diack. The couple relocates to Senegal, the Diack’s home country, after his medical training in Abidjan, Cote d’Ivoire. In Senegal, Jacqueline “found herself in a new world, a world with different reactions, temperament and morality from that in which she had grown up” (p. 42). She feels disorientated trying to come to terms with life in a different country with different socio-cultural practices and a majority Muslim population very unlike her majority Christian Cote d’Ivoire. Her feeling of alienation is worsened by her husband’s indiscriminate “adventures” with other women. The husband’s new behaviour triggers her gradual weight loss and an insidious pain in her chest. Her condition deteriorates in spite of series of treatment with orthodox and traditional medicines. She becomes “frightened and tormented, her hand on her chest, where the tenacious, invisible lump
foiled all the ruses, scoffed maliciously at all the tranquillizers” (p. 43). Her state of mind gives one the impression as if forces beyond the physical are responsible for her debilitating health. Finally, through the intervention of a neurologist, Jacqueline was diagnosed as only suffering from depression because of the emotional trauma from her husband’s insensitivity. The cure the doctor recommends towards her healing is for her to “react, go out, give yourself a reason for living. Take courage. Slowly, you will overcome” (p. 45). While depression is also a form of mental ill health, Jacqueline had physically objectified her emotional pain and feels she is suffering from a more lethal disease of cancer rather than just emotional imbalance.

Busia in her “Introduction” to the 2001 reprint of Tsitsi Dangarembga’s *Nervous Conditions* summarizes that the novel interrogates the interconnections of patriarchal strictures—colonial, indigenous/native and familial—that create nervous conditions in pre-pubescent girls as they come to womanhood (p. ix). Tambu, the female narrator, prepares the reader for this experience from the beginning of the narrative with her declaration that “the needs and sensibilities of the women in my family were not considered a priority or even legitimate” (p. 12). Her mother reiterates this view when she announces that “the business of womanhood is a heavy burden” (p. 17). One of the instances where Tambu’s mother lives this “heavy burden” was when Nhamo, her son who lived with her brother-in-law while attending school in the city dies. Babamukuru, his uncle and patriarch of the family, had chosen Nhamo to be educated even though he was not older and more intelligent than Tambu, but only because he was a boy. In the patriarchal Shona culture, boys are given preference in almost every sphere of life over girls. After Nhamo’s sudden death, Tambu’s mother is “grief-stricken” when she learns that Tambu would now replace Nhamo at what she regards as “a place of death” (p. 56). Her impassioned plea that “the anxiety will kill me” (p.56) is ignored. Even little Tambu observes the traumatic effect on her mother as she reports:

> My mother’s anxiety was real. In the week before I left she ate hardly anything, not for lack of trying, but when she was able to swallow something it lay heavy in her stomach. By the time I left she was so haggard and gaunt she could hardly walk to the fields, let alone work in them. (pp. 56-57).

Tambu’s mother descends into paranoia as she battles with the fear and anguish of possibly losing another child to malevolent forces. Her husband carries on as if nothing is amiss and watches as she gradually becomes a shadow of her old self. She becomes lacklustre and unkept and is unable to take care of the baby she is nursing. Eventually, it was Lucia, her younger sister who steps in and helps her recover from the depression she has fallen into.

Nyasha, Tambu’s cousin, suffers mentally in two areas: from her femaleness and from her Westernization which makes her alienated from her indigenous culture resulting in her identity crisis. As a female, she is treated differently from her brother. While her brother goes out at will to meet their white neighbours and even spends nights with them, Nyasha is not allowed such freedom. Babamukuru is concerned about the dresses she uses to parties and how long she stays outside and resorts to calling her a prostitute. Thus, her femaleness is a major cause of stress as it makes her to be verbally and physically assaulted by her father. While her brother gets away with his excesses, she is condemned and called bad names for even innocuous acts. Excessive
patriarchal suppression, here represented through father-daughter dissonance, is partly responsible for Nyasha’s psychological instability. The more her father tries to rein her in, the more she deliberately does things to rile him up.

Another of Nyasha’s stressor is the alienation brought upon her by her Westernization in an African society and culture. She spent her formative years outside her Shona land having relocated with her family to England when her father went there for further studies. The education she receives while in England exposes her to Africa’s history of colonial oppression and discrimination making her feel like a “hybrid” (p. 79) and her mind “unpeaceful” (p. 92). Upon her return, as a Shona female, she is unable to speak the indigenous language and cannot communicate with her grandmother or other relatives in the village. She is unable to sing or dance to traditional music when there is a welcome party to receive the Babamukuru family from their studies in Britain. She is thus seen as exhibiting behaviours at odds with her cultural expectations. Her non-conformism is what Tambu’s mother refers to as her “Englishness” and by extension the cause of her erratic behaviour.

The double impact of her femaleness constantly pitches her against her father and her confused identity of being neither Shona nor British have emotionally adverse effects on her that she falls into severe depression. At the height of one of her mental breakdowns, she cries out in despair that “I am not one of them but I’m not one of you (p. 201). “Them” is taken to mean the Europeans whose form of education exposed her to their liberal ways, while “you” refers to her own Shona people and their traditional ways she is unable to easily adapt to. She kicks against her father’s patriarchal impositions on almost every aspect of her life. Nyasha suffers from anorexia which ultimately is a manifestation of depression, a nervous condition.

The first psychiatrist whom she was made to see “said that Nyasha could not be ill, that Africans did not suffer in the way we had described” (p. 201). Again, this is another example of the poor conception of female mental health problems in many African societies. It takes the combined efforts of medical treatment from another “white psychiatrist” and “the practical attention of her aunts who lived in the city” which served as a form of ethnotherapy (p. 202) for Nyasha’s condition to improve. Nyasha’s emotional tumult is essentially because of her femaleness and her alienation from her Shona culture, both tangentially regulated by patriarchal constructs. In other words, the hostile emotional milieu the African woman lives in is depicted as having major and deleterious effects on her mental welfare.

CONCLUSION

Every society owes itself a duty to promote the physical and psychological health of its citizenry. Writers are also involved in this civic responsibility via their artistic themes and objectives. This study examined how African literary narratives delineate the predominantly patriarchal nature of many African societies as largely responsible for female characters’ descent into mental illnesses. The selected novels have shown that women in their socio-cultural relationships encounter various forms of debilitating buffettings that do not bode well for their emotional stability. By exploring experiences ranging from childhood abuse and sexual violations through spousal infidelity and betrayal to cultural alienation and identity crises, the novels as part of Africa’s cultural productions revisit women’s often overlooked experiences of mental ill health.
By this representation, the writers are therefore, asking for renewed efforts at addressing and redressing non-medical factors responsible for undermining women’s mental health in order to allow them a more fulfilling experience of human existence.

REFERENCES


