Asaba Journal of History and International Studies: Department of History, Strategic And International Studies, Dennis Osadebay University, Asaba, Delta State, Nigeria
Volume 1, Number 1 , Nov– Dec Edition, 2025, ISSN: 1595-3467

HISTORICAL ANTECEDENTS OF IGBE CULTURAL PRACTICE: IMPLICATIONS FOR THEATRE THERAPY AND HEALTH SYSTEMS IN NIGERIA

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Abstract

From the earliest times in human history and civilisation, many indigenous Africans maintained certain worldviews about health, sickness, healing and death. Within the traditional Igbo cosmology, it is believed that certain illnesses are associated with the agency of evil spirits. Hence, preventive and curative therapies for illnesses and strange diseases often entail performative invocation, divination, soothsaying, trance and autosuggestion to appease malevolent spirits and maintain good health. Historically, southern Nigeria has boasted of various indigenous religious sects and societies that have been providing therapies for members and patrons over the decades. However, contemporary policies about healthcare in Nigeria often overlook or deride these traditional and theatrical therapies. They are neither regulated nor officially accommodated in the health systems despite their popularity and critical position in health-seeking behaviour in society. This research work applied Richard Schechner's Performance Theory to examine the historical antecedents of the *Igbe* traditional practice as a form of culture-based theatre therapy. From its highly theatrical and diagnostic use of visions to allied recuperative care by the Igbe sect, the study explored its implications for the health of devotees and the community. Using the dual approaches of Observation and Content Analysis for data collection, the study interrogated the increasing role of performance, religion and culture in delivering healthcare in local communities. It found that Igbe practice has existed and evolved for decades, with significant implications for human survival and development. The paper therefore recommends their recognition and regulation as part of the needed review in policies on theatre, cultural heritage and indigenous medical practice in Nigeria

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Key Words: Trance, Culture, Theatre Therapy, Healthcare, Policy

Introduction

In human history and civilisation, indigenous peoples in Africa have applied the medium of theatre and cultural performance in solving the problem of health challenges. Indeed, theatre history provides abundant evidence of the relationships between theatrical performance, belief systems, and healthcare. This is reflected in the practice of sympathetic magic through which the early men in human societies sought to coerce cosmic nature and achieve healing for the sick (Schechner 1988; Brockett 1999). This practice has continued to evolve with time up to the contemporary period. In Nigeria, the application of theatrical performances associated with traditional beliefs to treat chronic and or mysterious ailments has been observed in various cultures (Nabofa 2003; Izugbara and Afangideh 2005; Aluede 2010; Epochi-Olise 2024).

The indigenous African performance is subsumed in myth, ritual and spirituality, and this makes it a handy medium used by traditional healers for metaphysical communion and therapy. In his study of indigenous performance traditions in northern Nigeria, Horn (1981: 182) contends that "it is at the very interface of religion and art that drama and ritual intersect", and this is reflected in the therapeutic potency of *Bori* practice. Horn (1981: 186) thus submits that the *Bori* cult performance is not only "primarily concerned with the healing and prevention of illness, but also more generally with good and bad luck" This represents an indigenous mode of theatre therapy.

However, African scholars have equally questioned the constant association of indigenous performances with religious worship. This tendency, they argue, gives the erroneous impression that the African does nothing significant unless it is tied to myth, ritual and religion (Enekwe 1981). In addition, Uka (2000) contends that theatre is about role-play and therefore the performers must first be seen as human beings, secondly as performers engaged in mimetic activity to depict and address existential challenges such as ill-health and mysterious conditions.

In a similar vein, it can be observed that the *Igbe* performance in southern Nigeria has been gaining popularity in recent years as a therapeutic medium. In addition to the local members and patrons, clients and converts also come regularly from urban centres, mainly for health reasons and spiritual protection. Aluede (2010: 175) in a related study found that, "syncretism is becoming quite common in worship systems and they are manifested in health-seeking behaviour of many Africans that dwell in both urban and rural areas". Many people of different religious beliefs often resort to indigenous therapy, particularly when their orthodox medical treatments do not seem to provide a cure to their ailments.

Similarly, Izugbara and Afangideh (2005: 115-6) found that urban dwellers patronise "rural-based health services for several reasons. A major reason is the perceived failure of initial treatments in the urban area to improve sufferers' conditions". These patients "believed their initial treatments in the city were unsuccessful because of mystical forces (i.e., witchcraft, spells, infraction of taboos) that caused their conditions". Apart from "diseases with supernatural aetiology", the adherents to such rural-based healing centres also put much

premium on "privacy" and "secrecy", which the traditional homes usually maintain for their patients. Incidentally, most of the healing centres engage in intensive theatrical performances as an integral part of the diagnosis and treatment of ailments and afflictions. The pilgrims, including patients and caregivers, conventionally join the devotees to participate in these performances. Hence, the pilgrim assumes the multiple identities of patient, client, worshipper, performer, and audience.

Nevertheless, the view that traditional African drama and theatre are mere cultural expressions without proven therapeutic potency is still held by some Westernised critics and orthodox medical practitioners. Some of them dismiss such traditional healers as quacks, fetishists, and superstitious. Similarly, the historical opposition between Christianity and traditional African religion appears to overshadow the efficacy and shortcomings of each faith and theology in the areas of spirituality, exorcism, and healing. It is therefore pertinent to examine the contemporary and rising trend of Nigerians seeking health solutions in traditional healing homes despite the abundance of orthodox medical centres in urban and rural areas. The complex interplay of theatre, culture and therapy within the healthcare diagnosis and treatment processes of the *Igbe* sect is worthy of artistic and scientific analyses, hence this research.

Methods

The research adopted a qualitative approach to data collection and analysis. Specifically, it relied on obtrusive Observation and Content Analysis methods to collect data from the study sites. Additional primary data were collected from key informants and respondents through the instrument of in-depth interview (IDI) schedules. The secondary data were obtained from documented sources, which include books, journals, audio-visual records, news articles and the Internet. The *Igbe* devotees were observed in performance; the content of their performance and tools were analysed, and thereafter interviews were conducted with respondents who are leaders of *Igbe* sect.

The selection of the sample was purposive. There are two known denominations of *Igbe* practice in the Omambala area of Anambra State, Nigeria. The study therefore sampled two *Igbe* healing homes or cult houses, each representing a different denomination of the *Igbe* sect. Following the ethnographic technique, the sects were observed actively in performance and this yielded a body of data in oral, auditory and visual formats. The use of electronic data-gathering instruments such as voice and sound recorders, video recorders and still cameras helped to augment the data collected mentally and manually at the study sites. All these were systematically collated, transcribed and analysed using the descriptive and interpretative approaches. The units of analyses include history, trends, periodisation, space, setting, costumes, properties, dance, dramatic action, song, music, composition, language, make-up, and thematic preoccupation inherent in the performances.

The objective of the research was to explore and interrogate the borders, convergences, overlaps and interrelationships between theatre and traditional therapy with particular emphasis on metaphysical diagnosis, treatment and healing of ailments and allied health conditions

through theatrical action. Using the *Igbe* sect performance tradition as a reference point, this paper examined the relationship or interplay between therapy and theatrical performance with the objective of highlighting its character as well as the aesthetic and functional dimensions of such performative healthcare.

Theoretical and Conceptual Review

This paper is anchored on Richard Schechner's Performance Theory. In his discourse on performance and efficaciousness, Schechner (1988) argued that performance is intricately woven into the daily existence of human societies due to its functional importance. He adds that indigenous communities and tribes often use theatrical performances as integral parts of communal events, rites of passage, and a medium to coerce cosmic nature, achieve therapeutic relief and healing for the sick and afflicted, attain socialisation for the young, enhance fertility and production, and other functional objectives. Furthermore, Schechner (1988: 156) stated that these performances are participatory and often enacted in natural environments. But such "natural spaces" are transformed into "cultural spaces" when meanings are "constructed" into the space to assume a different poetics for the people. This also applies to the *Igbe*, a functional performance in which the worship centre is also transformed into a hospital, shrine, asylum, and performance venue.

The interconnection of therapy, ritual and theatre in African societies has engaged the attention of researchers over time. Such expressions of culture have been variously defined as avenues for identity construction, gender articulation and sometimes a reinvention of ritual and religion through the agency of performance (Avorgbedor 2003). The *Igbe* practice is a typical reflection of such interconnections that underline the complex architecture which characterise performance and religion. Similarly, a number of studies have been carried out on *Igbe* and its offshoots in southern Nigeria. Most of the studies are focused on the musical aspects and the ethnography of the performance.

However, from the standpoint of this paper, three concepts define the interconnection of *Igbe* and its sociocultural significance. These are Theatre Therapy, Trance, and Sympathetic Magic.

Theatre Therapy: Since antiquity, health workers have been adopting theatrical techniques to tackle health challenges and promote mental health. It is a psycho-technique that applies theatrical performances such as drama, dance, music, song, acrobatics and jugglery in different settings like clinics, schools, psychiatric hospitals, homoeopathic centres, prisons, and healing homes to bring psychological stability on the patients. Erukanure (2003) and Nabofa (2003) independently studied the *Igbe* from the ethnographic standpoint, focusing on religious beliefs, culture and metaphysical protection of the devotees among the Urhobo ethnic group in midwestern Nigeria. Similarly, Aluede and Eregare (2009), Aluede (2010) and Ikibe (2012) studied the *Igbe* phenomenon from ethno-musicological perspectives. Aluede and Eregare examined the therapeutic potency of *Iyayi (*another name for *Igbe)* poetry and song texts, while Ikibe analysed the compositional pattern and musical structure in the application of the hand fan in *Igbe* performance. The *Igbe* devotees believe that certain health conditions, depression,

anxiety disorders, mental instability and emotional disturbance are caused by metaphysical attacks. Hence, such evil spirits must be exorcised and the patient cleansed and protected to regain and maintain normalcy. In theatre therapy techniques, the patient can be an audience member or a performer or both. The participation or passiveness of the patient depends on the peculiar circumstances of each case.

Trance: Trance is a common feature of many traditional theatre performances. It is a subconscious state of being and nothingness whereby the performer gets so immersed in the character that she gets possessed by the role and no longer herself. At this point, she is transported to another plane of existence, and she becomes a medium through which other beings or forces speak or commune with the audience or participants. In this state, she may see visions, pronounce prophecies, and engage in fortune-telling. In fact, it is difficult to actually draw a line between acting and trance, hence the topic remains debatable among theatre scholars (Beattie 1969; Adelugba 1981; Horn 1981, Schechner 1988).

In *Igbe* practice, trance is a necessary precondition for achieving therapy. The ailments and afflictions of clients and devotees are diagnosed during the process of trance when some dancers in performance get possessed and become mediums through which the causes and remedies of each ailment are pronounced. In fact, without trance, the *Igbe* will be nothing but a mere cultural dance troupe without any spirituality. The concept of trance is vital to this paper, which interrogates the *Igbe* tradition from the interwoven perspectives of theatre and healthcare to explain their historical linkages and highlight their potential and implications for both the creative industry and health systems. Specifically, the performance analysis of *Igbe* is hinged on the concept and theory of mediumship, trance and possession which represent the climactic point of *Igbe* theatrical expression and spiritual communion.

Sympathetic Magic: This is based on the belief that some objects, events and phenomena have a mystical communion. According to Peters (2023: 522), "sympathetic magic features strongly in virtually all religious traditions" and the practice is "based on the association of ideas perceived as external, mind-independent causal realities, as connection mediating causal influence". Sympathetic magic is applied at the prescription and treatment stages of *Igbe* therapy when the patient's affliction has been diagnosed through trance and mediumship. This is crucial since spiritual protection and healing are often considered the primary essence of the *Igbe* ensemble. This is reinforced by its popularity in providing therapies for spiritual afflictions and "strange" or "stubborn" ailments through meditation.

Furthermore, Peters (2023: 522) affirms that in traditional belief systems, "mediation involves forms of supernatural agency" to penetrate the "internal mental forms of activity like thoughts, feelings and attitudes". Hence, in mediating for their patients, the *Igbe* devotees apply sympathetic magic by connecting the patients' external realities to metaphysical phenomena perceived to be affecting the psychophysical conditions of the patients. But whether *Igbe* is considered a therapeutic performance or performative therapy, the three interconnected concepts of theatre therapy, trance, and sympathetic magic remain central to its practice.

Through theatrical techniques, the *Igbe* patient is psychologically stabilised. The treatment process begins with songs, music, dances, and dramatic actions. It starts like mere play. In fact, from the theatrical content, there are linguistic reasons why *Igbe* should be primarily studied as a therapeutic performance. The word "*Igbe*" in the Urhobo language (where it originates) means "performance". Thus, they have phrases as "*Igbe Oghwa*" (presentation performance), "*Igbe eseho*" (summoning performers) and "*Igbe erhuereho*" (performers' positioning). Hence, "*Igbe*" etymologically refers to performance and performativity (Darah 1981: 507-9). At the climactic stage of the performance, the dancers get possessed, fall into a trance, and diagnose the afflictions of the clients.

In essence, *Igbe* can be categorised under the body of performances which Schechner (1988: 185-6) in his *Performance Theory* describes as "trance dances" characterised by "possession", that is, "being mounted by a spirit or Other" and "surrendering of the self" by the performer. A frequent discourse in Afro-Asian performance theory is the concept of trance and possession, which revolves around the principles of awareness and the subconscious. Whether the analysis is centred on the indigenous ritual performance by a shaman, priest, masker, worshipper, diviner or devotee, the dividing line between acting and possession becomes uncertain when the performer falls into a trance. Horn (1981: 184) argues that the performer-worshipper who gets to the climactic point of being "possessed" by the spirit is "effectively no longer himself and cannot be addressed by his accustomed name. His body and mind have been occupied by the force and he speaks with its voice, not his own".

In Igbe practice, the pronouncement of the medium is never doubted. By applying sympathetic magic to the pronouncements of the medium, the devotees of *Igbe* prescribe curative action for the patient's ailment and spiritual afflictions. The prescribed actions are carried out, and the treatment process is continued until the patient attains physical and psychological wellness. However, critics have raised questions concerning dissociation, simulation and the issue of authenticity of the enactment by mediums. If the act of possession is being doubted, it invariably suggests that the visions, diagnoses and healing remedies pronounced by the possessed during a state of trance are being questioned as well. But using the African experience for illustration, Beattie (1969: 167) contends that "even where there is limited dissociation, it would be an over-simplification simply to assert without qualification that mediumship is a fraud".

Using the Nigerian *Bori* performance as an example, it has been affirmed that although "simulation is extremely common in the *bori* entertainments, this does not necessarily invalidate, for the audience, nor even for the medium … the efficacy of their rituals" (Horn 1981: 191). In a related discourse, Adelugba (1981: 216) observes that:

> There is an element of 'theatre' in trance as manifested in traditional African ritual and festival practice. How much is real and how much is 'acted' in the trances of the possessed is often difficult to determine.

It can be argued that the drama inherent in trance display assumes a higher theatrical dimension in cases where simulation, sheer "play-acting" or "role play" is manifest. As observable in *Igbe, Bori, Orukere* and other similar mediumship performances in Nigeria, the performer-therapist is expected to always fall into a trance to commune with spirits and diagnose the ailments or afflictions of patients and devotees. The performers (mediums) have always fulfilled these expectations. But whether this is sometimes done to please the audience, the patients and even the spirits that "mount" and "ride" the medium remains unclear. Therefore, the concepts of therapy, possession, trance and sympathetic magic remain central to this study because of their fundamental position in understanding the religious and therapeutic dimensions of *Igbe* performance.

Igbe Cultural Practice: Historical Background and Performance

Igbe is both the name and the devotion, worship and performance activities of a group of people bound by a common belief system, philosophy and ideology. *Igbe* has variously been described as a Cult, Sect, Society or Association of men and women who believe in ritual chastity and are united in spiritual warfare against witchcraft, necromancy and devilish machinations. Historically, this practice has existed for years and continues to expand despite the impacts of modernity, Christianity, and globalisation. Nabofa (2003: 238) traces the origin of *Igbe* society to Kokori area in Nigeria's Niger Delta region, from where it spread under various names to other areas in southern Nigeria.

Currently, there are two major sects or denominations of *Igbe* in Omambala area of southeastern Nigeria. These are: *Igbe Nmolu* and *Igbe Ogwu*. But *Igbe Ogwu* was said to have started as a splinter group of the main sect, *Igbe Nmolu*. The two groups later established branches of their sects in other communities in the Omambala.

Fig. 1: *Igbe Nmolu* members in a circular formation during an exterior performance. Photo: Francisca Nwadigwe

The leader of each branch of the sects is known as *Uku,* while the High Chiefs are addressed as *Onoli*. When the incumbent *Uku* dies or becomes incapacitated, a new *Uku* is appointed from the *Onoli* Council. New members of *Igbe* usually undergo simple initiation rites. The historical antecedents that led to the emergence of a splinter group of *Igbe* in the Omambala region were quite dramatic and flow from the acts of mimicry and imitation, which are the

roots of drama, theatre and performance, qualities that the *Igbe* practice represents in its expressive forms.

In an oral interview, a respondent (Age 78) and leader of a denomination of *Igbe* gave a historical background of the emergence of the splinter sect of *Igbe* in the Omambala region. According to Late Chidokwe Uyammadu*:*

> Many years ago, my father, Uyammadu, brought the *Igbe* society from the Midwest to our area. It was only one denomination, the *Igbe Nmolu*, and the devotees were practising it with dedication for years. But one market day, a jovial man named Nwangwu began to mock my father along the streets, pretending to be possessed and in a trance. Surprisingly, some people began to follow him and asked him to establish his own *Igbe* shrine and healing centre. But Nwangwu refused and told them he was only mocking Uyammadu and his followers. Yet, the people did not believe him. They went ahead to set up a temporary *Igbe* centre and invited Nwangu to lead them as their *Uku* (Chief Priest) arguing that Nwangwu had a powerful spiritual calling. But Nwangwu declined and emphasised that he was neither possessed nor saw visions, but only mimicking Uyammadu and his devotees. Then they appointed a native doctor as their leader (*Uku)* and began their own sectarian activities in their healing centre on a different market day but using herbs and charms to make their treatments effective. That was how the *Igbe Ogwu* group began. *Igbe Ogwu* literally means *Igbe* that prescribes or uses medicine or charms. Till today, the original sect, *Igbe Nmolu*, brought down to our area by my father, Uyammadu, does not use charms or herbs.

In essence, the *Igbe* practice historically originated from midwestern Nigeria (Niger Delta) as a cultural group engaged in worship, exorcism, fortune-telling, metaphysical warfare, healing, and spiritual protection for their adherents and clients. The *Igbe Ogwu* sect became easily widespread in the Omambala region because it leverages traditional medical practice, herbalism, marine-ancestor-worship, and indigenous religious rituals, which were already popular in that area, noted for popular native doctors and traditional healers.

Fig. 2: *Igbe Ogwu* members in a street processional performance.

Photo: Francisca Nwadigwe

The entire activity of the *Igbe* sect is subsumed in theatrical performance characterised by music, dance, song, trance, ritual, possession, role-play, dramatic action, special props, esoteric language, chants and allied lyrical arts. Indeed, *Igbe* falls within the category of religious ritual performances which Horn (1981: 184) refers to as "spirit medium and possession cults". The *Igbe* performance is held every eight days. The basic performance process begins with pouring of libation, the ritual cleansing of devotees and the eating of sacred kaolin (white chalk). The kaolin may also be rubbed on the face, forehead, toes and neck region depending on each devotee's discretion. The make-up serves as a protective shield against attacks from malevolent spirits, evil forces and their agents.

In Nigeria, some similar sects, such as the Hausa *Bori* spirit mediumship, deal with spirits whose identities are known and verifiable within the pantheon. But the *Igbe* sect does not claim to know or relate to particular spirits. Each ailment or affliction is diagnosed independently through visions, and the medium prescribes a cure or remedy in a fit of subliminality often characterised by possession, trance, dance, ecstatic frenzy and dramatic action. In some cases, the cause of an illness is traced to human beings, including the patient, whose misconduct may have precipitated the affliction.

The *Igbe* worship centre or Club House is composed of a rectangular hall bedecked with mirrors, hand fans, and framed images hanging on the walls. The most sacred space within the venue is the bed where the *Uku* usually sits to direct and control proceedings as they dispense prophetic proclamations and curative prescriptions for devotees and clients. The bed area represents the main shrine and is bedecked with white sheets made of linen or cotton materials. The right side of the bed is arranged with easy chairs where the *Onoli* (High Chiefs) sit. The *Uku* and *Onoli* are mostly males, whereas the mediums are predominantly females. The rest of the hall is littered with low stools made of wood, bamboo, or palm stems as well as raffia mats used by the lower-ranked members. The non-initiates (visitors) usually sit in a different area within the hall.

Fig. 3: A section of the *Igbe* Club House (worship centre) usually occupied by members of lower ranks.
Photo: Francisca Nwadigwe

Hence, the use of space in *Igbe* cult reflects class stratifications, rank, power, authority and role distribution. Carlson (1993: 8) observes that "in addition to providing a space for the performance of dramatic texts" the theatre as a performance venue "has taken on a wide variety

of social meanings over the years" and this ranges from being "a cultural monument" to being "a site of display for a dominant social class" among other "connotations" which clearly "provide striking evidence of the … role played by theatre in society". In the *Igbe* cult's tradition, it is a taboo for a member of the lower rank or non-initiate to transgress the construction of space and sit on the sacred bed or the easy chairs meant for the *Uku* and *Onoli,* respectively.

The performance space extends from the indoor enclosure of the Club House to the exterior of the hall, where an open, bare space is created. The only feature of this space is a pole with a long piece of white cloth dangling on it like a flag. At the bottom of the cloth is fixed a tiny bell that produces a tinkling sound each time the fluttering cloth hits on the iron pole. This tinkling sound becomes more eerie and ominous at night. The open outdoor performance space serves as the venue for the dances and allied dramatic actions involving elaborate movements and physical activity. Patients are usually positioned in front of the pole while possessed trance-dancers prance or stagger about the space, chanting esoterically, pronouncing prophecies, prescribing curative actions and exorcising evil spirits from the bodies of their clients.

The *Igbe* worship-performance begins indoors with songs and music after the opening libations and cleansing of devotees. Indeed, music and dance are central performance idioms in *Igbe* theatre. They serve motivating, escapist and therapeutic purposes. In fact, Aluede (2010: 174) found that pregnant women undergoing therapy at *Iyayi* (*Igbe*) centres are exposed to inspirational music, songs and dramatic actions through which "their minds are removed from the anxieties and challenges associated with procreation".

Furthermore, pregnant women are traditionally believed to be susceptible or vulnerable to demonic afflictions or "spiritual attacks" that could adversely affect their health and the safe delivery of their babies. Many *Igbe* devotees usually take refuge at the cult house (performance venue) when they get pregnant. The cult house becomes a kind of sanctuary and traditional maternity home, dispensing healthcare in the form of music, dramatic performances, songs, dances, body massage, and sometimes herbs and exorcism.

The devotees usually play music and sing songs while seated indoors. At a particular point, the rhythm changes and the tempo rises as well. The dancers pick up their hand fans (*azuzu*) made of animal skin decorated with small mirrors, and move outside. They take a circular formation, dancing in a procession around the metal pole in the open space in a form of supplication. The hand fans are beaten in unison on their left palms or their right thighs, thus producing a sound effect in rhythm with the songs and instrumentation. When the pace of the music and dance reaches a crescendo, some mediums among them become possessed and fall into a trance, staggering, prancing and swooning around the arena and nearby spaces. Other mediums stretch out their hand fans, gazing at the mirrors, seeing visions through them, beating the clients' bodies with the fan, chanting and making proclamations either as fortune-telling, diagnosis of clients' ailments or prescription of remedial actions. When the possessed mediums regain full consciousness, they go indoors and take their seats, feeling exhausted.

Fig. 4. Two possessed members of *Igbe* sect stray into a nearby compound while in a trance.
Photo: Francisca Nwadigwe

The hand fan serves multiple purposes as a performance prop, musical instrument, divination tool, traditional stethoscope and sacred symbol of the medium's metaphysical power. Ikibe (2010: 45) also contends that the hand fan is a "symbol of spiritual identity and unity among themselves". Some observers often emphasise the musical roles of the hand fan in the *Igbe* performance ensemble (Erukanure 2003: 26). But ironically, the hand fan was not originally conceived as a musical instrument but an iconographic symbol of identity, a practical prop, and "a weapon of attack against witches, wizards and all such people who are possessed with evil spirits" (Ikibe 2012: 48).

The music and dance continue in different sessions interspersed with counselling, exhortations, prophecies and exorcising of evil spirits from afflicted clients and devotees. All members of the *Igbe* sect wear only white costumes designed in various patterns. The females use a blouse, and wrapper or a gown with a head tie, whereas the males use a wrapper and flowing shirts. In fact, many devotees have chosen to wear only white colours in their everyday attire as a symbol of piety and spiritual fortification. This dress code also helps sect members to easily identify with one another outside the performance arena. The *Igbe Ogwu* sect also adds red colours to their white costumes. The colours of white and red are regarded as symbols of ritual purity.

Discussion

The *Igbe* performance is submerged in traditional religion, ritual and ancestor worship. It is indeed a traditional form of theatre therapy. The *Igbe* performer is essentially a medium through which remote and immediate causes of ailments and afflictions are diagnosed, identified, communicated and curative action prescribed and sometimes executed. The underlying belief is that ailments and misfortunes are caused by unseen and malevolent forces or spirits that need to be tackled, appeased, or exorcised before relief and healing can take place. The *Igbe* practitioner achieves these by going into mystical communion with ancestral powers and metaphysical forces while in a state of trance. These forces "possess" the performer who falls into a subconscious state and, in the process, engages in divination, prophecy, fortune-telling, diagnosis and prescription of cure for the sick and afflicted client or devotee.

Essentially, the *Igbe* performance is evocative and therapeutic. The process of identifying the causes of clients' problems is quite dramatic. It involves music, dialogue, chants, possession and trance. The healing may entail dramatic rites, sacrifices, exorcism and body massage. In fact, some clients stay in the *Igbe* worship centre for extended periods to get healed and fully recuperate. During this period, they may participate in invocations, songs, music and allied performances. Aluede and Eregare (2009: 93) found that the music and song texts of *Igbe* performance have healing powers due to their "psychotherapeutic" character. Therefore, the Club House of the *Igbe* serves as a performance venue, shrine, hospital and social centre for devotees. In a discourse on space and context, Yi-Fu Tuan contends that the hospital is a theatre, the same way that theatre is clinical. Tuan further argues as follows:

> The hospital as theater? That would seem to be a frivolous idea. Yet the operating room is often called the theater. Who are the spectators and who the actors? In a teaching hospital, the medical students are the spectators; they are seated on rising tiers of benches that overlook the operating table in center stage. The doctors and nurses are the actors, but also the spectators when they are not actively engaged (Counsell and Wolf 2001: 158-9).

Similarly, the *Igbe* Club House is a theatre with minor physical demarcations. The devotees are both actors and their own audience as well, depending on the circumstance and level of engagement with the action. The assertion that the theatre is a hospital and the hospital is theatrical is at the core of theatre therapy. Frequently, clients come from rural and urban areas to the *Igbe* worship centre to seek healing for strange, recurrent, and chronic ailments and metaphysical afflictions which could not be treated in orthodox medical centres and other traditional healing homes.

A client consults the *Igbe* Chief Priest at the Club House to get a cure for his ailment.
Photo: Francisca Nwadigwe

The climax and turning point in the *Igbe* performance is when the performers become possessed and fall into a trance. The actor becomes subconscious and assumes the role of a medium, relaying information from the metaphysical plane of existence. From field observations, it is difficult to ascertain whether some *Igbe* performers actually simulate possession and trance or not. Indeed, the simulation controversy has often occupied a central point in discussions on possession, mediumship and trance performance. But what is clearly

evident from the *Igbe* experience is the absolute belief by devotees and clients in the efficacy of the performance, pronouncements and prescribed therapies.

The *Igbe* performance is shrouded in symbolism, especially in the use of space, props and esoteric language. The texts of the songs and chants and the various spaces in the Club House are associated with deeper spiritual meanings. Two dominant props in the performance venue are wall mirrors and hand fans. Some of the hand fans are also affixed with small round mirrors, and these are attributed with spiritual and therapeutic power. Through these, the performers see visions beyond the borders of human consciousness. In a sense, the *Igbe* performers are traditionally "doctors without borders". Data from field studies also reinforce this clinical and spiritual function of the mirror and hand fan, which devotees primarily conceive as weapons, diagnostic tools, and therapeutic instruments that help them to see the unseen and ward off demonic attacks. Aesthetically, the mirrors hung all over the walls and fixed in the hand fans produce multiple reflections of sunlight and images of performers clad in white, which add up to a mixture of light, shadows, and visual effects.

Furthermore, the hand fans serve visible theatrical functions ranging from the supply of rhythmic sounds in performance to identification of character levels and association, since each hand fan design and the kind of decorative accessories attached to it represent the status of the member that wields it. As the adherents exist in a tropical climate and often engage in physical activities, the hand fan also helps to manually supply fresh air to the users.

The delineation of space in *Igbe* performance venue follows a symbolic hierarchical order. The bed and shrine of the *Uku* (Chief Priest) are the most sacred spaces. It is positioned directly in front of the only entrance to the hall. The High Chiefs (*Onoli)* sit close to the shrine on the right. The other members of lower ranks and clients (non-initiates) sit on low stools further away to the left. The *Uku* maintains a total command of the spaces and directs affairs from his vantage position. As Counsell and Wolf (2001: 156) observe, "to control symbolic space is effectively to control the audience's reading of the event, and hence the meanings that may be discerned there".

As commonly observed in indigenous African performance traditions, the use of space in *Igbe* is often elastic. The entire arena is considered a sacred space; thus, footwear is forbidden. Each unit of action and "each movement of performance is done in a transit space fluid and devoid of any form of gulf or restriction". (Uwadinma-Idemudia 2012: 157). The *Igbe* trance dancers are given ample space outside the hall to accommodate their elaborate and uncontrolled movements, commune with unseen forces and prescribe a cure for the sick.

The use of white costumes, even in their everyday life, marks the *Igbe* members as people of deep spirituality. But also the use of the same dress patterns and colour has found functional application in the socio-political lives of members as it fosters a sense of solidarity and engenders cooperation. Keniston McIntosh observes a social function of dress (costumes) that transcends artistic and religious boundaries in Nigerian society. McIntosh (2009: 211) maintains that wearing the "same fabric or colour of clothing, the same style of dress, or at

least a similar head tie" demonstrates social groupings, class, status and oneness among socio-cultural organisations. Similarly, Nwafor (2011: 61) identifies the use of the same dress and colour among groups as versions (or subversions) of subcultures, a "controversial process of comradeship extended into the broader political context". This visual culture of dress and dressing "becomes less of a tradition than an imagination of 'authenticity' in tradition" with the associated "politics of exclusion and inclusion that has started creeping into the practice". This analysis is quite applicable to *Igbe* devotees who are habitually clad in white attire, maintaining solidarity and comradeship while non-members are left with a feeling of being "outsiders", excluded from their circle. But it is also comparable to the wearing of white dresses or lab coats by doctors and nurses, while patients in the same hospital feel excluded from their circle.

Conclusion and Recommendations

The historical antecedents of *Igbe* practice are characterised by trends in cultural performance, sectarian spread and therapeutic approaches. But generally, through the medium of traditional drama and theatrical activities involving trance, possession, sympathetic magic, specialised props, costumes, make-up, dialogue and esoteric language, symbolic dramatic actions, mime, song, music, dance, divination, fortune-telling, and active audience participation, the *Igbe* sects provide healthcare for their devotees and clients. The *Igbe* practitioners have been rendering this therapeutic service to millions of citizens over the years and have maintained an active followership in contemporary times. The healing performances are executed at the worship centres where their shrines cum clinics are located. The place thus serves the multiple purposes of hospital, sanctuary, and performance venue.

The symbiotic and complex relationship between performance and religion is amply demonstrated in the *Igbe* theatrical tradition. The elements of religious worship and therapeutic theatre are so intricately fused that they are inseparable. On one hand, performance is the vehicle for religious invocation and on the other, religion provides the basis for the theatrical enactment of diagnosis and treatment of ailments. Between these mutual relationships is the provision of therapy and spiritual protection to believers and clients. In many aspects, the *Igbe* practice shares some parallels with the *Orukere* performance of the Ijaw and Kalabari of Nigeria's Niger Delta, where, as Adelugba (1981: 209) affirms, "the dance is essentially a performance of worship in supplication to the deity or in appeasement for a foreseen evil".

The *Igbe* worship shrine, over the years, has assumed the status of a cultural centre, a performance venue, a traditional healing home, an asylum for the afflicted, and a psychosocial rendezvous for devotees to share communal oneness in an atmosphere of sanctity, spirituality and theatricality. Carlson (1993: 2) asserts that "places of performance generate social and cultural meanings of their own which in turn help to structure the meaning of the entire theatre experience". Semiotically, the *Igbe* Club House is a functional shrine, spiritual fortress, theatre, hospital and community centre where ailments with supernatural or mythical aetiology are treated or prevented.

However, despite the clinical services being rendered to communities and the nation by *Igbe* devotees, they are not included in the health system of Nigeria. Government budgets for the health sector do not factor the *Igbe* therapists into the healthcare equation. Nevertheless, the *Uku, Onoli and* Mediums in the *Igbe* cult are quite influential and play significant roles in the daily healthcare and medical decisions of devotees and clients. They see visions, provide counselling services, diagnose mysterious ailments, supernatural afflictions and misfortunes and dramatically prescribe preventive and curative action based on their inspiration, clairvoyance and experience. They also dispense herbs and prophylactics. Many urban dwellers of diverse social classes frequently participate in *Igbe* therapeutic performances in search of solutions to their health and daily challenges. In fact, civil society groups focusing on health and human development are beginning to recognise *Igbe* practice and similar sects, which some refer to as "traditional church" or "healing home". It is therefore vital that any sustainable policy on community health in southeastern and midwestern regions of Nigeria must recognise and accommodate the *Igbe* clinics and similar traditional therapies due to their influence on the people's healthcare and medical decisions. Indeed:

> Traditional values, knowledge, concepts and practices still play important role in the decision making process of rural people in many parts of the world. Traditional leaders are influential and their cultural values – often quite different from those which dominate in the West – prevail in many rural societies (Haverkort *et al* 2003: 8).

The *Igbe* falls within the category of alternative medicine and traditional health practices. Therefore, government policies on health systems, such as funding, monitoring and evaluation, health education, training, and supervision, should extend to *Igbe* communities instead of blanket condemnation or demonization of their practice. Such regulation and encouragement will ensure that the *Igbe* followers adopt safe practices and operate within the law. There is therefore a dire need to support such local traditions and initiatives with legal, economic and policy enactments and frameworks to facilitate effective and sustainable change in healthcare delivery.

The health-seeking behaviour of Nigerians continues to change as patients desperately search for solutions to their health challenges. Urban and rural dwellers of different socio-economic classes frequently patronise the *Igbe* for medical treatment and spiritual protection. The theatrical tradition of *Igbe* remains vibrant and is sustained by belief systems and traditional medicine. The influence of *Igbe* as a performative diagnosis and medication characterised by mediumship, fortune-telling, prescription, healing, and prevention is considerable in southeastern and midwestern regions of Nigeria, where they still maintain large followers. The *Igbe* cult caters to the religious and health needs of a significant number of people that constitute their clients and devotees; hence, it cannot be ignored in the formulation of policies and programmes that concern indigenous theatres, therapy and health in contemporary Nigeria.

References

Adelugba, Dapo (1981). "Trance and Theatre:: The Nigerian Experience" in Y. Ogunbiyi (ed.), *Drama and Theatre in Nigeria:: A Critical Sourcebook*. Lagos: Nigeria Magazine, pp. 203 – 218.

Aluede, Charles (2010). "Singing the Faith: Music and Therapy in Iyayi Song Texts", *Ama: Journal of Theatre and Cultural Studies,* Vol. 5, No. 1, pp. 161-178.

Aluede, C.O. and Eregare, E. A. (2009). "Music Text and Therapy: The potency of Selected Iyayi Songs of the Esan". *Ama: Journal of Theatre and Cultural Studies,* Vol. 4, No. 1, pp. 83-95.

Avorgbedor, Daniel (2003 ed.). *The Interrelatedness of Music, Religion and Ritual in African Performance Practice*, New York: Mellen Press.

Beattie, John (1969). "Spirit Mediumship in Bunyoro" in J. Beattie and J. Middleton (eds.), *Spirit Mediumship and Society in Africa*, London: Routledge and Kegan Paul, pp. 159-170.

Brockett, Oscar (1999) *History of the Theatre*, Boston: Allyn and Bacon.

Carlson, Marvin (1993). *Places of Performance: The Semiotics of Theatre Architecture*, Ithaca and London: Cornell University Press.

Counsell, Colin and Wolf, Laurie (2001). "The Space of Performance". *Performance Analysis: An Introductory Coursebook*. Eds. C. Counsell and L. Wolf. London: Routledge, pp.155-159.

Darah, G. G. (1981). "Dramatic Presentation in Udje Dance Performance of the Urhobo" in Y. Ogunbiyi (ed.), *Drama and Theatre in Nigeria: A Critical Sourcebook*, Lagos: Nigeria Magazine, pp. 504 – 518.

Enekwe, Ossie (1981). "Myth, Ritual and Drama in Igboland" in Y. Ogunbiyi (ed.), *Drama and Theatre in Nigeria: A Critical Sourcebook*, Lagos: Nigeria Magazine, pp. 149 – 163.

Epochi-Olise, Ruth (2024). "Identity and Cross-Cultural Dynamics in Ndokwa Masquerade Festivals" in C. Nwadigwe and K. Bamuturaki (eds.), *Voyages in Postcolonial African Theatre Practice*, Newcastle: Cambridge Scholars Publishing, pp. 209-228.

Erukanure, S. E. (2003). "Origin and Use of Some Urhobo Traditional Symbols" in G. Darah, E. Akama and J. Agberia (eds.), *Studies in Art, Religion and Culture Among the Urhobo and Isoko People*, Port Harcourt: Pam Unique Publishers, pp. 23-30.

Haverkort, B., Hooft, K. and Hiemstra, W. (2003 eds). *Ancient Roots, New Shoots: Endogenous Development in Practice*, London: Zed Books.

Horn, Andrew (1981). "Ritual, Drama and the Theatrical: The Case of Bori Spirit Mediumship" in Y. Ogunbiyi (ed.), *Drama and Theatre in Nigeria:: A Critical Sourcebook*, Lagos: Nigeria Magazine, pp.181-202.

Ikibe, Solomon (2012). "Non-Musicals as Extra-Musicals: Musical Role of Broom and Hand-Fans in Some African Festivals", *The Anthropologist*, Vol. 9, pp. 45-48.

Izugbara, Otutubikey C. and Afangideh, Isong (2005). "Ürban Women's use of Rural-Based Health Care Services: The Case of Igbo Women in Aba City, Nigeria", *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 82, No.1, pp. 111-121.

McIntosh, Keniston (2009). *Yoruba Women, Work, and Social Change*, Bloomington: Indiana University Press.

Nabofa, M. Y. (2003). "Igbe Religious Movement" in O. Otite (ed.), *The Urhobo People*, Ibadan: Shadon Press, pp. 231-241.

Nwafor, Okechukwu (2011). "The Spectacle of *Aso Ebi* in Lagos, 1990-2008", *Postcolonial Studies*, Vol. 14, No.1, pp.45-62.

Peters, Frederic (2023). "Sympathetic Magic: A Psychological Enquiry", *Journal of Cognition and Culture*, Vol. 23, No. 5, pp.522-570. https://doi.org/10.1163/15685373-12340174.

Schechner, Richard (1988). *Performance Theory*, New York and London: Routledge.

Uka, Kalu, (2000), *Creation and Creativity: Perspective, Purpose and Practice of Theatre in Nigeria*, (Inaugural Lecture), Oron: Manson Publishing Company.

Uwadinma-Idemudia, Eunice (2012). "Spaces in Places of Theatre Performance" in S. Ododo (ed.), *Fireworks for a Lighting Aesthetician: Essays and Tributes in Honour of Duro Oni @ 60*, Lagos: CBAAC, pp.155-167.