

# **METAPHYSICAL ENTITIES AND HEALTHCARE IN AN AFRICAN CULTURE**

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## **ABSTRACT**

The paper examines the traditional *Yoruba* conceptions of illness, sound health and healthcare practices to show that they are not contrary to the Western orthodox medical practice and also establishes that the *Yoruba* healthcare practice offers a holistic approach. Thus, it highlights the *Yoruba* ontology, focusing on the impact of the *Yoruba* belief in various spiritual entities on both their traditional and modern medical practices. It also examines how the belief in spiritual agents persists in the minds of the modern *Yoruba* people and the implications of this on his/her health condition and the orthodox Western medical practice.

## **INTRODUCTION**

At least two factors affirm the belief, among some Africans, that some obstinate sicknesses are not susceptible to orthodox medical cures and can only be cured using unorthodox traditional medical means. The first is the common affirmation, made even by African orthodox medical practitioners, and often inscribed on the walls or the signposts of hospitals, that “we care, only God cures”. The second is the referral of

patients afflicted with what appears to be intractable illnesses from orthodox hospitals in some African countries to their homes with the advice that they should seek for unorthodox and traditional cures. This normally includes some spiritual or supernatural procedures.

Without prejudicing the nature of African traditional medical practice, two facts appear common to and axiomatic in all forms of medical practice, be it orthodox or unorthodox: The first is that the objective is the physical and psychological health of human persons. Attaining this can take either of two approaches, prophylactic and therapeutic. The second is that the extent to which a medical practice or procedure is able to enhance human health is dependent on several fundamental factors. These include the correct conception of the human person, identifying the factors that affect human health, positively or negatively as well as the effective preventive and curative measures for adverse health conditions.

The focus of this paper is on the *Yoruba* traditional medical practice as an instance of African medical practice. We aim to critically examine its contents and determine the extent to which it can effectively preserve and promote human health. However, to achieve this end, we need to have a clear understanding of the *Yoruba* ontology, its conception of the human person, its understanding of human health, and its convictions about entities and factors that can possibly stand in causal relations to the health conditions of persons and the procedures for maintaining good health or restoring a person to good health.

## YORUBA ONTOLOGY

The *Yoruba* conception of reality, couched in a religious language like many of the other African conceptions of reality, is hierarchical in nature (Oladipo, 1990: 76, Gyekye, 1987: 68-70). The Supreme Being (*Olodumare*) occupies the apex of the ontological hierarchy, followed by a multiplicity of gods or deities (*Orisa*) and then an array of ancestral spirits (*Alale*). These are all spiritual beings that are invisible to the ordinary eye though actively involved in events taking place in the physical plane. However, Africans generally believe that diviners who have undergone certain rites can see these spiritual entities at will. For ordinary people, however, spiritual entities are only known to exist indirectly, through their effects on the material plane of existence, or when they choose to manifest in a physical form (Oladipo, 1990: 84). Certainly, for the traditional African person, spirits are as real as the chair I am sitting on, the computer I am working with right now and the book you are reading at this moment. They are not merely some kind of logical constructions.

Apart from pure spiritual entities, we have human beings (*Eniyan*), conceived as quasi spiritual, having both physical and spiritual attributes. There are also other living and non-living physical objects occupying the natural world; that is all the entities that are perceptible empirically. A similar hierarchical order is presented in other African traditional cosmology (Gyekye, 1987: 68-70). However, it is interesting to note that the traditional *Yoruba* do not see the spiritual and the physical elements that make up reality

as constituting two rigid compartments. Rather, they are seen as constituting a continuum, with a constant intermingling and interaction of the two. For instance, it is strongly believed by the *Yoruba* that it is possible for some powerful diviners to transverse the spiritual and spiritual realms at will to dialogue with purely spiritual entities.

### ***God in Yoruba Ontology***

The idea of God is central to virtually all metaphysical discourse, and the African (*Yoruba*) metaphysical discourse is no exception. For the *Yoruba*, the supreme God occupies the apex of the cosmological order, and his existence is taken as given and beyond doubt. He is believed to be the creator and maker of all things in existence. Hence, the *Yoruba* calls him *Eleeda* and *Aseda*. He is also seen as the giver of life, eternal, supreme judge and absolutely dependable. To connote his life giving attributes, the *Yoruba* call him *Eleemi*. His eternal attribute earned him the name *Oba Aiku*. However, it is important to note, for its implication on the *Yoruba* traditional medical healthcare, that the *Yoruba* do not consider *Olodumare* as all-powerful. A number of factors limit the powers of *Olodumare*, one of which relates to the *Yoruba* belief in destiny. We examine, briefly, this belief below.

### ***The Person in Yoruba Traditional Thought***

The human person for the *Yoruba* is a complex of a physical aspect, known as the body (*ara*) and a spiritual aspect, which has several elements. Prominent among these are the human soul (*emi*) and spiritual head and bearer of destiny (*ori*). The *emi* is the life-giving

element in a person and it is believed to be immortal. Although there are a number of different mythical accounts of the creation of the human person and the pre-natal selection of destiny (Abimbola, 1976: 95-115, Gbadegesin, 1984: 173-188, Idowu, 1962: 169-186, Oduwole, 1996: 48), the following are believed to be true of each individual person: First, each person determines her/his destiny when coming into the world, by the choice of an *ori*, which *Olodumare* merely seals to ensure its fulfillment in life. Second, each person loses all knowledge of the content of the chosen destiny at the point of birth. However, the *Yoruba* hold that, at least, some aspects of the chosen destiny might be discovered through consultation with *Orunmila*, the deity of divination, through the *Ifa* oracle (Abimbola, 1976: 63).

Destiny, for the *Yoruba*, involves the entire life course of an individual, the major events in his/her life as well as the factors that would culminate in these events. It is held that although individuals are usually not aware of the destiny they have chosen in heaven, all their actions in life unwittingly work together to ensure the fulfillment of that destiny. Ironically, the *Yoruba* also believe that destiny can be altered for good or bad, not by *Olodumare*, but by other forces in the world. These include witches, powerful medicine men and *Iwa* (human character) (Oladipo, 1990: 84). The seeming contradiction between the *Yoruba* belief in destiny and the belief in the possibility of altering destiny has been the subject of much philosophical debate among African philosophers.

## **THE YORUBA CONCEPT OF HEALTH**

The *Yoruba* word for health is *Alafia*: “it embraces the totality of an individual’s physical, social, psychological and spiritual well-being in his total environmental setting” (Ademuwagun, 1978: 89). A healthy person is said to have *alafia or ilera*, while the sick or unhealthy person is described as having *aisan* or *ailera*. For the *Yoruba* the presence or absence of health is measured in terms of the ability to carry out routine and productive functions, and in the process fulfill one’s life aspirations. This ability is a function of a complex involving the physical state, psychological disposition, and the social and spiritual relations of an individual.

Thus, health for the traditional *Yoruba* person is not merely a physical condition, but a state of “total harmony with all the forces that assail man’s well-being” (Sogolo, 1993: 109). It is not just about the physical state of the body, but also about the relationship between a person and some social and spiritual factors or agents. The *Yoruba* normally make reference to a specifiable part of the human anatomy as being diseased only in the case of external injuries and very simple ailments like headaches. So, when a traditional healer is consulted with regards to complicated cases, he does not usually start with an examination of the physical body, but with an inquiry into the patient’s socio-cultural and spiritual relations to locate the possible cause(s) of the sickness.

### ***Causes of Sickness in Traditional Yoruba Thought***

The traditional *Yoruba* people generally recognize three broad categories of agents or factors that are causally relevant to the health condition of persons. The first is physical and direct in nature. They can easily be connected with the manifestation of an illness. It

is in this sense that exposure to mosquito bites is said to cause malaria, eating of certain poisonous food is identifiable as the cause of acute stomach ache, diarrhea, vomiting and dysentery and prolonged exposure to cold air as the cause of catarrh. Such physical causal factors constitute Robin Horton's common sense causal explanation (Horton, 1998: 181-191) and Godwin Sogolo's secondary causal explanation (Sogolo, 1993: 111-115).

The second is spiritual/supernatural and usually indirect in nature but, with very potent effects on the health condition of individual persons. Hence, the *Yoruba* often attribute as the cause of some sicknesses, the anger of some gods, which might have been incurred as a result of the violation of a taboo or the neglect of a divine instruction. For instance, ailments like insanity, leprosy and measles are believed by the *Yoruba* to be some deities' special ways of punishing errant people. (*Sopona*, for example, is reputed for punishing people with measles). Other illnesses may be traced to the activities of malicious agents like witches (*aje*), evil diviners, sorcerers, angry ancestors or simply a person's *ori*. One feature that is common to illnesses believed to be produced by supernatural causes is that we are unable to draw any direct or physical connection between the supernatural causal agent and the manifested illness. The causal connection is usually only discerned by divination, and this appears to be very incompatible with the principles of modern medical explanations (Sogolo, 1993: 111).

The third category of causal agency is social and moral in nature. The traditional *Yoruba* hold that it is possible for an individual to become ill as a result of the contravention of

some communal moral standards or a strained relationship with other members of society. The connection between the social or moral factor identified as the cause of an illness and the illness itself may be no more than psychological. In the case of the contravention of a communal norm or strained relationship, the individual in question might develop a deep sense of guilt which would in turn place her/him under a lot of stress. This might eventually reduce the immune system of the person, thereby making her/him susceptible to sickness that s/he would otherwise have been resistant to. At least, even orthodox medicine recognizes that there are some stress-induced diseases like hypertension, arthritis and peptic ulcers (Sogolo, 1993: 112).

However, there are occasions when we can draw a close connection between the socio-moral category of causal agency and the supernatural category: For instance, people, described as the custodians of the culture, can invoke the wrath of some deities to ensure that some ill comes to the person that has contravened a communal social standard. *Sopona* (a deity in *Yoruba* thought believed to be responsible for measles), for instance, may be asked to afflict the person with measles. In the case of strained relationship between some members of society, a diviner or sorcerer might be consulted by an aggrieved party to invoke the wrath of some gods against their adversaries.

In cases of specific illnesses, the traditional *Yoruba* may appeal to only one or different combinations of the causal categories identified above. When an ailment sets in, the first assumption is that it has a physical and ordinary cause, and routine treatment is administered using medicinal herbs (Fadahunsi and Oladipo, 2004: 90). It is only when

such treatment, based on the perception of a natural/physical cause of the illness, fails that the *Yoruba* would begin to search for other causal explanations at the supernatural or socio-moral level.

### ***Traditional Healthcare in Yoruba Culture***

We have stated earlier that the *Yoruba* see a person as healthy only when he is in total harmony with all the forces, physical, social and supernatural that affect his/her well-being. In effect, their system of healthcare consists of procedures that start from the physical, but can extend to the social and the supernatural. The precise medical procedure to follow is determined by the nature of specific ailments. Simple cases of sicknesses, like ordinary headaches and fever, caused by purely physical factors, are effectively treated with the administration of medicinal concoctions.

But whenever seemingly ordinary illnesses defy ordinary medications, a traditional *Yoruba* would begin to “feel that there is something in the illness” (Fadahunsi and Oladipo, 2004: 90.), and takes medical inquiry into the cause(s) and nature of the illness beyond the physical to the social and supernatural levels. Oracles are consulted in order to discern the actual cause of sickness and the correct medical procedure to adopt. At this level, causal explanation shifts to the anger of some gods, activities of some malicious agents or a breach of some social norms. At this point, investigations in orthodox Western medicine would still be physical: series of laboratory tests would be carried out in an effort to come up with correct diagnosis. This is done against the backdrop of assumption that the causes of sicknesses are always explainable in physical terms.

For the traditional *Yoruba*, however, diagnosis and treatment cease to be purely a matter of physical medical procedure: they would now include some oracular consultations to determine the type of rituals and sacrifices to offer to appease the angry gods, witches or ancestors, restore broken communal fellowship or neutralize whatever a malicious agent might have done to render the patient sick. The *Yoruba* believe that it is only after this has been done that the administration of medications can be effective. One of the principal deities consulted in order to identify the right medication to administer is *Osanyin*, the deity in charge of medicine and healing (Babalola, 1993: 8).

A question that needs to be answered relates to the connection between the sacrifices and rituals performed and the administration of medications in *Yoruba* traditional healthcare. How precisely do sacrifices and rituals contribute to the healing of a sick person, especially where previous administration of medications has proved to be ineffective? This question is important given the fact that it is usually impossible to draw any direct and empirically verifiable connection between supernatural and socio-moral causal categories and the ailments they are credited with.

To provide an adequate answer to the above question, we need to understand the distinction between the cause(s) of a sickness and its manifestations. The *Yoruba* believe that medications can only effectively check the cause and manifestations of illnesses having only physical causes. In the case of sicknesses emanating from supernatural or socio-moral causes, administering medications would be ineffective against the cause.

Even if the manifestation of the problem were alleviated, it would only be superficial and short-lived. Thus, before an afflicted person is successfully healed, the root of the problem must be addressed appropriately: supernatural causes must be addressed supernaturally and socio-moral causes checked in the same manner. It is only after the requisite steps at the supernatural/social levels have been taken that the use of medication becomes effective. An example may be helpful in this regard.

A man insulted a female traditional medical practitioner by accusing her of being fraudulent and devoid of any capacity to help her patients resolve their problems. She specialized in helping barren women conceive and deliver babies safely. Her procedures cut across the ordinary administration of drugs that would enhance fertility and the offering of sacrifices to the deities in charge of fertility and childbearing. In reaction to the charge leveled against her, she consulted another diviner, and together they carried out a ritual to harm her accuser, who shortly after the ritual came down with massively swollen lips, cheek and neck. All medications proved ineffective and he was only able to procure healing after he consulted another diviner who, upon divination, advised him to plead with the lady he insulted. When he did, she instructed him on the requisite sacrifices to make and the medications to take. These secured his healing.

While many Africans still believe that an individual's health can be affected supernaturally, a number of Africans, especially those enamored by Western science, and many non-Africans, unfamiliar with the African reality have expressed skepticism about this possibility. The latter express doubts about the existence of those metaphysical

entities credited with the capacity to affect human health. But, just as no one has been able to establish, philosophically or scientifically, that God exists or do not exists, questions about the existence of such metaphysical entities may not afford a final solution. The fact remains, however, that many Africans still believe these entities exist and are capable of affecting human health. Indeed, there are several cases of illnesses that orthodox medical practitioners in Africa have considered as intractable that have been cured using the combined therapy of drug administration and rituals to some metaphysical entities.

There is a plausible explanation of how belief in metaphysical entities and the offering of sacrifices to them affect human health. When someone who believes in the existence and capacities of these entities does something that is reputed to invoke the wrath of the gods, ancestors or even witches, he is likely to suffer from a sense of guilt and anxiety of the impending wrath. This places him under great stress, which in turn erodes his/her normal immunity to infections and diseases and also renders him vulnerable to ailments; especially those that are stress induced (Sogolo, 1993: 112-113). This possibility is corroborated by Carother (1953: 121), who maintained that anxiety from the fear of bewitchment or the wrath of some metaphysical entities produce phobias, which in turn can cause such physical symptoms as gastric and cardiac neurosis and impotence. In these cases, healing would require, apart from the administration of drugs, the restoration of confidence that the aggrieved spiritual entities are no longer angry and out to destroy the patient. The standard way to do this, for the *Yoruba*, is through rituals and sacrifices.

We must grant that the above explanation is reasonable in that there is ample empirical proof, even in orthodox Western medical practice, that the psychological state of an individual can induce or complicate some physical ailment and also promote or hinder healing as the case may be. This is why many orthodox medical practitioners employ deception and lying, when they feel it would produce the right psychological state that would enhance restoration of health (Elin, 1998: 135-137, Collins, 1998: 139-141, Bok, 1998: 143-145). Hence, even if there were really no metaphysical entities, the fact that the *Yoruba* people believe in their existence and capacities makes them relevant in their healthcare procedures as far as the development of the mental attitude that is favorable for healing is concerned.

Nonetheless, a problem with the explanation above is that these entities do not seem to affect only those who believe in them, but also those who profess disbelief. The *Yoruba* often asks skeptics of the reality of metaphysical entities to allow them to invoke the wrath of these beings against them as proof of their existence. This is usually done in consultation with sorcerers, witches, magicians or native doctors (Oluwole, 1992: 18). Indeed, there are accounts of Africans with the powers to evoke and manipulate spiritual powers to achieve specific objectives repeatedly even though they are not able to explain in scientific terms their nature (Neal, 1966). Likewise there are ample reports of cases of people who have been forced to believe in the existence of supernatural entities by the invocation of some gods to impinge upon their health. So, the possibility that these entities can still affect those who do not believe in them suggests that the appeal to metaphysical entities in *Yoruba* traditional healthcare practice serves more than

emotional and aesthetic needs (Fadahunsi and Oladipo, 2004: 91). However, most African scholars that have examined this issue agree that the significance of reference metaphysical entities is primarily to satisfy emotional and aesthetic needs, to answer the question of “why” rather than the question “how” (Sogolo, 1993: 115).

Nonetheless, it is worthwhile to raise the question: how precisely can spiritual entities possibly affect the health conditions of those who do not believe in their existence and capacities? To answer this question, we need to refer to the fact that in *Yoruba* ontology, there is no rigid dichotomy between the spiritual/metaphysical and physical realms of existence. The two forms a continuum in which there is a mutual interaction between them, such that some spiritually powerful people as well as purely spiritual beings can transverse the two spheres to bring about certain effects in either. Also, the entities in the two realms constitute a hierarchical order that straddles both the metaphysical and physical domains. Additionally, spirits are believed to inhabit, steer and control practically every physical entity that we ordinarily regard as living or non-living, humans inclusive (Idoniboye, 1973: 84-85).

Now, the understanding that the “causes of illness are a blend of supernatural forces (gods, deities, spirits, etc.) and natural forces (germs, parasites (*kokoro*), etc.)” (Sogolo, 1993: 114) coupled with the African conception of spiritual entities’ as steering and controlling everything in existence leads to an hypothesis to explain how metaphysical entities can affect the health of human beings, irrespective of their belief system: metaphysical entities whenever they want to afflict an individual would simply steer the

natural force or micro-organism required to effect a sickness to attack the target and consequently bring the person down with the particular ailment. Similarly, healing may be effected supernaturally after the offer of sacrifices on the instruction from the relevant spiritual entity to the relevant natural forces to quit their siege on the person. Then, the administration of drugs would facilitate the physical healing of the body. This hypothesis is corroborated by the *Yoruba* belief that there are specific deities in charge of specific ailments.

Thus, using measles as an example, the *Yoruba* recognize that it is possible for a person to contract measles through ordinarily physical means. In this case the standard administration of drugs alone would be considered adequate to effectively cure the afflicted person. But when the infection is believed to result from the wrath of *Sopona*, the deity that controls measles, it would be crucial to ascertain why the deity has afflicted the patient and offer necessary sacrifices to appease the deity for the patient to be cured.

At this point, we must concede that we are not yet able to offer a detailed account of how supernatural entities steer natural forces to afflict individuals, but this is not a problem peculiar to the *Yoruba* or African metaphysical reality. It is quite similar to the perennial mind-body problem in Western Philosophy. And, just as it would be fallacious to insist that the hypothesis is correct for want of contrary evidence, it would equally be fallacious to reject it as incorrect or implausible for lack of adequate empirical proof. In addition, many scholars engaged in the discourse on African metaphysics have consistently argued that metaphysical entities, properties and events constitute a form of life that is closely

connected with, but still essentially different form of life to which physical entities, events and properties belong (Horton, 1998: 181-192). Hence, it would be a category mistake to demand the kind of proof required in the natural form of life for the supernatural realm just as it would be erroneous to assess football using the rules of handball, even though the two are rightly called sports. Besides, the fact that we are not yet able to give a detailed analysis of the causal connection between a supernatural entity and an illness does not imply that we may not be able to do so in the near future.

### **CONCLUSION**

Earlier, we identified the affirmation often made by African orthodox medical practitioners that “we care, God cures” and the practice of referring patients with obstinate and apparently mysterious illnesses to use traditional medical techniques to procure healing. These suggest the realization by some of the Western orthodox medical practitioners that their method of healing is not always effective in a typically African setting. The inadequacy is due to at least two facts: First is that Africans and the *Yoruba* in particular, believe in the involvement of metaphysical entities in their health conditions. Consequently, Western orthodox medical care is handicapped because it does not take adequate cognizance of the psychological aspect of illnesses and the implications of the belief in metaphysical entities for healthcare in Africa. Second is that modern medical practice does not make any provision for the actual possibility of metaphysical entities impacting the health of Africans.

Today, many Africans (*Yoruba*) are no longer practitioners of indigenous religions. They are largely either Christians or Moslems. As such, they are reluctant to offer sacrifices to metaphysical entities now regarded as pagan and evil. Besides, while these deities, ancestors and other spiritual entities are believed to still have the capacity to affect human health, the Supreme Being, as presented in Christianity and Islam is believed to be omnipotent, possessing the divine ability to override or at least neutralize the powers of these metaphysical entities. Hence, many *Yoruba* people in contemporary times would approach Him rather than any other spiritual entity for answers to their medical problems. However, the important issue to note is that underlying the effort to approach either the God of Christianity or the Allah of Islam is the persistence of the traditional belief that some sicknesses are not ordinary, but have metaphysical foundations and can only be healed by some metaphysical (religious) intervention.

The above suggests that orthodox medicine in Africa would achieve a higher degree of success in the health cases that have been hitherto obstinate if adequate attention were paid to the African belief in the existence of metaphysical entities and its implications on the African psyche. Encouraging Africans to seek metaphysical or religious intervention (be it Traditional, Christian or Muslim) to counter what is construed as the metaphysical origins of their health problems as a complement to the orthodox medical practice is likely to be productive in at least two distinct ways: First, it would boost the confidence of African patients in the medical care administered by orthodox practitioners. In as much as there is some truth in the claim that the psychological state of an individual can

promote or hinder healing, it follows that healing would be enhanced if African patients are allowed to take relevant spiritual steps (like offer prayers or sacrifices to whatever supernatural agency they believe in) that would convince them that they have effectively taken care of all supernatural conditions that might be contrary to their healing. This would be a sort of placebo, which is often fruitfully employed even in orthodox medical practice.

Second, since there is really no way to substantiate, in empirical terms, such a metaphysical reality, allowing African patients to deal with the presupposed metaphysical aspect of their health problems would complement the administration of orthodox medicine and contribute towards healing.

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