



Orisa Sanponna: Indigenous health systems, disability, and morality in Osofisan's dramaturgy

Olusegun Olu-Osayomi & Babatunde Adebua

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The relevance of indigenous literature (by this is meant African literature) as an important resource for the interrogation and understanding of the social construction of the body, illness, or well-being in the African context seems not to be of primary interest to most African researchers in the field of sociology of health. In this article we explore how the notion of *Sanponna* (the smallpox deity) depicted in Femi Osofisan's play *Esu and the Vagabond Minstrels* can be integrated into disability and indigenous health systems in a way that acknowledges both the biological and social facts as well as how this experience can be interrogated within the domain of epistemological, ontological, and moral foundations and concerns. We rely on mythological and analytical approaches as the theoretical underpinning. We begin with a brief explanation of the concept and potential of *Sanponna* in Yoruba metaphysics. We also look for relationships between moral values and other socio-psychological dimensions and traditional understandings of disability. Thereafter, we briefly examine *Orisa Sanponna* and its possible impacts on characters and disability in *Esu and the Vagabond Minstrels* and conclude with an explanation of the relevance of the themes explored by Osofisan in the play to the Nigerian contemporary experience and situation. **Keywords:** *Orisa Sanponna*, Yoruba, morality, indigenous health systems, disability, Femi Osofisan, traditional African religion, medicine, disability, leprosy.

Introduction

In this article we explore the integration of *Sanponna* (smallpox) and leprosy depicted in Femi Osofisan's *Esu and the Vagabond Minstrels* (EVM) into disability and African indigenous thought phenomena in a way that acknowledges both the biological and social facts.¹ There is also consideration of how this experience can be interrogated within the domain of epistemological, ontological, and moral foundations and concerns. The notions of *Sanponna* and leprosy are complex and multi-phenomenal experiences that demands a multi-layered system of analysis. From the perspective of the smallpox and leprosy patients and the characters in the play who, by proxy, share in that experience, the *Sanponna* notion will be felt and expressed in a variety of ways. This experience is critical to our analysis of well-being and the concept of compassion in the selected text. The selected literary work extensively features the twin issues of African *Orisa Sanponna* and the traditional understanding of specific disability.² The handling of these concepts is presented as a literary device and as character depiction.

Incidentally, Alex Asakitkpi (66) states that the relevance of indigenous literature (by this is meant African literature that reflects on and captures Afro-centric concepts of the body or illness) as an important resource for the interrogation and understanding of the social construction of the body, lies in the fact that illness, or well-being in the African context seems not to be of primary interest to most African researchers in the field of the sociology of health. This is in sharp contrast to Western literature which has been explored for over three decades (Goffman; Douglas; Turner, *The Body and Society*). Various studies have been carried out in Western scholarship

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on the social and biological processes of the sick body. Freidson attempts to explain the social construction and definition of illness experiences; David Locker, the social structure that inhibits human behavior as they confront discomforts and disruptions; and Peter Freund, Freund and Meredith McGuire, and Jocelyn Lawler investigate how sick individuals are handicapped as they experience difficulties in their challenged state. But, despite this general progress, Turner (*Regulating Bodies: Essays in Medical Sociology*) has posited that the dominant status of the body as a domain of medical sociology has been greatly undermined. Michael Kelly and David Field posit that one of the reasons for this neglect is the rejection of methodological individualism in favor of social agencies and structures.

The corporeal metaphor of the body as posited by Kelly and Field is seen as representing the dynamics of society, with the body itself capable of absorbing and containing it within its boundaries, and manifesting illness as a physiological response. But Asakitikpi (67) observes that there is much more to this metaphoric presentation of the human body, a limitation that is often associated with how the West deals with physical matter which is often devoid of the supernatural. Hence, rather than just an expression of social turmoil in the society, the selected work also goes beyond the physical to explore the concept of the body not only as gross matter but, more importantly, as a dual entity that bestrides both the physical and spiritual worlds. As espoused by Cynthia M. Mathieson and Henderikus J. Stam (286), self-narratives are part of an open-ended process, with continuous transformations that provide a meaning to daily interactions. Consequently, Osofisan's play is a social construction that emerges from "social interchange and for this reason no single narrative is ever final but part of the negotiation of ongoing, intersecting and multiple influences". It is within this framework that we explore the notion of *Sanponna* and leprosy as depicted in *EVM*, which focuses on the ontology of the body.

The mythological concept of *Orisa Sanponna*

Sanponna/Obaluaye (the smallpox deity) is one of the major principal deities universally worshipped everywhere in Yorubaland, on an annual basis. Others are *Esu*, *Obatala*, *Ogun*, *Orisa-Oko*, *Osun*, *Sango*, and *Yemoja*. In Yorubaland, it is a commonly accepted tradition that there are 401 deities. Oral traditions, according to Akintunde Akinyemi (84–5), often give a confusing impression of the exact number of divinities; for example, sometimes they speak of *erunlojo irunmole* (700 divinities), *igba irunmole ojukotun*, *igba irunmole ojukosi* (200 divinities of the right side, 200 divinities of the left side, for a total of 400 divinities), or *okanlenu irunmole* (401 divinities). There are still *ojilegbeje irunmole ti won n lu edan fun* (1,440 divinities for whom metal rods are sounded). *Sanponna* is an earth god who has come to be regarded as a dreadful reality to the Yoruba. He is a short-tempered, cruel, and irascible *Orisa* (deity) who attacks people with smallpox as well as mental illness. His other names, which appear exclusive, include *Oluw'aiye* (*Oluwa Aiye*) or *Oluwa* (Lord of the Earth or Lord), *Oba-lu'aiye* (King who is lord of the Earth), and *Olode* (The Lord of the Open). The Earth, which comprises the ground on which man treads, builds, and which he cultivates, the open spaces, is his jurisdiction where it is believed he holds absolute sway (Idowu 95).

In the Yoruba belief, *Sanponna* is "the destruction that wasteth at noonday" whose main scourge is smallpox, according to E. Bolaji Idowu (95). But smallpox, as dreadful as it is, appears to be no more than the most objective symptom of the fact that the "wrath" of the divinity is upon the victim, or upon the community, more often (96). Any high temperature in a patient, especially when accompanied by restlessness or delirium, is putdown at once to the divinity; a carbuncle, a particularly troublesome boil, a malignant rash are all regarded as marks of the wrath of *Sanponna*. Because *Sanponna* is called *Ile gbona* (hot earth), the Yoruba traditionally do not say *Ile gbona* (the ground is hot) when the ground is indeed hot. They employ a euphemism and say exactly the opposite of what they mean—"Ile tutu" (the ground is cold)—when a person has smallpox or suffers any of the afflictions believed to be caused by *Sanponna*. Idowu (97) further states that the Yoruba describe the situation in terms of deep respect for the divinity. They say "O nsin oba" (he is under the bondage to the king); *Ile-gbona mu u* or *Ile gbona mba a ja* (hot-earth has laid hand on him or hot-earth is afflicting him); or *O gb'ofa ba a* (he falls a victim to the arrowshot, or he is struck by the arrow).

However, according to Yoruba mythology, *Sanponna* is the "king" whose will, whatever the issue may be, must be accepted, not only with resignation but with manifest pleasure and gratitude. The relatives of a deceased smallpox victim, for example, must not mourn or show in any way that they regret the death. Rather, they must put on a festive and cheerful appearance and show that they are happily thankful for what the 'King' has done for them! If not, they are asking for more of the "king's" scourge! He is often depicted as prowling about when the sun is hot, robed in scarlet. Idowu (97–8) stresses the significance of this dreadful god:

Care must be taken, especially during the dry season, not to say anything that would offend him. And thus is understandable because smallpox spreads more easily and is usually prevalent during the hot, dry season. Because he is believed to be particularly active during the dry season, he is called *A-soro-pe-Ieru*—“One whose name it is not so propitious to call during the dry season”. He is considered fierce and almost implacable; so the whole office of his worship tends mainly to the propitiation of him so that he may leave people alone. The remedy used to heal smallpox or any ailments which are calculated to be due to his agency is called *Ero*—“That which softens (*Sanponna*) or eases (the furious nature of *Sanponna*)”; it is also called *Ebe* “That which propitiates or appeases”.

As Idowu (98) reiterates, anyone who dies of smallpox is considered taken away by the “king”. Their body is not buried in the house in the customary way; it is buried in the bush. And the funeral offices are the responsibility of the priests of *Sanponna* or any special undertaker whose qualification is his possession of the requisite preventive and propitiatory medicine. Part of what is done by those undertakers, therefore, is to take hygienic measures to prevent the spread of the disease. The fundamentality of Idowu’s submission consists of the fact that the germs of smallpox belong to the class of germs which do not, as a rule, die with the death of the victim, as the Yoruba have learnt by experience. This knowledge of the die-hard nature of the disease’s germs, Idowu (98) says, has often been exploited with disastrous consequences by unscrupulous people. On the whole, the Yoruba people would prefer the shrine of *Sanponna* and his emblem outside the house, village, or town—somewhere in the bush—because they fear provoking him; because, according to Idowu (101) “who can approach consuming flame”?

Medical models

According to Asakitikpi (73–4), the conceptualization of diseases from a Western perspective from the late nineteenth and early twentieth centuries, which is based on the anatomic and pathological views of the human body, is what is regarded as the medical model. This model captures the Western medical definition of diseases as organ and tissue specific, while the etiology of diseases is mostly linked with specific micro-organisms. Consequently, in digging further, Jonathan Gabe, Mike Bury, and Mary Ann Elston (125–6) say the medical model has three basic dimensions: that a specific etiology can be found underlying specific diseases, that diseases cause lesions in the body and further alter its anatomy and physiology, and that the two processes above in turn give rise to symptoms. However, the medical models may not be limited to only Western concepts of diseases; it may also be applied to non-Western nations and peoples whose concepts of diseases and illness are radically different from Western paradigms. For example, in the Nigerian context, and to a large extent the whole of the African continent south of the Sahara, the concept of diseases and ill health, as discussed by Nwankwo Ezeabasili and, to some extent by John Boston, is both pragmatic and metaphysical and so devoid of the monolithic explanation of the etiology of diseases. The African medical model conceptualizes diseases as caused by natural, preternatural, and mystical events and finds expression in both overt and covert ways that are experienced by the patient. This indigenous health model is more holistic in its approach to illness and diseases as it is based on the beliefs in natural, preternatural, and mystical causes to explain the etiology of diseases. Before the administration of therapeutic cure for patients, this fundamental categorization of the causes of diseases is often considered.

Traditional understanding of diagnoses, causes, and treatment of smallpox and leprosy

Natural causes of smallpox are attributed to bad spirits, walking or working in sun, dry season, and germs, while leprosy is caused by unhygienic living conditions, among other factors, which may lead to physiological dysfunction but which can only be remedied naturally by taking appropriate herbs. On the other hand, “preternatural diseases are explained as the result of the machination of the malevolent agents such as witches and sorcerers, who are believed to have supernatural powers which they use in manipulating spiritual elements to achieve their evil desires” (Asakitikpi 74). Bareness and lameness are some of the health challenges that are easily classified under this category. However, ‘common’ ailments such as stomach trouble, malaria, and germs may also be attributed to preternatural causes if several attempts to cure them become futile. Mystical causes of ill-health that cannot be given ordinary explanations are attributed to abnormal diseases or illness. This may be in the form of smallpox (which is attributed to meeting *Sanponna*), leprosy, dumbness, swelling of the groin, and some other forms of disability.

Asakitikpi (75) opines that “this category of illness is often attributed to the breeching of taboos and taking of dangerous oaths. Those with this form of diseases or illness are usually not handled by ordinary medicine-

men; there are priests that are attached to the local deities who perform the necessary sacrifices to appease the offended god or spirit". However, open worship of *Sanponna* is banned by law in Yorubaland because it was widely believed that worshippers disseminated smallpox germs during the annual rites. According to Asakitikpi (75), in all these traditional concepts of diseases and rehabilitation processes is the complex mixture of scientific and mystical explanations to common diseases and challenging ailments, and this interaction takes place within the socio-cultural environment of the patient. It should be pointed out, Asakitikpi further states, that "in practice there is no clear distinction among these three major causes of ill health and, more often than not, they grade into one another depending on the severity of the illness and the response of the patient to the prescribed treatment. Therefore, it is often left for the medicine-man to diagnose and prescribe the necessary therapy for cure".

However, for the first category—natural causes—traditional Yoruba healers and priests have common knowledge of the type of herbs to use for smallpox and leprosy. The most common methods of treating patients consist of medical preparations made of mixtures of roots, leaves, barks, fruits, parts of animals, and so forth; rituals involving offerings to the *Orisa* or the witches; or both (Simpson 97). The medical preparations are administered orally, in ointments, by bathing, or through scarification. Typically, scarification for medication is made around the ankles, the wrist, on the sternum, and along the line of sagittal suture of the head. Among many other diseases, according to George Simpson (102), leprosy is blamed on "worms". A rather complicated remedy involves cooking the roots of the *arajokun*, *osunsun*, *aringo*, *abo*, and *orupa* plant in a new clay pot with wood ashes and water.³ Several *asa* fowls are fed in a cage and their faeces are collected and added, with *alupayida* leaves, to native soap.⁴ The patient is then bathed in a pit (to prevent the water from flowing away and thus spreading the disease) with the liquid mentioned above and native soap. Smallpox is widely attributed to meeting evil or bad spirits, that is, to meeting *Sanponna*. Smallpox victims have fever, chills, pain, swelling, dream, and do not eat well. In one type of treatment, according to Simpson (103), a mixture of oil of lavender, *Kanfo* (camphor), and *sebe* water is applied to smallpox sores. Another palliative is made of juice from *ijoyun* leaves and shea-butter, a mixture which is rubbed on the patient. To appease *Sanponna*, a *babalawo* (diviner) may advise a client or their family to give a ceremony with animals and other offerings. However, Asakitikpi (75) asserts that the recognition of the tripartite nature of humans as biological, social, and spiritual makes this form of medicine not only desirable but also in congruence with local cosmologies.

The gods, disability appropriation, and the morality dialectic in *EVM*

Osofisan is one of the most notable contemporary African playwrights and directors. In his dramaturgic engagements and theatrical practice, he has consistently interrogated and addressed the postcolonial African condition. Osofisan has also consistently explored the African tradition and cultural matrices to make artistic statements. A visible imprint of African culture in Osofisan's drama is the recurrent portrayal of the traditional gods as reasoning and healing entities, like humans, thereby making the gods to participate in the play of human beings. In this article we contend that the gods as an idea or an aspect of African (Yoruba) metaphysics occupies a significant place in the construction of Osofisan's plays, serving aesthetic, cultural, and ideological purposes. The need for a firm understanding of the gods and the reasons for the playwright's fascination with them informs our analysis of *EVM*.

In *EVM*, the setting is the crossroad. Osofisan uses this traditional setting as a base from which he treats national concerns from a moral perspective. Within the context of an African worldview, this setting is spiritual. The play, according to Victoria Adeniyi (160–2), tells the story of five minstrels—three men and two women—who are looking for ways to better their lot. They have not eaten for the past three days and are desperate to eat anything edible that comes their way. As they wait at a crossroad to eat the sacrifice brought to *Esu* by his worshippers, they meet an old man. Redio, one of the minstrels, says: "We've come to the end of the road. And it looks like you can help us, as a priest of the gods (17–8)". And the old man tells them:

Esu loves to help men, but only when they show that they can live happily among other human beings. For human beings are greedy [...] Esu does not see into the hearts of men, only their actions. Are you ready to help those among you, who are in distress? To bring redress to the wronged? And justice to the exploited? (32)

Orunmila is the molder and symbol of knowledge of humanity while *Esu* is the examination officer. Muyiwa, P. Awodiya, quoted in Adebola Adebambo Ademeso (73), says:

Most Christians in Africa believe strongly that *Esu* is the same person referred to in the Bible as Devil or Satan, whereas the appropriate parallel or the equivalent of the Christian's Devil does not exist in the Yoruba pantheon. *Esu* is one of the deities in the Yoruba pantheon known as the 'errand boy' of *Orunmila*. He is a "trickster god of revolt and unpredictable forces", an embodiment of "the principle of justice whose operation often eludes man's predictive abilities".

The crossroad, where *Esu* resides, is the meeting point for the good and the bad attributes of humanity. According to Yoruba mythology, the dilemma of the crossroads is the dilemma of the society that is going through a socio-political or economic transition. People come to the crossroads to meet *Esu* with the hope of dining with him. However, he does not go to them. *Esu* sees his power in the affairs of men as divine. The old man tells the minstrels: "The owner of the world has created a balance between the forces of Good and those of Evil and therefore leaves people to make their choices. He appointed *Esu* to watch over them [...]" (17). It is in this light that Osofisan finds the motif of *Esu* as the most relevant in determining the fate of the minstrels who are in need. These minstrels unfortunately begin to use their power to exploit others and to enrich themselves at the expense of their clients. Epo Oyinbo, one of the minstrels, for example, tells his client: "Yes, I can. But what are you ready to offer?" (39). When the man, who is desperate to be cured of his impotence, says nothing, Epo Oyinbo presents a dubious and innovative dimension to the aberrant expression of his greed and replies: "Talk man! Anything is not definite enough!" (39). In reply, the man promises him all his property. Accompanied by his other minstrels, Epo Oyinbo sings and dances with the man. And as they sing and dance, the stage directions and dialogue read: "(*The Old man's retinue, apparently unseen by the Minstrels and the Impotent Man, return to dance along. They gradually involve the Impotent Man in a kind of ritual and then dance away. As soon as they disappear, the man, as if awakening from a trance, shouts in surprise*): Sanponna O! My God, it's working! I'm coming alive!" (41).

The impotent man runs after Sinsin and Jigi, two female minstrels, who flee. This is how all the minstrels, except Omele, treat their clients before curing them: always making their client promise them something before they provide the solution to their problems (Adeniyi 160). Epo Oyinbo, Redio, Sinsin, and Jigi select their clients by first ascertaining their level of wealth. Any client who is not rich or who seems too poor to offer anything to them in return is left untreated. Sinsin, for instance, chooses a wealthy man who uses human beings to make money, and all the other minstrels choose material things, the only thing they could invest their healing charm on, thereby denying the suffering healing power.

Thereafter, a male and female leper enter, looking for someone to cure them of their leprosy. To effect a cure, the male leper tells them that whoever wants to help them will have to embrace them. Only Omele accepts. Redio even exclaims, "Not on your life, sir! Not for all the riches in the world" (71). Omele knows that he is taking a risk just for the happiness of the leper-couple against all the pressures from his friends and the condition for using the charm. If true commitment is the bedrock of an action, no matter the implication, one would be ready to bear it. Omele's words affirm this:

It's no use now. If I let you go, I'll never grow old. For I'll never know happiness again! I'll be thinking only of this single moment of cowardice, when I turned away some human beings in need [...] (*He embraces the Male leper*). And you, dear lady, like this! I'll hold both of you together now, while I sing and dance with you. See if you can sing with me! (73)

The changes begin as they sing and dance. The limbs of the lepers begin to stretch out again, while Omele collapses in great pain, his limbs retracting, and spots all over him. The other minstrels mock Omele for proving stubborn and foolish. Then, they drive him away but Omele tells them:

Because it doesn't matter to me. I have only one life, and it's not worth much. I've always lived in want, as a vagabond. Oh yes, my life itself has been like leprosy. So I am used to it, I can live like this for the rest of my wretched life. But look at them, aren't they handsome as they are? They have a name, a career, they have kid. They have money in the bank, an insurance policy no doubt, their life is a hymn to the future. Society needs them, not the dregs like me. I'll keep the disease! (60)

Omele's disposition, according to Ademeso (57), is a clear indication of the possibility to submit willingly, for the progress of humanity. He deprives himself of all the immediate needs and the will power of man. Later, the old man appears and asks how they have helped to reduce suffering in the world. For using the power given them to enrich themselves, all the minstrels except Omele praise themselves. Then the old man says, "All is set then! The hour has come for your reward, all of you". Then he says to his followers, "reveal yourselves, my children" (81). One by one, hoods fall off to reveal the same characters who had been helped by the minstrels, all except the pregnant

woman and the lepers. The minstrels jump with shock because they realize that the old man was only testing them to know if they would use whatever talents and opportunities they have to help mankind or to enrich themselves. This raises a question left unanswered: how can collective force work when there are people with selfish motives outnumbering the few committed ones? The old man gives his verdict: "Let the disease go to those who have won it, those who seek to be rich without labor. Who have put their selfish greed first before anything, including humanity, I mean you, my dear fellows! Take your reward! (*The Minstrels cringe in terror*). Obaluaye, it's your turn now. They're yours!" (90).

As Omele is cured by *Sanponna/Obaluaye*, his comrades writhe in agony as they are caught by the dreadful god and are gradually covered in spots. Thus, using the myth of *Esu* and *Sanponna* as the illustrative medium, *EVM* is an example of a morality play that is meant to "tune the various human perceptions to the reality of class structure with a guided hold on the social, political, and economic views of man" (Ademeso 54).

Disability, medicine, and the gods in *EVM*

The shift in the structure of the society from pristine traditionalism to modernism, according to Azeez Akinwumi Sesan (80), has exerted much influence on the moral ethos and cultural episteme of individuals in the country. Among the components of modernity in contemporary Nigerian society are architectural designs, innovation in science and technology, and modern religion (Christianity and Islam) that are not native to Africa. With the modern architectural designs and religion, Sesan (80) further states, African gods and goddesses have been losing their prime places among worshippers and adherents. The gods and goddesses are no longer worshipped. Individuals also live in isolation, caring for themselves and their families alone and severing the ties of extended family and the compound. The outcome of this is the loss of the human face and humanity in Nigerians' dealings and interactions with others.

Still in the illusion of the past, the minstrels think *Sepeteri*, the residence of *Esu*, will still receive sacrifices that will satisfy their wants and needs. As a result of modernity, the minstrels want pleasure without stress. This is because of their inherent laziness. Their laziness makes them victims of the antics of *Esu*, disguised as the old man. The crossroad is the abode of *Esu* and plays host to ritual offerings given to the deity. As the umpire of the crossroad, *Esu* gives to each person according to his/her needs and desires. Apart from the crossroad, worshippers are sometimes advised to offer sacrifices to *Esu* and place them in the center of the market. Therefore, the crossroad as an idea or as a concrete institution occupies a significant place in the construction of Osofisan's play, serving aesthetic, cultural, and ideological purposes. *Sepeteri* is, therefore, the confluence of humanity where the giver and the needy meet for favors from the gods or the ancestors. "It is the cultural understanding of the significance of *Sepeteri* that propels the Vagabond Minstrels to the place to find solution to their wants. This confluence of humanity is the centre of fellowship of man, ancestors and deified beings" (Sesan 79). The minstrels are unable to satisfy their needs because the *Sepeteri* crossroad is deserted. In the process, humanity suffers. However, the truth of the matter, according to Omele's declaration, is that time (and by extension, modernity) has changed his people. The implication is that they are no longer humane and responsive to the needs of the less privileged and helpless. The excerpt below shows this:

Omele: Charity! That is the creed we were all raised on, and the whole village practiced it! Not even a stranger passed by without finding a roof or a warm bed. They taught us to always give, freely like Mother Nature. They said God owned everything, and that every man was a creator of God. Created in his image! So, how was I to know that in just five years, five years since I left, all that would have changed? How could I have foreseen it that a day would come when these same people, my own people would see men in torment and drive them back into the wind? (17)

Osofisan's immediate society (Nigeria) provides a variety of great influences on his visionary posture. He sees his society as a microcosm of Africa and a universal symbol. Osofisan is, first and foremost, a Yoruba man. Among the Yoruba, as in many African cultures, healing is always approached holistically and cosmology is part of Yoruba human existence. Within this cosmological framework, when the physical body is sick or someone suffers from a physiological dysfunction, the spiritual body must be reached either through the physical body or by some other means for the desired wholeness to be achieved. Therefore, traditional healthcare remains an integral part of the people's cultural belief. In addition, central to Yoruba theology is the interaction between the physical and the metaphysical. This, according to Adépejú Johnson-Bashua (146), is based on the concept that sickness or illness implies a combined physiological and spiritual condition that results from an imbalance between the

metaphysical and the human world. In the Yoruba response to illness and healing in this context, ritual dynamics of divination, spirit possession, offering, and sacrifice play central roles. There is also the recognition of divinities called *Irumole* which they acknowledge as messengers or angels of *Olodumare* (supreme being). Other methods of curing ailments in Yorubaland are healing using herbs and plants, spirit possession, healing during the *Egungun* (masquerade) festival, *Oro* worship, using palm-nuts, cowries shells, numbered checkers, ventriloquism, casting of kolanut, water in a sacred pot, *Osanyin*, and the employment of the *Ifa* oracle to determine the cause and cure of illness. Of all these, the adoration of *Olodumare* is the foremost. Most often, as compared to orthodox medicine, traditional healing is the preferred option for patients in Yorubaland. For instance, in the text Redio says to the old man: “We’ve come to the end of the road and it looks like you can help us, as a priest of the gods” (17–8).

Some of the characters mentioned in *EVM* are spiritual entities or deities in the Yoruba pantheon. Examples include the old man who played the role of *Esu* (the Yoruba trickster god of revolt and unpredictable forces), *Orunmila* (the herbal healer), *Obaluaye* or *Sanponna*, and *Yeye Osun* (a water goddess). Osofisan makes these gods participate in the play of man to portray them as reasoning entities. The Yoruba believe there are some illnesses that modern medicine will never be able to cure and that some diseases are thought to respond only to traditional empirical technique and magical techniques. The illnesses in this category mentioned in the text are leprosy (traditionally caused by worms), smallpox (caused by meeting *Sanponna*), epilepsy (caused by sorcery), overdue pregnancy (caused by a witch), and impotency (caused by dirt in reproductive organs and sorcery). The setting of the play at the crossroad has its own spiritual essence beyond the physical. The commercialization of compassion by the minstrels (Epo Oyinbo, Jigi, Sinsin, and Redio) is played out in the locale of the crossroad.

The minstrels are given magical charms as spiritual gifts by the old man that will make them rich, provided they are willing to cure/help any human being that comes their way and is in need. These magical charms can cure preternatural diseases which only demand mystical explanations. The disabled people in the text are those who suffer from leprosy, smallpox, impotency, and overdue pregnancy. They are the helpless and the less privileged. As compared to orthodox medicine, magical charms are given by the old man to attend to these people. Irrespective of their age and size, the old man gives them the power to cure man’s problems:

Take these seeds, one for each you. Eat it. Swallow it. Done? Now, let each one find a suffering man, someone unhappy, and sing to him. Sing to him your favourite song, and make him dance with you. That’s all [...] As you dance, whatever his suffering, it will end! If he is thirsty, he will be satisfied. If crippled, he will walk. Whatever his agony, you will relive it. Your dance will bear it away [...] (33)

The bottom line of Osofisan’s canon in this play is that compassion for the disabled, the needy, the helpless, and the poor can create a new society—the society of Omele where charity brings people of different races, minds, and origins together. Within the context of the African (Yoruba) worldview, the patients in the text believe the healers (minstrels) can deal with their misfortunes spiritually. For instance, when a heavily pregnant woman, who looks wretched, enters, and begins to pray to be delivered of her baby, all the minstrels, except Omele, decline to help, claiming that there is no reward they can get from her. The woman is surprised that Omele offers to help her. He says, “We can’t let her go like this! Look at her! She’s in torment [...] money is not the only road to happiness. I cannot let her go like this” (43). The woman quickly adds that she would be a slave forever to Omele if she is delivered of her baby. And for the salvation of humans and the continuous existence of the willpower of man, Omele deprives himself of all his immediate needs and his material quest and totally submits to leprosy for the sake of the leprous couple. This is not in anticipation of material rewards, nor of gratification or self-glorification, unlike his vagabond friends. Consider Epo Oyinbo’s words: “We have reduced suffering for ourselves! No more hunger and no more wandering for us! Finished, the Vagabond life. We’ve planted our feet down firmly in fortune!” (59).

Using the motif of disability, Osofisan “lampoons religious leaders who use their spiritual gifts to oppress their clients and followers and to enrich themselves at the expense of their clients and followers” (Adeniyi 159). They are “religious bad eggs” who Awodiya (qtd in Ademeso 130) thought-provokingly describes in the following way: “they smuggle commodity items like gold, trinkets, drugs, shoes, bags, clothing materials, and wrist-watches. Thus, ‘Pastor’, ‘Alhaji’, ‘Alhaja’, ‘Aafa’ etc, are fast becoming social rather than religious titles as the wearers of such titles are religious fakes [...]”

Osofisan, according to Ayobami Onanuga and Paul Onanuga (1), “asserts his social advocacy through a recommendation of the eschewal of individualistic tendencies and appeals for communal considerations in Africa

social actions". The minstrels, as stated earlier, are to exchange compassion for posterity through the magical charms offered them by the old man provided they are willing to cure/help the disabled leprous couple, smallpox patient, overdue pregnant woman, the impotent man, etc. In all these, compassion and charity must also be supported with the fear of God, and it is upon this premise that society could be seen as truly egalitarian. This, according to Ademeso, is the point made in *EVM* by Osofisan:

The socio-political and economic progress of a nation lies in its ability to disassociate itself from all forms of superstition about the existence of a god or goddess as the determining factor for the fate of man. It is only when the reality of the world of illusion is x-rayed that man can see himself as his own god or goddess. Man is, therefore, not a property of the goddess. Man is also not a property of another man, he is the property of himself. (63)

It is this situation that enables Osofisan to censure materialism. This is further supported by Gbemisola Adeoti (392–3) who posits that "the desperation by people for quick wealth lies at the root of social problems like corruption, nepotism, fraud, election rigging, armed robbery, prostitution, kidnapping, hostage taking, and extortion". Therefore, as is evident from the concluding song led by *Orunmila* in the text, Osofisan tries to discourage the centering of money as the ultimate life goal:

All we have tried to say
Through this gay story telling
Is that compassion pays
Kindness has its own reward;
Life's not all buying, selling;
Cheating, amassing wealth;
And greed is the way to death (95)

Conclusion

In this article we explored the *Orisa Sanponna* myth and its challenges in the specific contexts of traditional African religion, medicine, disability, and morality. We have also focused our attention on the concept of *Sanponna* and leprosy in traditional African philosophy and religion. From an Afrocentric perspective, African traditions maintain an expansive powerhouse of muses that have, in turn, maintained relevance across time and space. The Yoruba *Sanponna* is just one of the numerous instances of this assertion. We have paid special attention to the notion of *Sanponna* and leprosy depicted in *EVM* and how it can be integrated into disability and African indigenous thought in a way that acknowledges both the biological and social facts as well as how this experience can be integrated within the domain of epistemological, ontological, and moral foundations and concerns.

It is revealed that this wide field provides a rich source for the interrogation of the social construction and reconstruction of the human body, especially as it relates to diseases and ill health in the African context. Hence, we posit that, in all endeavors, the understanding of the synergy between traditional and modern medicine, as well as the physical and spiritual, is what gives value to the harmony that most African societies seek to achieve. What is clear in this article is that the *Orisa Sanponna* in Africa and its importance in traditional African philosophy, religion, and morality which some self-deceptively consider a myth is already a reality which lives with them. It is, therefore, recommended that one must begin to take African indigenous thought and traditional understanding of specific disability seriously by conceptualizing it as a dynamic project, locating it historically, and acknowledging its social significance in modern health formation. Thus, all the foregoing constitutes immanent elements in the creative consciousness of traditional African deities, religion, medicine, disability, and morality.

Notes:

1. All translations into English are by the authors.
2. *Orisa* is a Yoruba word for deity. As it has already been indicated in this article, the deities are called various names among the Yoruba—found in the Southwestern part of Nigeria and a section of the Republic of Benin—such as *Orisas*, *Imoles*, *Irunmole*.
3. *Arojokun* is an extract of leaves for constipation of which one species is used in Gold Coast (now Ghana). *Aringo* consists of barks and leaves in preparing enemas. It is also used with spices as a dressing for bruises. *Orupa*, in Ashanti, is a decoction of roots used as a febrifuge, a remedy to mitigate or remove fever.
4. The *alupayida* plant is used by the Hausa in Northern Nigeria as a medicinal charm to rub or wash on the body as a preventive of injury by cutting weapons.

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