



CULTURAL COMPETENCE AND THE LIMITS OF WESTERN PSYCHIATRY IN AKWAEKE EMEZI'S FRESHWATER: A MEDICAL HUMANITIES PERSPECTIVE

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Abstract: Akwaeke Emezi's *Freshwater* (2018) presents a compelling challenge to dominant biomedical understandings of mental health through its portrayal of Ada, a young Nigerian woman inhabited by multiple spiritual entities known as ogbanje. Situated at the intersection of African spirituality, psychology, and identity, the novel exposes the limitations of Western psychiatric frameworks when confronted with culturally specific experiences of selfhood and suffering. Drawing on Medical Humanities, Narrative Medicine, and Cultural Competence theory, this paper argues that *Freshwater* critiques the universalizing tendencies of biomedical psychiatry by foregrounding indigenous Igbo cosmologies as legitimate modes of understanding psychological distress. Through Ada's fragmented narrative and spiritual experiences, Emezi reveals how diagnostic systems often marginalize non-Western epistemologies and fail to account for culturally grounded expressions of illness. The paper further demonstrates that the novel advocates for culturally responsive healthcare practices that acknowledge patients' social, spiritual, and cultural realities. By positioning indigenous knowledge systems alongside biomedical discourse, *Freshwater* expands contemporary debates in Medical Humanities concerning mental health, personhood, and the ethics of care. Ultimately, the novel underscores the necessity of cultural competence in healthcare and calls for a more pluralistic approach to understanding human suffering.

Index Terms - Medical Humanities, Cultural Competence, Psychiatry, Indigenous Knowledge, Mental Health, Akwaeke Emezi, *Freshwater*.

INTRODUCTION

The growing field of Medical Humanities seeks to bridge the gap between medicine and the lived experiences of patients by emphasizing narrative, culture, ethics, and human subjectivity. One of the central concerns of the discipline is the recognition that illness is not merely a biological phenomenon but also a cultural and social experience. Literary texts have increasingly become important sites for examining how medical institutions understand, classify, and respond to diverse experiences of suffering.

Akwaeke Emezi's *Freshwater* offers a particularly valuable contribution to this conversation. The novel narrates the life of Ada, a Nigerian girl whose consciousness is inhabited by multiple ogbanje spirits from Igbo cosmology. Throughout the narrative, Ada experiences psychological distress, fragmentation, self-harm, and identity conflicts that resist easy categorization within conventional psychiatric frameworks. Rather than presenting these experiences as symptoms of mental illness alone, Emezi situates them within a spiritual and cultural worldview that challenges Western assumptions about selfhood and normalcy.

This paper argues that *Freshwater* functions as a critique of culturally insensitive psychiatric practices. Through the lens of Medical Humanities, the novel demonstrates the importance of cultural competence in healthcare and exposes the limitations of diagnostic systems that fail to engage with indigenous knowledge traditions.

Medical Humanities and Cultural Competence

Medical Humanities emerged as a response to the increasing technological and institutional focus of modern medicine. Scholars such as Rita Charon emphasize the importance of narrative competence, arguing that healthcare professionals must learn to understand patients' stories rather than merely identifying symptoms (Charon).

Cultural competence similarly advocates for healthcare systems that acknowledge cultural differences in the interpretation and treatment of illness. According to cultural competence models, effective healthcare requires an understanding of patients' beliefs, traditions, and explanatory models of disease. Recent developments in Medical Humanities have further emphasized the importance of cultural humility alongside cultural competence. While cultural competence focuses on acquiring knowledge about diverse cultural practices and beliefs, cultural humility encourages healthcare professionals to engage in continuous self-reflection regarding their own assumptions and biases. This distinction is particularly significant in multicultural societies where patients may draw upon multiple systems of knowledge simultaneously. In such contexts, illness cannot be understood solely through biomedical indicators but must also be examined through religious, spiritual, familial, and cultural frameworks. Medical Humanities therefore advocates an interdisciplinary approach that combines medicine, literature, anthropology, ethics, and sociology to better understand the complexity of human suffering. By foregrounding patients' narratives and cultural identities, the field seeks to foster empathetic healthcare practices that respect diversity and reduce disparities in treatment outcomes. Such an approach is especially relevant to *Freshwater*, where Ada's experiences resist singular interpretation and demand a culturally sensitive understanding of mental distress.

Arthur Kleinman's influential distinction between "disease" and "illness" is particularly relevant. While disease refers to biological dysfunction, illness refers to the lived and culturally interpreted experience of suffering (Kleinman). *Freshwater* vividly illustrates this distinction by presenting Ada's experiences through both psychological and spiritual frameworks.

The Ogbanje and Alternative Epistemologies of Mental Health

A central feature of *Freshwater* is its representation of the ogbanje, spiritual beings in Igbo cosmology believed to move between worlds. From a Western psychiatric perspective, Ada's multiple voices and fragmented consciousness may resemble symptoms associated with dissociative disorders. However, the novel refuses such reductionist interpretations.

Early in the text, the narrating spirits describe themselves as beings who entered Ada's body and shaped her consciousness. Their presence is not depicted as a hallucination but as a legitimate spiritual reality within the cultural framework of the novel. Emezi's representation of the ogbanje challenges the assumption that biomedical psychiatry possesses universal explanatory authority. Instead, the novel proposes that indigenous cosmologies offer equally meaningful interpretations of psychological experiences.

This tension highlights a fundamental issue in contemporary healthcare. When clinicians encounter culturally unfamiliar experiences, there is often a tendency to translate them into familiar diagnostic categories. Such translation can erase the cultural meanings attached to those experiences and contribute to misdiagnosis. The figure of the ogbanje occupies a crucial position within the novel's exploration of mental health because it disrupts the assumption that Western psychiatry offers the only valid explanation for experiences of altered consciousness. In Igbo belief systems, the ogbanje is not necessarily understood as a pathological condition but as a spiritual phenomenon rooted in a complex cosmological worldview. By incorporating this indigenous framework into the narrative, Emezi challenges readers to reconsider the cultural foundations upon which psychiatric diagnoses are constructed. The novel suggests that experiences often categorized as symptoms within biomedical discourse may carry entirely different meanings within other cultural contexts. Consequently, Ada's fragmented consciousness becomes a site of epistemological contestation where

competing systems of knowledge seek authority over her experience. This conflict reflects broader postcolonial concerns regarding the dominance of Western modes of knowledge and the marginalization of indigenous perspectives. Through the ogbanje, Emezi advocates a more pluralistic understanding of mental health, one that recognizes the legitimacy of diverse cultural interpretations rather than reducing all experiences to universal psychiatric categories.

Narrative Fragmentation and the Patient's Voice

One of the most innovative aspects of *Freshwater* is its narrative structure. Multiple voices share narrative authority, disrupting the expectation of a coherent and unified self.

In Medical Humanities, patient narratives are valued because they reveal dimensions of suffering that cannot be captured through clinical observation alone. Ada's fragmented narration serves as an example of what happens when lived experience exceeds the explanatory limits of medical language. The novel repeatedly privileges subjective experience over diagnostic certainty. Rather than asking readers to determine whether Ada is mentally ill or spiritually possessed, Emezi encourages them to inhabit the uncertainty of her experience.

This narrative strategy mirrors broader concerns within Narrative Medicine. Rita Charon argues that attentive listening is essential for ethical healthcare because patients often communicate suffering through stories rather than symptoms. *Freshwater* illustrates how healthcare providers who ignore cultural narratives risk misunderstanding the people they seek to help. Furthermore, the fragmented narrative structure compels readers to actively engage with the complexity of Ada's experiences rather than seeking a single, authoritative explanation. The shifting narrative voices mirror the instability and multiplicity that characterize her inner world, thereby resisting conventional expectations of coherence and linearity. From a Medical Humanities perspective, this narrative strategy underscores the importance of recognizing forms of suffering that may not conform to standardized clinical descriptions. Patients often communicate distress through fragmented memories, contradictory emotions, and nonlinear storytelling, particularly when dealing with trauma or culturally complex experiences. By granting narrative authority to multiple voices, Emezi validates these alternative modes of expression and challenges healthcare practitioners to listen beyond conventional diagnostic frameworks. The novel thus demonstrates that meaningful understanding emerges not from simplifying experience but from acknowledging its complexity and ambiguity.

Psychiatric Diagnosis and Cultural Misrecognition

A significant theme in the novel is the inadequacy of psychiatric labels when applied without cultural understanding. Diagnostic frameworks developed within Western contexts often assume universal definitions of selfhood, rationality, and normal behavior. Ada's experiences challenge these assumptions. Her encounters with spirits are embedded within a cultural tradition that recognizes non-material dimensions of existence. Yet biomedical psychiatry tends to interpret such experiences through the language of pathology.

Medical anthropologists have long warned against the dangers of cultural misrecognition. Kleinman argues that clinicians frequently overlook patients' explanatory models, leading to ineffective treatment and alienation. *Freshwater* dramatizes this problem by presenting a protagonist whose experiences remain largely unintelligible within conventional psychiatric discourse. The novel does not reject psychiatry entirely. Instead, it critiques the tendency to privilege one epistemological system while dismissing others. This distinction is important because Emezi advocates not for the abandonment of medicine but for greater cultural sensitivity in its application.

The Body as a Site of Cultural and Psychological Conflict

Ada's body functions as a contested space where spiritual, psychological, and social forces intersect. Throughout the novel, experiences of self-harm and bodily transformation reflect deeper struggles concerning identity and belonging. From a Medical Humanities perspective, the body cannot be understood solely as a biological object. It is also a cultural text upon which meanings are inscribed. Ada's bodily experiences reveal the limitations of approaches that separate mind from body or biology from culture. The novel suggests that psychological suffering often emerges from conflicts between competing systems of meaning. Ada inhabits a

world shaped simultaneously by Igbo spirituality, Western education, global modernity, and gender expectations. Her body becomes the site where these forces collide.

Recognizing such complexity is essential for culturally competent healthcare. Patients do not experience illness in isolation from their cultural environments. Effective care requires attention to the social and symbolic dimensions of bodily experience. In addition, the body's significance in *Freshwater* extends beyond individual suffering to encompass broader cultural negotiations of identity and belonging. Ada's physical experiences frequently reflect the tension between indigenous spiritual understandings and modern biomedical interpretations of the self. The body becomes a visible manifestation of invisible conflicts, revealing how cultural beliefs shape perceptions of health, pain, and agency. Medical Humanities scholars argue that bodily experiences are always mediated by social and cultural meanings rather than existing as purely biological events. Emezi's portrayal of Ada reinforces this perspective by demonstrating that physical and psychological distress cannot be separated from the cultural narratives through which they are understood, interpreted, and expressed.

Toward a Model of Culturally Responsive Healthcare

One of the most significant contributions of *Freshwater* lies in its implicit vision of culturally responsive healthcare. The novel encourages readers to move beyond binary oppositions between science and spirituality, reason and belief, or medicine and culture.

Cultural competence does not require healthcare professionals to accept all spiritual explanations uncritically. Rather, it requires openness to diverse ways of understanding suffering. Such openness enables meaningful dialogue between clinicians and patients. The narrative demonstrates that healing becomes possible when individuals are allowed to articulate their experiences in culturally meaningful terms. By validating indigenous cosmologies, *Freshwater* challenges healthcare systems to reconsider whose knowledge counts and whose voices are heard.

The novel thus aligns with contemporary Medical Humanities scholarship that advocates patient-centered approaches emphasizing empathy, narrative understanding, and cultural humility.

Conclusion

Akwaeke Emezi's *Freshwater* makes a significant intervention in contemporary discussions of mental health, identity, and cultural knowledge by exposing the limitations of universalizing psychiatric frameworks. Through Ada's experiences and the presence of the ogbanje, the novel demonstrates that psychological distress cannot always be adequately understood through biomedical categories alone. Instead, it foregrounds the importance of indigenous epistemologies and spiritual traditions in shaping experiences of selfhood, suffering, and healing. By presenting multiple and often competing interpretations of Ada's condition, Emezi challenges the authority of Western psychiatric discourse and encourages readers to recognize the culturally situated nature of medical knowledge.

From a Medical Humanities perspective, *Freshwater* illustrates the value of attending to patients' narratives, cultural beliefs, and lived realities. The novel reveals how diagnostic practices that disregard cultural contexts risk reducing complex human experiences to clinical symptoms, thereby contributing to misunderstanding and marginalization. Through its fragmented narrative structure, the text further emphasizes that suffering is often expressed through forms that resist coherence, linearity, and easy categorization. Such representations underscore the necessity of narrative competence and cultural humility within healthcare practices.

Moreover, the novel contributes to broader debates concerning epistemic justice in medicine. By validating Igbo cosmology as a meaningful interpretive framework, *Freshwater* questions the hierarchical privileging of Western scientific knowledge over indigenous systems of understanding. In doing so, it advocates a more inclusive and dialogic model of healthcare in which diverse cultural perspectives are acknowledged rather than dismissed. This approach does not reject biomedical knowledge but calls for its expansion through meaningful engagement with alternative worldviews and patient-centered forms of care.

Ultimately, *Freshwater* demonstrates that effective healthcare requires more than clinical expertise; it demands an openness to cultural difference, narrative complexity, and multiple ways of knowing. The novel therefore serves as a powerful literary case study for Medical Humanities scholars, illustrating how literature can illuminate the ethical, cultural, and epistemological challenges that shape contemporary healthcare. By foregrounding the intersections of culture, spirituality, and mental health, Emezi invites readers and healthcare practitioners alike to imagine more compassionate, culturally responsive, and intellectually pluralistic approaches to understanding human suffering. In this regard, *Freshwater* not only critiques existing models of psychiatric care but also offers a compelling vision of healthcare grounded in empathy, cultural competence, and epistemological inclusivity.

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