



# Negotiating Survival Amidst Ambivalences: The Chemistry of Healing in Hyginus Ekwuazi's *The Monkey's Eyes*

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<p><b>Abstract:</b> The role of science in finding solution to an avalanche of issues that bother the human race as well as its overall contribution to the improvement in the quality of life can hardly be quantified. The medical profession in particular has impacted humanity so positively that many diseases that used to pose a serious threat to human existence now succumb to the power of medications and vaccines for their eradication. However, apart from orthodox medications directly administered to patients for recovery, other factors abound which contribute to the recovery process. This is the thrust of this paper which examines the chemistry of convalescence in Hyginus Ekwuazi's <i>The Monkey's Eyes</i>. The study adopts trauma theory as well as Richard Sharf's conceptual perspectives on psychotherapy for its framework. The interpretive design was adopted. A critical analysis of the poems which present the patient-persona, through the stream of consciousness, journeying through the waste land of the hospital, reveals that apart from orthodox medications, the healing process may be affected by the totality of the patient's psychology influenced, essentially, by the environment of the health facility, the relationship between medics and patients as well as the overall state of things in the health sector of the society. Thus, rather than being a result of a unilateral endeavour, approach or methodology, recuperation ensues from a multipronged effort, factors and conditions.</p> <p><b>Keywords:</b> Disease, Science, Medications, Psychology, Convalescence.</p> <p><b>Copyright © 2024 The Author(s):</b> This is an open-access article distributed under the terms of the Creative Commons Attribution <b>4.0 International License (CC BY-NC 4.0)</b> which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.</p>	<p style="text-align: center;"><b>Review Paper</b></p>
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## INTRODUCTION

Science has contributed immeasurably in improving the quality of life lived by human beings especially in the last seven decades or thereabouts. The medical profession in particular is one of the most impactful fields or areas of science to humanity. Among the sciences, medicine takes an exceptional position essentially because the object of its scientific enquiry or activity is man. Lafuente Flo conceptualises medicine as the social institution that seeks to prevent, diagnose, treat illness and promote health even as D Callahan encapsulates the goal of medicine to include the relief of pain and suffering, the promotion of health, the prevention of disease, “the forestalling of death and the promotion of a peaceful death, and the cure of disease when possible and the care of those who cannot be cured” (<https://www.pubmed.ncbi.nlm.ndi.gov>). Certainly, researches in the medical sciences have resulted in a cure to a lot of diseases that used to deal fatally with the human race. Life threatening diseases such as tuberculosis, malaria, appendicitis, typhoid, hepatitis, diabetes, cardiovascular diseases, and a host of others had since got their relevant remedies. At the risk

of sounding repetitive, the advancement in the medical profession especially the ability to find solutions to these avalanches of diseases that plagued and still plague humanity appears to be the most vital contribution of science to the betterment of the human race. This is more so when one considers the number of lives that were lost to these ominous diseases hundreds of years prior to this invaluable (scientific) intervention.

However, experience has shown that apart from direct medications prescribed by medical or health experts, other factors abound which contribute to the recovery process. In other words, recovery is not, *stricto sensu*, a function of the orthodox medications administered to the patient; some psychologically-related dynamics also have a role to play as far as the prospect of recuperation is concerned. This is what Sigmund Freud, an Austrian psychologist, discovered when he subjected some of his patients to a psychoanalytic examination by getting them to talk freely in such a way that “the repressed fears that cause the problems are brought into the conscious mind and openly faced, rather than remaining buried in the

unconscious” (Peter Barry, 97). Linked to the recovery process which is factored into the totality of the psychology of the patient is the environment where the treatment is undertaken. In other words, since the recovery process depends, not only on administered drugs or medications, but also on some other faint and seemingly insignificant factors that are more psychological than physical, the totality of the environment of the hospital or facility has a way of affecting the patient’s prospect at convalescence. For instance, in many Third World societies known for dispensable treatment of fundamental areas of the economy such as the health sector with kid gloves, the abandoned, dilapidated or unhygienic nature of the hospital environment, the dysfunctional and worn-out equipment, and the detached, impersonal, or *laissez faire* attitude of the personnel towards the patient, is capable of aggravating the plights of the latter thereby undermining the treatment effort. The result is that rather than respond to treatment, the patient’s psyche becomes engrossed in these disillusioning issues culminating in a protracted disease condition and/or a prolonged stay in the hospital.

The foregoing constitutes the concern of Hyginus Ekwuazi in his *The Monkey’s Eyes*, a collection of forty one tightly knitted poems which present the patient-persona journeying through the waste land of the hospital “through its rites and its rituals of healing: through the schedules and the protocols of its bureaucracy; through the stress and strains of its restrictions; and through its monotony” (*The Monkey’s Eyes*). Each of the poems is an artistic journey into the universe of the lover’s mind as the persona walks the wilderness of the hospital environment in the solid assurance of the beloved’s presence. This is the preoccupation of this paper which examines the chemistry of healing in some of the poems in Ekwuazi’s *The Monkey’s Eyes* to establish the nexus between the psychology of patients and the recovery process.

### **Patient’s Psychology and the Chemistry of Healing in *The Monkey’s Eyes***

Literature reflects and refracts society and examines every sphere of humanity’s multifarious experiences even as it brings to the fore the dynamics of the social processes that pervade every society. Key among fundamental issues touched by the literary art is the health of individuals that make up the society since good health is the pivot upon which life generally gets sustained. In artistic works such as Remi-Raji’s *Harvest of Laughters*, Eyoh Etim’s *Afro Rococo (Light Verses)*, Hyginus Ekwuazi’s *Dawn into the Moonlight and Love Apart*, the health, not only of the entire society, but also that of individuals, is given enormous mention. This, perhaps, is predicated on the belief that society’s overall health is directly proportional to or dependent on individual member’s health. As stated earlier, there is a direct relationship or link between the psychology of the patient and the overall recovery process. In many an

instance, the pathology of the patient may be prompted and sometimes exacerbated by the awkward or discomfiting experience of the patient in the hospital resulting in a situation where, rather than recuperate, patients end up distraught and traumatised thereby lengthening the treatment period and the convalescence process.

In *Studies in Hysteria* (1895), *Beyond the Pleasure Principle* (1920), and *Moses and Monotheism* (1939), Sigmund Freud posits that repressed memories correspond to actual events rather than representing the patient’s desires and fantasies, and that an overpowering event, unacceptable to consciousness, can be forgotten and yet return in the form of somatic symptoms or compulsive, repetitive behaviour (James Berger, 570). This seminal study on the effect of an overwhelming event on the life of the individual laid the foundation for what is today known as trauma theory. After Freud, Cathy Caruth, Irene Visser, Dominick LaCapra, Judith Hartman, Richard McNally, among others, advanced the frontiers of the trauma discourse, culminating in its canonization as a literary critical theory.

Trauma is a deeply disturbing, unsettling, or distressing experience. It is a response to an event that is physically, emotionally or psychologically devastating, threatening, or harmful. Karen Onderko defines it more elaborately as the response to a deeply distressing or disturbing event that overwhelms an individual’s ability to cope, causing feelings of helplessness, and diminishing their sense of self and their ability to feel the full range of emotions and experiences, and finds expression in fear, shame, sadness, anger, denial, withdrawal, depression, anxiety, post-traumatic stress disorder (PTSD), dissociative disorders, and substance abuse problems (<https://integratedlistening.com>). Trauma-laden experiences abound in the literary or creative art which necessitate an attendant critical theory. Trauma theory basically examines the experiences of characters in works of art who undergo or survive some severe, horrible, or life-threatening conditions, happenings, or events. The theory specifically aims at analysing the response of characters to conditions that are startling, agonising and sometimes overwhelmingly unbearable.

Through the stream of consciousness, Ekwuazi’s *The Monkey’s Eyes* depicts the psychological torture and indeed the overall traumatic experiences the poet-persona goes through in his bid to undergo diagnosis and subsequent treatment in a public health facility in Nigeria. Trauma encapsulates the totality of the experience of the protagonist-patient in the hospital. In one of the poems titled “Why Doesn’t a Death Sentence Deafen the Ears”, the persona is disenchanting by the spartan nature of the hospital’s Consulting Room characterised by sheer impersonality as far as the relationship between him and the medic is concerned. Observably, effective treatment and subsequent recovery

would be hampered if the relationship between the medic and the patient is strictly formal, impersonal or mechanical. From the monologue in the persona's subconscious mind, the process of effective diagnosis and treatment would have begun with an endeared relationship with the patient, what Carl Rogers refers to as person-centred therapy. In this therapeutic approach, Rogers emphasises understanding and caring for the patient or client as opposed to mere diagnosis as a way of securing their recovery prospect. Some of the characteristics of Rogers's approach are therapeutic genuineness through verbal and non-verbal behaviour and unconditionally accepting patients for who they are. Generally, person-centred therapists are concerned about understanding the patient's experience and communicating same to them so that "an atmosphere of trust can be developed that fosters change" on the part of the patient even as they are "given responsibility for making positive changes in their lives" (Richard Sharf, 7).

On the contrary, however, the medic in Ekwuazi's craft is so emotionally distant or detached from the patient that the latter appears as a kind of "a mathematical problem" which the former "must couch in the language of a weather report" (*The Monkey's Eyes*, 14, henceforth, *TME*). This ostensibly wide gap between the duo creates an ambivalent situation in which the patient-persona nurses fear about the tendency or possibility of convalescence. Fear is psychological – one of the manifestations of trauma – and therefore capable of hampering or undermining the convalescence process rather than ameliorating same. From his subconscious mind, the patient-persona expresses this seemingly insurmountable apprehension thus:

Fear came like a deluge  
To remain anchored to time and place  
I held to my chair ... tightly ... very tightly  
As the huge waves of his indifference swept  
over me (*TME*, 14)

It is, perhaps, this nursed "fear" that opens the wide rift between him and the doctor to the extent that when the former asks some questions for clarifications, what the latter reels out as response sounds like a mere babble that signifies nothing. The monologue on the patient's subconscious mind is quite revealing:

From that alienating distance his voice came:  
There was no stress, no colour – each syllable  
Wore the cloak of one preceding it – each  
Was lifeless, as there was a machine  
Somewhere inside him churning it out (*TME*, 14)

Thus, in place of the anticipated recuperation, the impersonal, detached or indifferent disposition of the medic towards his patient results in a worsening state of health of the latter. An indictment on medics for some unprofessional approaches or attitudes towards patients, the poem re-echoes the imperatives of balancing

perspectives as far as treatment and recovery process generally is concerned, which, of course is predicated on a suitable, trust-building relationship between the doctor and the patient.

It is somewhat enthralling to find that the persona's fear or what he later terms "dread" does not begin in the Consulting Room; it starts right at the gate of the hospital as he is driven into the premises of the hospital by his lover, referred to in the poem as the "Companion". To the poet-persona, the gate of the hospital emblematises the general state of things in the hospital. Thus, the archaic and dilapidated nature of the hospital gate is reflective of the totality of the absolute failure which is the trademark of the health system in the persona's nation. This is why he enters the gate with an ambivalent attitude characterised by unease and "dread" about the possibility of having the desired services in such an environment whose point of entry tends to dissuade visitors rather than encourage them. This is what is captured in next poem titled "My Silent Vow Now a Covenant Prayer". In the poem, the persona is so overwhelmed by this "dread" that what wholly occupies his entire subconscious mind as he is driven into the hospital is a series of questions which reflects his sceptical disposition about the prospect of proper treatment and convalescence in this kind of diffident environment signposted by its ramshackle gate. Though basically rhetorical, the question posed by the persona is emotionally and psychologically disturbing reflective of the lack of confidence and hope of recuperation as far as the initial experience in the facility is concerned:

They who go through this gate – who go in to  
take a bed ...  
Do they not approach this gate with dread in  
their heart? (*TME*, 15)

The persona's subconscious mind soon plunges into an avalanche of many other knotty, teething and complex issues and situations that tend to undermine proper health care delivery in the persona's country – issues which may be termed characteristic features of the state of things in the persona's nation's health sector – indeed the basis for the patient-persona's apprehension:

- dread of a failed & ailing health-care delivery system
- dread of the spidery holes in the ceiling into which the hospital's supplies all disappear
- dread of medical personnel who siphon patients & resources to their own private businesses
- dread of outmoded, badly refurbished, totally unreliable life support & diagnostic equipment bought & installed at a higher cost than the modern and the new... (*TME*, 15)

These "dreads" are so disconcerting that the persona expresses scepticism about the possibility of anyone who visits the hospital going back better than they came. This huge scepticism finds expression in the

following existentialist verdicts and questions subconsciously posed by the persona:

Does this hospital gate not say to them:

'Abandon hope, all who enter! –  
here, you'll die more than a little everyday  
every day, you'll slide more than a little  
beyond cure  
beyond care...'  
isn't that what this hospital gate says to them  
who go in  
to take abed? (*MTE*, 15)

Thus, for the poet-persona, effective health care delivery in the country or its anticipation remains a mirage as long as issues that cause or promote these nurtured "dreads" continue to be treated with levity or remain unaddressed by relevant government authorities.

The persona's subconscious mind also wonders through the different segments or sections of the hospital especially the in-patients' wards – both general and private. In the general wards, the protagonist-patient finds a "depressing, "forlorn" and "abandoned" space where everyone wears "the same look", that "self-pitying look" (*TME*, 17) that is reflective of the disenchanting nature of the hospital environment, its services and all that it offers which collectively carries an air of ambivalence as far as the prospect of recovery is concerned. The condition of these patients in the hospital's general wards reminisces the abysmal condition of the hospital which the persona had observed from the outset as characterised by alienation, detachment and therefore, the attendant "dread". The patient-persona equates the general ward of the hospital with a "cell" meant for criminals "paralysed by a choaked moan", indicative, of course, of the huge number of patients in the unit amidst limited facilities and personnel (*TME*, 18). The patients here "moan" and groan about their poverty-stricken condition which inhibits their desire for privacy; they "moan" and howl about the commonality which characterises the way they are treated by the hospital personnel particularly the nurses and doctors. Of course, patients in the general wards of public hospitals are largely a herd of sick people who lack the economic wherewithal to acquire a private ward for themselves let alone seek better medical services in privately owned health facilities in the city. This appears their last resort as they do not have any option but to accept the status quo however it is. This is why hope of survival on the part of patients in the general ward of the hospital remains largely a probability, and perhaps the reason why the patient-persona subconsciously yet rhetorically asks or wonders whether they (patients in the general wards) have not "descended into the region of the damned" (*TME*, 18).

Ironically, however, the private wards that are occupied by a patient each do not seem more assuring than the general wards "even with the duvet on the

bed..." (*TME*, 19). Ordinarily, one would have expected patients in this section of the hospital's ward to get closer to convalescence than their counterparts in the general wards given the relative comfort, attention and privacy that they seem to enjoy. But this is not so. Rather, the air of despair in this section of the hospital appears more fierce or intense than is the case in the general wards. The persona attributes this to a more intense impersonality that characterises the relationship between the medics and the patients. Thus, for the patient-persona, this perfunctorily mechanical relationship between the medics and the patients in the private wards is responsible for the heightened condition or atmosphere of uncertainty bereft of the psychological stability that is required for convalescence. The persona aptly captures the situation thus:

and the impersonality here bred  
naked apprehensions that made the room both  
hot and cold at the same time: (*TME*, 19)

It is, perhaps, this ambivalent atmosphere that exacerbates anxiety disorders in the life of the patient-persona culminating in excessive worry and apprehension characterised by restlessness, irritability and sleep-related problems. Richard Sharf believes that excessive worry about a variety of aspects of life is common, "with anxiety being diffuse rather than related to a specific fear" (13). The persona's excessive worry, which is categorically a function of the disillusioned experience in the hospital, results in imaginary "shadows" being cast on the walls of the hospital's ward. In this hallucinatory condition, the persona raises a number of existentialist questions that suggest not only his lack of confidence in the whole system but also the probability or possibility of survival. He despondently wonders whether patients who occupied the ward prior to this time had left the place alive given his own eerie experience.

...the last occupant that walked through that  
door:  
was he carried out feet first? (*TME*, 19)

Other questions posed by the persona indicate that in spite of occupying a separate ward that should ordinarily enhance comfort and privacy, there is absolutely no difference between him and his counterparts in the general wards as far as their overall experience is concerned. For him, therefore, it is the same air of scepticism that overwhelms patients in the general wards that also engulfs those in the private wards. It is perhaps this unmitigated pessimism that results in the following experiential questions that spring from the subconscious mind of the patient-persona:

- What on earth could I do to belong to myself, here in this immensity of desolation?
- wont this place break me up into too many different pieces of pain that come what may I wont fit together ever again? (*TME*, 19)



The persona's only lifeline, however, is the companion whose presence radiates hope and brightens the prospects or chances of recuperation. Thus, while the persona is insidiously being shattered by disillusioning experiences in the hospital, the companion's "rock-solid" presence, steadfast love, care and support serve as the anchor that drags his soul from the region of despair and possible death to that of assurance, safety and redemption. In other words, rather than recuperation coming the way of the persona from anticipated medical attention, it is from the assured presence of the companion that it draws close. The persona acknowledges this when he states that:

all senses all alert, all of me now on auto-focus

...

an ultra sensitive lens gathering and sorting out the diffused gloom of a sick room brightened by your presence and your presence alone (*TME*, 19)

It is this unwavering love on the part of the persona's companion that encourages him to pledge to endure the unpleasant and disenchanting experience in the hospital and not succumb to it even as he assures the companion that:

- no way is this hospital going to line your face with grief and regret and pity
- no way is any straight line going to be drawn from this hospital bed to any grey hairs on your temple... (*TME*, 20)

In a bid not to be completely deterred by the ugly experience in the hospital, the persona is determined to "mingle" his "personal will" with the companion's "faith" to enable him to conquer the "dread" and indeed all the disillusioning experiences that would have undermined his effort at recuperation even as he vows to "rise" and take up his bed and "set in the direction of the rising sun" (*TME*, 20). Thus, a stupendously strong bond of love between the patient-persona and the companion becomes the succour the former desires at this moment of psychological and emotional let-down. He looks right into the eyes and hearts of the faithful companion and finds hope of rejuvenation, convalescence and survival, which reminds him of their wedding day when the companion vowed to stand by him in thick and thin, and in sickness and health. The persona reinvents this pleasant memory thus:

In brooding silence I watched you  
as you laboured – with hope in your eyes  
and my pain in your heart  
the same look you wore as you endorsed  
the spousal consent forms ...  
the same look that told of your resolve  
to live inside the time table of my needs (*TME*, 19)

In essence, an endearing love, rather than medications, becomes the succour the patient-persona desires for a glimmer of hope in an environment

characterised by dread and despair. Hundreds of decades ago, William Shakespeare had theorised this kind of love in his Sonnet 116 as that which does not alter "when it alteration finds" nor "bend with the remover to remove"; rather, love, especially the type that exists between the patient-persona and the companion is "an ever-fixed mark that looks on tempests and is never shaken" and "a star to every wand' ring bark" (Chidi Maduka and Luke Eyoh, 100). In the same vein, Jenny Maryl conceives of this type of love as a "whisper in the night", a "sweetness wrapped in memories", a "pure sadness wrapped in lace" and "a breathe within a moment" which "brings hope eternal" and "restores happiness, even though sadness seems to win" (<https://www.jennymaryl.uk>).

Many other poems in the collection re-echo this uncommon bond of love between the patient-persona and the companion as the basis for some prospects of convalescence on the part of the former and not necessarily the medications or attention received in the hospital. In "You'll, Again, Occupy the Place of My Dream", the persona is engrossed in a deep sleep where he dreams about death walking "freely" in the hospital even in "broad day light" (*TME*, 30). Rather than serve as a place that saves lives, the hospital in the persona's nation only performs the role of recording deaths. This may be attributed to a number of factors chief of which is the levity with which relevant authorities treat or handle issues that bother on effective health care delivery. However, in spite of the air of pessimism that inundates the hospital environment epitomised in the incessant death of patients, the persona, invigorated by the presence of the companion, "renegotiates" his dreams and steers it off the path of despondency and gloom. These pledges made to the companion are both reassuring and therapeutic:

I will remake my dream from all those  
unanswered questions and unfulfilled promises  
I will remake my dream from all those  
challenges of faith and work and relationships  
I will move you from the old dream to the new  
dream  
You will, again, occupy the place of my dream  
(*TME*, 30-31)

This strong bond of love between the duo is, perhaps, the basis for the persona entrusting all that he cannot do or undertake in the hands of the companion. In "My Dream & My Reality – they Merge in You", the patient-persona sees the companion as an auxiliary hand who is always available and ready to carry out some fundamental tasks, roles or responsibilities on his behalf, especially those that his health condition would not permit him to do. Where he finds difficult to "walk", for example, the persona charges the companion to smartly do so for him:

Walk for me, dear heart ... walk for me  
walk all the byways & highways  
that for now I cannot walk-

walk for me, dear heart ... walk for me (*TME*, 32)

Love between the duo is so stupendously strong that the persona seems to imbue all the confidence and faith he desires for convalescence in the companion even as her presence emits protection apart from being therapeutic. He self-confidently affirms:

all through the day and night  
your presence radiates protection: your protective presence  
enriches my day and the landscapes of my dream (*TME*, 32).

Similarly, in "I Cling to You Even in Your Absence", the patient-persona, in spite of the hope-bereft nature of the hospital and its services, opts to emotionally and spiritually "cling" to the companion even when the latter has physically driven out of the hospital premises. For the persona, those who find themselves in his shoes are "cut" from "oneself" and the world in general, and so, in a bid to keep hope alive, his last resort is to "cling" to the companion who herself keeps looking at him through the car mirror as she drives out of the hospital premises. He notes affirmatively:

for me, the only way to reconnect with myself is through you:  
you saw me in your driving mirror  
because in your absence I was desperately...  
very desperately ... trying to reconnect with myself (*TME*, 53-54)

The same situation plays out in "No More the Creaking Weight of My Abandonment" where the persona's companion leaves for the chapel for prayers. Each time the companion physically leaves the presence of the persona, the latter normally appears abandoned, rejected, "put on hold and forgotten" in the hospital even as he finds it difficult to cope with the air of despondency that hovers almost unceasingly during such a period. Thus, in a bid to fill the vacuum created by the companion's physical absence, the persona quickly connects his heart to the lover's to help him wade off solitude, despondency, or possible depression. This is when he regains the whole self and experiences a near-profound peace. He confession is terse, unequivocal and categorical:

...then my mind went to you:  
my mind was at peace as if all my words  
had been poured into a giant ear  
and no more did that hospital bed creak  
with the weight of my abandonment (*TME*, 36-37)

In all these poems, one finds the staggeringly strong bond of love between the patient-persona and the companion as serving more hope-building and therapeutic functions than the perfunctory and the attendant unyielding effort of the hospital personnel.

In *The Interpretation of Dreams* (1900), Sigmund Freud lays the foundation for a model of how the human mind operates. Hidden from the workings of the conscious mind, the unconscious, Freud believes, plays a part in how people act, think and feel. For the foremost psychoanalyst, the best avenue for discovering the content and the activity of the unconscious is through our dreams, and that it is in the interaction of the conscious and unconscious working together that "we shape both ourselves and the world" (Charles Bressler, 120). Dreams, Freud notes, communicate implicitly or indirectly, avoiding direct or open statement, and representing meanings "through concrete embodiments of time, place or person" (Peter Barry, 98). From Freud's explication, it could be deduced that dreams are an embodiment of the load of issues that dwell in the human psyche and serve, essentially, as the outlet through which the unconscious gets rid of or empties itself. In other words, dreams have enormous psychological undertones. This is what transpires in the life of the Ekwuazi's poet-persona whose disenchanting experience in the hospital metamorphoses and/or coalesces into series of dreams.

As an effective option or resort towards recuperation, the persona's life, as highlighted earlier, is so enwrapped in the strong bond of love between him and the companion that most of the times he dreams about the latter and her numerous engagements or activities. The recurrence of these dreams is such that he sometimes dreams amidst an existing dream, what he refers to as "two Siamese twins of a dream" (*TME*, 22). In "Nothing Written in that Dream Foretells a Death", for example, the patient-persona is involved in a deep sleep in which he dreams about the companion absorbed in a long turn of writing in an exceptionally unprecedented manner. The companion is so immersed in the whole exercise that the persona becomes startled and somewhat confused about the likely subject matter of the write-up that would have consumed the companion's whole attention in that manner. The narrator-persona recreates the rather perplexing scenario thus:

You sat, alone, at the centre of this light...  
you were writing...  
and the high-density fluid of your concentration  
was the source of the light surrounding you...  
I couldn't see what you were writing (*TME*, 22)

Try as he may, the persona would not see the content of the companion's unusually lengthy write-up. But in a bid to ensure he succeeds in seeing the content of the companion's long piece, the persona develops a "third eye". It is this emblematic "third eye" that enables him to see or find that "nothing written" in that long piece presages or "foretells" his death. Certainly, one would attribute the sudden development of the "third eye" by the persona to the strong bond of affection, faith and hope that they share in common. This is why he remains poised, from the outset, not to give in to any negative thought about the undecipherable content of the companion's piece. Thus, with a symbolic "third eye",

the persona sees a glimmer of hope as far as his prospect of recuperation is concerned even as he remains resolutely confident that the companion's write-up, in spite of its unusual length, has absolutely nothing to do with his contemplative death. He has attuned his psyche to accept the fact that the companion loves him dearly and would therefore not be writing a piece that prognosticates his death. He upholds his conviction thus:

And so, I've grown a third eye  
with this third eye  
I've tried to read your face  
tried to read the doctor's face  
I've tried also to read my case file  
but as far as I can probe even with this third eye...  
nothing written on any of these foretells a death  
(*TME*, 24).

It is safe to observe, and categorically too, that the patient-persona's prospects at recovery may be attributed to his attuned mental state, his psychological leaning or positioning, and not necessarily the medications or treatment received in the hospital.

In another of his numerous dreams while in the hospital, the patient-persona sees a family photograph that hangs in the sitting room in which the father of the house is conspicuously missing. In other words, in the family photograph, the mother, children and even the grandchildren are all there apart from the father – an indication that the father of the family had long died. In this dream, the persona is highly disturbed as he wonders why men die so soon thereby creating blank spaces in family pictures. This dream is indeed unsettling especially given the fact that the persona, himself a man, husband and father, is in the hospital indisposed amidst ambivalences of survival. It is this ostensible disturbance in the mind of the patient-persona that props up, sub-consciously though, the following mind-boggling, existentialist, yet rhetorical questions:

Why is the blank space in any family portrait usually where the man used to be?  
Why do husbands pre-decease wives?  
Why do men not survive as widowers? (*TME*, 35)

The patient-persona is indeed traumatised by some of these bewildering dreams to the extent that he tends to view his propensity for survival in the hospital as a probability. What accounts for this is perhaps the recurrence of disillusioning experiences in the hospital right from the very time he set his feet on the hospital environment. Psychologists believe that traumatic experiences often times involve a threat to life or general safety, and that any situation that leaves one feeling overwhelmed and isolated can also result in trauma, even if it does not involve physical harm ([www.helpuide.org](http://www.helpuide.org)). Thus, one is likely to be traumatised whether or not there is physical harm to the body. This corroborates Marinella Rodi-Risberg's conception of trauma as an experience

that finds expression in the form of flashbacks, nightmares, and intrusive thoughts (1). On her part, Cathy Caruth believes that in trauma, there is a constant return of the distressing event in the form of a waking memory kept alive mostly through dreams (1996:5). The implication is that there is perpetuity of torment that characterizes trauma – a painful repetition of terrible flashbacks which the mind possesses no ability to control let alone erase. It is perhaps these disenchanting memories that keep playing back in patient-persona's mind through repetitive and disconcerting dreams.

Factors abound which contribute to the prolonged or worsening state of health of patients in the public health facilities of the patient-persona's nation. One of these is the sheer neglect of the hospital environment inundated with heaps of refuse which are allowed to pile up virtually everywhere in the premises amidst blocked gutters. The patient-persona observes with apprehension and dismay that:

There is a dumpsite... a big dumpsite...  
quietly growing right within the premises...  
(*TME*, 26)

These dumpsites exude putrefying odour which seriously affects the ability of the patient-persona and indeed other in-patients in the hospital to breathe freely apart from the "suffocating mist of disinfectant" that envelopes the hospital environment. This situation is capable of worsening the state of health, not only of the patient-persona, but also of other patients in the hospital. Appraising the state of things particularly the challenges faced by public health institutions in Nigeria, Muhammad *et al.*, observe that:

The inadequate programs designed to address the numerous health problems in Nigeria have led to the little improvement in our health status...The major public health challenges Nigeria faces are infectious diseases, control of vector some diseases (sic), maternal mortality, poor sanitation and hygiene disease surveillance (emphasis mine), non-communicable diseases and road traffic injuries ([www.researchgate.com](http://www.researchgate.com)).

Thus, rather than being a hygienic environment that safeguards or promotes the health of patients, the environment of the hospital of the patient-persona's nation tends to de-emphasise same. These ugly sights/experiences that the persona encounters in the hospital reminds him of Lagos, his city of residence, where "big and small dumpsites" and "rashes of them" inundate the environment (*TME*, 26). It is indeed a negative coincidence that neither the city of residence of the persona nor the hospital environment he now finds himself as a patient offers the atmosphere he desires for convalescence.

Another disgusting experience of the persona in the hospital is the suffering he undergoes in the course of

climbing stairs up and down to undergo laboratory tests or seek other related services. Some of the high-rise buildings in the hospital actually have lifts which should ordinarily make it easier for people, within a few seconds, to access any of the floors, but the lifts are not functional due to characteristic neglect by relevant authorities. This results in patients painstakingly climbing numerous staircases involuntarily for one reason or the other in spite of their non-supportive state of health. The persona laments the disenchanting experience thus:

My spirit is footsore from walking these  
numb laboured corridors and staircases  
the lifts are dead and not a thing here  
seems to have been planned for efficiency and  
ease (TME, 26)

In the course of these various movements, the persona encounters sights that he would not have ordinarily come in contact with – sights of ailing people whose conditions are by far more horrifying and pitiable than his. These numerous ugly sights affect the persona's psyche adversely thereby posing a threat to his recovery prospect. This is perhaps the basis for his description of the hospital as a place where the "heaviest traffic is in hope & despair" as well as an abode where illnesses of every kind are put on the "shelf", and if one were asked to choose any of them, one would be very happy to choose the one he "brought along..." (TME, 26).

For Jean-Paul Sartre, the writer has a crucial role to play for the evolution of a free, sane and progressive society. Sartre believes that the function of the writer is to "act in such a way that nobody can be ignorant of the world and that nobody may say that he is innocent of what it's all about" (quoted in Niyi Osundare, 5). This position is maintained by Romanus Egudu when he notes that the writer is "a god-sent gadfly" to his society with a mission to persistently and courageously endeavour to awaken it from its social, political, moral and intellectual slumber (quoted in Julie Agbasiere, 71). Ngugi wa Thiong'o upholds this line of thought when he notes that "being a kind of sensitive needle", the writer "registers with varying degrees of accuracy and success the conflicts and tensions in his changing society" (71). Niyi Osundare captures this social expectation of the writer more categorically when he advances that the writer should endeavour to be a "righter" (71). Thus, apart from serving as the chronicler-in-chief of permutations occurring in society, the artist functions, very fundamentally, as the "righter" of obnoxious practices that go on in the society whether at private or public domains. Essentially, what the writer or artist does is to draw the attention of all concerned to categorical issues that bother on the overall health of the society. Osundare captures succinctly this fundamental role of art, literature to be specific, when he notes that good poetry "touches that archetypal chord which throbs down the roots of the audience" and that the poet is not only "a rememberer, he is also a reminder" (6). This is what

Hyginus Ekwuazi has accomplished in his *The Monkey's Eyes* as he draws the attention of the Nigerian society to the sorry state of the nation's public health facilities characterised by gradual abandonment and neglect.

## CONCLUSION

Numerous dynamics underlie the recovery process. The dialectics of recovery indicates that there exists a correlation between the psychology of the patient and the propensity for convalescence. There is also a connection between the environment where an individual receives medical attention and the prospect of recuperation. Again, the predisposition for recovery may also be enhanced or marred by the relationship between the medic and the patient. Thus, while an endeared relationship with the patient enhances the prospect of recovery, a perfunctory or mechanical relationship between the duo undermines such effort. Generally, therefore, the recovery process is dependent on a lot of factors or variables, and not just on the administered drugs or medications. This is the preoccupation of this research which examined the bases for convalescence on one hand and protracted ailment condition of patients on the other in Hyginus Ekwuazi's *The Monkey Eyes*. The paper notes that undertones abound which undermine efforts at effective health delivery, and which heighten mortality among members of developing Third World societies. Key among these is the levity with which fundamental issues that bother on health are handled by relevant government authorities or agencies. Specifically, public health facilities suffer abandonment in these climes such that rather than serve as recovery grounds for people, patients who visit these facilities thrive in sheer despondency and ambivalences. By this craft, Ekwuazi has successfully executed his task as a "righter" of society's wrongs, deficiencies or shortcomings as well as a "reminder" of that which would ordinarily be treated with levity. As a satire on the ineptitude of postcolonial leadership in Nigeria, Ekwuazi's *The Monkey's Eyes* communicates a call to a pragmatic action in the health sector for positive change especially considering the fact that one of the cardinal indices of a prosperous society is the health of its citizens.

## WORKS CITED

- Agbasiere, J. (2000). "African Literature and Social Commitment". *Major Themes in African Literature*. AP Express Publishers.
- Barry, P. (2002). *Beginning Theory: An Introduction to Literary and Cultural Theory* 2<sup>nd</sup> Ed. Manchester: Manchester University Press.
- Berger, J. (2013). Trauma and literary theory. *Journal of Contemporary Literature*, 38(3), 569-582, Retrieved on March 2023 from <https://www.tandfonline.com>.
- Bressler, C. (1996). *Literary Criticism: An Introduction to Theory and Practice* 3<sup>rd</sup> Ed. New Jersey: Pearson Education Inc.



- Caruth, C. (1996). *Unclaimed Experience: Trauma, Narrative and History*. London: The John Hopkins University Press.
- Ekwuazi, H. (2009). *The Monkey's Eyes*. Ibadan: Kraft Books Limited.
- Maduka, C. E. L. (2000). *Fundamentals of Poetry*. Uyo: Scholars Press.
- Maryl, J. (2023). "A Heart Within a Heart". Retrieved from <https://www.jennymaryl.uk> on 26<sup>th</sup> March, 2023.
- Muhammad, F., Abdulkareem, J. H., & Chowdhury, A. A. (2017). Major public health problems in Nigeria: a review. *South East Asia Journal of Public Health*, 7(1), 6-11.
- Onderko, Karen. "What is Trauma?" Retrieved on 15<sup>th</sup> February 2023 from <https://integratedlistening.com>.
- Osundare, N. (2007). *The Writer as Righter: The African Literature Artist and His Social Obligations*. Ibadan: Hope Publications.
- Rodi-Risberg, M. Writing Trauma, Writing time and Space: Jane Smiley's *A Thousand Acres* and the Lear Group of Father-Daughter Incest Narratives. Finland: University of Vaasa. A Monograph.
- Sharf, R. (2012). *Theories of Psychotherapies and Counselling: Concepts and Cases* 5<sup>th</sup> Ed. USA: Cengage Learning.