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# Mind Frames in Nollywood: Frames of Mental Illness in Nigerian Home Videos

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**Abstract:** Content review of films is not a popular research venture in Nigeria. This study examines the current frequency and modes of framing mental illness in the Yoruba genre of Nigerian home videos bearing in mind some of the perceived limitations of earlier studies. All Yoruba films on display in a convenient sample of shops in Ibadan (Nigeria) were sampled for content review. Twenty seven (26.2%) of the 103 films studied contained scenes depicting Mental illness. The most commonly depicted aetiology was sorcery and enchantment by witches and wizards as well as other supernatural and preternatural forces. Psychotic symptoms were the most commonly depicted while effective treatments were mostly depicted as taking place in unorthodox settings. The study adds to the limited evidence that scenes of mental illness are common in Nigerian home videos and that their depictions may be inimical to public mental health education and any on going effort to reduce psychiatry stigma. Nigerian psychiatrists may need to start considering ways of engaging the Nigerian movie industry.

**Key words:** Mental illness, home videos, Nigerian films, supernatural forces, preternatural forces, Nigeria

## INTRODUCTION

The stigma associated with Mental Illness (MI) and individuals suffering from it have been identified as a major hindrance to better care and to the improvement of the quality of their lives (Pickenhagen and Sartorius, 2002). It has also been identified as one of the reasons why sufferers of MI fail to acknowledge their illness or delay in seeking appropriate treatment (Lipczynska, 2005; Jorm, 2000). Social discrimination of sufferers of MI arising from misperceptions and stigma is an important mental health and social problem (Corrigan and Penn, 1999) because it interferes with their social integration (Klin and Lemish, 2008). The need to develop strategies to combat stigma is still a central point of discourse in most forum where strategies for improving mental health services is being discussed. Significant among the current focus is to improve on the on going efforts aimed at disengaging MI from associated fears and prejudices. One of the suggested ways to achieve this is through improvement in mental health literacy and stemming the persistent reinforcement of stigma in the media (Jorm *et al*., 1997).

Being the information hub of most civilised societies, the media reflects and also shapes public attitudes and values in relation to illneses (Klin, 2001; Hafferty and Foster, 1994) like MI. In addition, the media as an agent of socialisation can also influence public attitudes by establishing and sustaining mental constructs of everyday societal issues (Gerbner *et al*., 2002). It a well known fact that most people obtain some of their knowledge about MI from the media (Wahl, 2004) and that the media is a powerful source of information about mental health issues with tremendous potential for perpetuating perception of stigma (Johnson, 1998).

Media depiction of sufferers of MI is a widely viewed source of stigmatization. The ways MI and sufferers of the disorder are framed (Entman, 1993) construed, depicted and interpreted in the media impacts strongly on public perceptions (Sieff, 2003) of the illness. Also, the frequency and intensity of the reference to sufferers of MI in the media influences attitudes toward them (McCombs, 1994). Content analysis studies have found stigmatising themes in the media with violence and criminality being associated with MI (Wahl, 2003).

Personal observations in recent times show that the electronic media in Nigeria is awash with unrealistic and unhelpful stereotypic depictions that tend to reinforce myths, prejudices, misconceptions, fears and anxieties associated with MI. Suffice to note that the electronic media industry in Nigeria in the last 10 years received a major boost with the boom in the Nigerian movie industry occasioned by a major leap in the ease of production and distribution of Nigerian home videos (Haynes, 2007). In fact, a global cinema survey, conducted by the UNESCO Institute for Statistics (2009) ranked Nigerian movie industry, popularly called Nollywood as the second largest movie producing body in the world. Data on the

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frequency and modes of depicting MI in the Nigerian home videos since the onset of the famous boom is sparse, almost non-existent. Content analysis study of films is not a popular research venture in Nigeria. An extensive manual and electronic search for content review studies on Nigerian home videos yielded only two studies (Aina and Olorunshola, 2008; Aina, 2004) and are instructively from the same researcher. One of the studies focused mainly on depiction of substance use in films (Aina and Olorunshola, 2008) while the other reviewed framing of MI (Aina, 2004). In the sole study that focussed on the framing of MI in films, 25 (15.3%) of the 163 films studied were reported to contain scenes of psychiatric illness. The most common causative factors of the illnesses depicted in the films were supernatural or preternatural forces and the effective treatment or healing of the illnesses were reportedly portrayed as arising mostly through magical means or traditional forms of care.

There is a need to expand the catalogue of such studies of Nigerian films before profound policy or strategy statements can be reliably made. Also, the sole content review study in Nigeria identified so far was done in the early phase of the Nigerian home video boom and there may be a need to re-examine them at this point of the continuous boom. In addition, some of the possible shortcomings of the earlier study need to be improved upon. These shortcomings in the opinion of the current authors includes the fact the researchers studied all Nigerian films irrespective of ethnic or racial genre of the films. It may be inappropriate to generalise the origins or implications of constructs of MI in the films without paying cognizance to the possible differential conception and interpretation of MI along racial or ethnic dimensions. Furthermore, the researchers did not differentiate scenes of MI projected by the film director from scenes that the researchers was able to diagnosed MI in a character in the films even when the director did not project it as such. It is likely that the lay audience may miss the latter as a MI altogether with any negative imports therein and it may continue to narrow the conceptualization of MI in the mind of the audience. It is the view of the current researchers that the two groups of films have different implications for orthodox psychiatry. This study therefore, examines the current frequency and modes of framing MI in Nigerian home videos bearing in mind some of the perceived limitations of earlier studies.

## MATERIALS AND METHODS

The study was carried out in Ibadan city, Nigeria in December 2009. Ibadan is the third largest city in Nigeria and covers the largest geographic area. It has a population of about 2.6 million spread over 11 local government areas (districts). The principal ethnic group in Ibadan are the Yorubas. All Nigerian home videos (shot in Yoruba language) that were on display in three video rental shops located in three local government areas within Ibadan metropolis were rented for viewing. The choice of the video shops and the local government area was by convenient sampling method. The films were screened by trained volunteers among Yoruba speaking medical students undergoing Psychiatry posting. A check-list adapted from words and behavioural or emotional states previously identified as the most frequently used theme do describe sufferers of mental illness among Yoruba speaking Nigerians was used as a guide. They were instructed to sort films that contained scenes in which the film director portrayed someone or group of persons as suffering from MI as well as films in which they saw scenes in which a diagnosable MI was depicted even when the film director did not project such as a MI.

The decision whether a film contained scenes of MI or not was reached by a consensus of at least 2 medical students. In the few occasions where a consensus could not be reached, the final decision was made by the researchers. The films so sorted as containing scenes where MI was depicted were then viewed together by the two researchers. Scenes depicting MI were then grouped into two broad groups. Group A in which the films contained scenes that were projected by the director as MI and group B in which the films contained scenes where a diagnosable MI was depicted even when the director did not project it as such. The depicted aetiology, symptomatology and treatment were recorded and tabulated according to frequency of portrayal for the two groups.

## RESULTS

Twenty seven (26.2%) of the 103 films studied contained scenes depicting MI. Most of these films (n = 21, 77.8%) falls under group A films. Only 6 (22.2%) of the films fall under group B. Summary of the depicted aetiology, symptomatology and treatment modalities for mental illness as depicted in the two groups of films are as shown in Table 1 and Fig. 1.

**Depicted aetiology:** The most commonly depicted aetiology in group A films was sorcery and enchantment by witches and wizards (Table 1). In such scenes the director projected vivid scenes of fetish gyrations and incantations directed at the victim for reasons that ranged from jealousy to rivalry (examples: Olopa isonu,

Table 1: Causes, symptoms and treatment modalities as portrayed in the films

| Groups | Group A Number | (%) | Group B# Number |
|---|---|---|---|
| **Causes** | | | |
| Sorcery and enchantment | 11 | 54.4 | - |
| Afflictions by supernatural or preternatural forces | 4 | 19.0 | - |
| Repercussion of attempts at or acts of evil | 4 | 19.0 | - |
| Severe psychological stress | 2 | 9.6 | 4 |
| No depicted cause | - | - | 2 |
| **Treatment modalities** | | | |
| Magical healing by divination | 7 | 33.3 | - |
| Spiritual healing in religious centres | 6 | 28.7 | - |
| Social intervention to reverse psychological stressor | 2 | 9.5 | 4 |
| Admission to a mental asylum | 2 | 9.5 | - |
| Psychiatric hospital | 2 | 9.5 | - |
| No attempt at treatment | 2 | 9.5 | - |
| Total | 21* | 100.0 | 6+ |

*77.8% of all film depicting MI, +22.2% of all films depicting MI, #Percentages not included because of small numbers

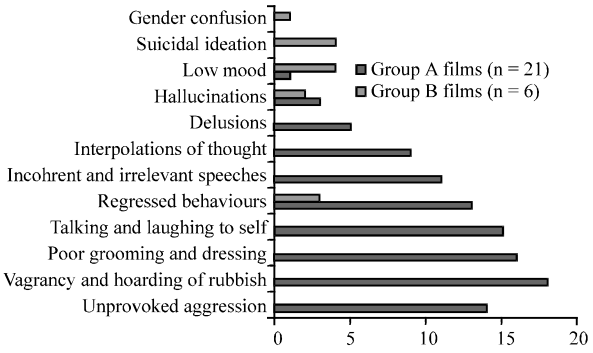


Fig. 1: Depicted symptoms of mental illness in the films

Oba Elesan, Aja Meji among others). Afflictions through supernatural and preternatural forces as well as direct repercussion of evil deeds were also common. In the film Gan-gan-gan, the victim was afflicted with MI when he ran into a roaming deity in the dead of night while in Gongo aso, the victim was depicted to have developed MI after a failed attempt at a ritual meant to bring riches. Severe psychological stressor was the most depicted aetiology in the group B films and in most of these instances the sufferer took to poly-substance abuse before becoming apparently mentally ill (Opin Aye, Tani mo se).

**Depicted symptoms:** Symptoms of MI as depicted in the two groups of films is as shown in Fig. 1.

**Depicted treatment modality:** The most commonly depicted treatment were magical and spiritual healing by diviners and religious priests (Table 1). Most of the depicted religious priests (5 of 6) were of the Celestial church extraction. Such treatments were depicted as very successful and dramatic despite the observation that the depicted victims had had several years of untreated psychoses. The sparse occasions (n = 2, 10% of cases) where treatment were depicted in psychiatric hospital settings no medications were seen given and full recovery still required some spiritual or magical intervention which was with tacit approval of the attending doctor (example: Ija ola). Use of physical restrains in the form of steel chains were common (n = 6, 24%).

## DISCUSSION

This study provides modest evidence that scenes depicting MI, deliberately or unknowingly are quite common in the Yoruba genre of Nigerian home videos. The prevalence is similar to what was seen in the earlier study (Aina, 2004) despite the methodological difference. This may suggest that the Yoruba speaking Nigerian film audience is being continually bombarded with scenes of MI. It can also be inferred from this study that the scenes that they are so bombarded with contained from orthodox psychiatry point of view, largely unrealistic (magical and spiritual healings), archaic (sorcery and enchantment as main aetiological factors) and stigmatising (repercussion of evil deeds, treatment in shanty mental asylums and depiction of sufferers as mostly crazed, dirty and retarded) themes of MI.

**Possible origins of differential conception and interpretation of mi among the yorubas:** Studies conducted as far back as the 70s have found that Nigerians, irrespective of their level of education and social standing (Odejide *et al*., 1978) or whether they were residing outside the shores of Nigeria or Africa (Lambo, 1978) believed in supernatural and preternatural causes of MI. These views were still documented as rampart in studies done in the 1980s (Odejide *et al*., 1989; Morakinyo and Akiwowo, 1981) and even in contemporary studies (Gureje *et al*., 2005).

Possible origins of such views may be from traditional mythologies passed down generations via oral literatures and folklore. Jegede (2005) a contemporary Nigerian sociologist noted that there are historical evidence that ancient Yoruba tribesmen (Nigeria) believes that Madness (MI) often result from supernatural or mystical forces such as those resulting from the wrath of the gods and preternatural powers of witchcrafts. The writer also affirmed that there is a cultural belief among Yorubas that MI can not be permanently cured without some diabolical or spiritual intervention. Since it is a well known fact that the media industry (the Nigerian home video industry inclusive) is usually more concerned about

acceptance, audience sentiments and ratings than the social responsibility of responsible framing (Salter and Byrne, 2000) it is therefore, not surprising that the directors of the films in this study did not deviate from the apparently well established constructs of MI among the Yorubas, their primary target audience.

The import of the apparent popularity of the supernatural and mystical views of MI among the Yoruba Nigerians in this study is that psychiatrists who may be working in areas populated by Yoruba Nigerian should recognise the cultural milieu in which they are working and be sensitive to such. They should recognise that Yoruba Nigerians have their own culturally determined and historically entrenched beliefs about MI and that they see orthodox psychiatry as an incomplete angle to MI. Patient education, therefore should preserve orthodox views of MI without necessarily condemning the cultural views. This may make orthodox mental health services more acceptable and effective.

**Differential depiction symptoms of MI in group A and B films:** The lack of a contemporary legal regulatory framework for mental health issues in Nigeria occasioned by the continued non-passage of the revised Mental Health Bill by the Nigerian National Assembly, creates a situation whereby mental health services in the country is not hatched on a definite action plan. This situation is compounded by lack of a well structured social welfare system. Therefore, it is not uncommon to see vagrant, unkempt and homeless persons with MI along the streets of Nigeria. Also, probably because of the less dramatic nature of other mental disorders like depression, anxiety and somatoform disorders as well as the lesser tendency to lead to disruption of the order of society; these disorders may be less likely to be conceptualised as a MI. This probably contributed to the scenario whereby the classic image of MI in Nigeria is fast becoming that of the vagrant psychotic on the streets, poorly clad, looking filthy and exhibiting regressed and autistic behaviours. It is therefore arguable that directors of Yoruba films in Nigeria (most likely Yoruba-Nigerians themselves) are more likely to conceptualise MI from the concrete vagrant psychotic angle than the intricate mood and anxiety angle. This may explain the preponderance of psychotic symptoms especially vagrancy, poor grooming, regressed or autistic behaviours and speech and thought abnormalities in the group A films as compared to the preponderance of mood symptoms and miscellaneous symptoms like gender confusion in the group B films (Table 1 and Fig. 1).

**Implications for stigma reduction and orthodox mental health care:** The findings of this study however, modest have implications for psychiatry stigma and orthodox mental health care in Nigeria. Since the first line of care for MI constitutes the most important stage in the pathway to care (Pradhan *et al*., 2001) depicting MI in films as a phenomenon largely caused by supernatural and preternatural forces which is most effectively remedied by magical and spiritual healing may perpetuate pre-existing similar views among the Yorubas with grave implications for orthodox mental health care. Findings from recent studies conducted among the Yorubas in Nigeria indicated that beliefs in supernatural and preternatural causation of MI are still rife and that unorthodox forms of care for MI are still largely endorsed far above orthodox forms (Adewuya and Makanjuola, 2009). Also, there is research evidence to show that in Yoruba land and in deed in Nigeria, seekers of mental health services would have visited some forms of alternative care (Gureje *et al*., 1995; Abiodun, 1995) that ranged from herbalist and diviners to religious priests and Yoruba healers (Makanjuola, 1987) probably in line with their beliefs about causation. Frequent, persistent and continuous framing of MI in this light as seen in this study can only reinforce these beliefs especially when orthodox psychiatric care were depicted as ineffective and sometimes concurring with unorthodox care as seen in some of the films in this study.

Similarly, depicting MI as repercussions of evil deeds and largely violent as seen in this study can perpetuate stigma and social distance by projecting sufferers of MI as deserving of their condition and being dangerous. More so when such views about sufferers of MI has already been documented among the Yorubas in Nigeria (Morakinyo and Akiwowo, 1981). Failure of the directors of the films in this study to project characters having sustained low mood and suicidal ideations as having an illness is not surprising in view of documented poor recognition of depressive symptoms as constituting a mental health problem even among health workers and unorthodox care givers alike (Adelekan *et al*., 2001). However, their depiction of such conditions as amenable to simple reversal of precipitating psychosocial stressors (but in an unrealistic manner) however bothers on public misinformation.

**Limitations:** The findings and inferences of this study should be interpreted within the limit of the rather small number of films studied. However, finding almost the same set of films in the three video rental shops (drawn from three different districts in the metropolis) suggest that the films studied are representative of current stock of films in the Nigerian home video industry. The small

number of films of interest also limits any meaningful statistical analysis. While efforts are put to ensure that the group of medical students that assisted in the sorting of the films are trained, it is not impossible that they may have missed some films especially in group B films.

## CONCLUSION

This study adds to the growing evidence that scenes of MI are common in Nigerian home videos and that their depictions may be inimical to public orthodox mental health education and any on going efforts to reduce psychiatry stigma. There is a need for psychiatrists in Nigeria begin to look at pre-emptive and preventive approaches of psychiatric services such as engaging the Nigerian movie industry with a view to using the medium for promotion of mental health education and stigma reduction in line with recent recommendations of the World Psychiatric Association on combating stigma (Sartorius *et al*., 2010).

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