

Not All Madness is “Madness:” Representation of Mental Health Stereotypes in Selected Nigerian Home Videos

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Abstract

*A substantial number of people globally suffer from mental health disorders while attitudes and behaviours continue to serve as barriers towards receiving care and acceptance by families and communities. Previous studies have majorly criticised the media representation of mental illness which differs from science-based guidelines for identifying or interpreting images of mental illness incorrectly. This study was therefore designed to examine emerging trends in the portrayal of mental health in Nigerian movies to determine the predominant themes, the highlighted stereotypes and the types of mental illnesses portrayed to establish a pattern of continuation or improvement in selected films. The purposive sampling technique was adopted in the selection of four (4) Nollywood movies for this study. This study was restricted to the Nollywood movies that in one way or the other represented mental illness. The selected movies include *For Maria* (2019), *Alter Ego* (2017), *Tango with Me* (2010), *Bipolar* (2014), and *October 1st* (2015). They were all produced in the English Language between 2010-2019. The thematic analysis was adopted for this study. The themes in focus included ones that are directly or remotely connected to mental health including multiple personality disorder, schizophrenia, post-partum disorder and various types of depression as exhibited by the main characters and other cast in the movies selected. Findings show that recent movies released in Nollywood are beginning to take cognizance of different dimensionalities of mental health disorders and address the need for a change of attitude towards people dealing with such challenges.*

Introduction

A substantial number of individuals worldwide suffer from mental health disorders according to the World Health Organization (2001), yet prejudicial attitudes and behaviours are still barriers to receiving care and acceptance by families and communities (World Health Organization, 2018). The drive to include Mental Health (MH) in the Sustainable Development Goals (SDGs) in 2015 signifies a paradigm shift to the way mental illness ought to be treated in society as well as the determination of the international community not to leave anybody behind in the global agenda 2030 (Mackenzie & Kesner, 2016). Despite the declaration of commitment to prioritising mental health in the development agenda, the realization of adequate treatment and attention to mental

health has been riddled with several challenges that make the realization of the agenda 2030 a mirage. Challenges such as funding (Mackenzie & Kesner, 2016), inadequate medical professionals that can handle mental health issues (Merwin, Snyder and Katz 2004; Butryn et al., 2017), depiction and undesirable representation of mental ill in the media (Mfoafo-M'Carthy, Sottie and Gyan 2016; Klin and Lemish, 2008; Ampadu, 2012) among others have been documented globally as major obstacles to mental ill accessing required health care and attention.

Mental illness is conceptualised in the region mainly in terms of 'madness' - severe psychotic disorders (Igbinomwanhia, James & Omoaregba, 2013; Atilola & Olayiwola, 2011) with the common spectacle of the mentally ill being that of 'unkempt psychotic vagrant' (Ewhrudjakpor, 2010b). Mental Illness has been described by the World Health Organisation's International Classification of Diseases (ICD-10) as a term which denotes the presence of a clinically identifiable set of symptoms that hinder an individual's functions (WHO, 1992); (Ampadu, 2012). The Diagnostic Statistical Manual of Mental Disorders (DSM-IV) used by the American Psychiatric Association also defines it as medically noteworthy conduct or mental disorder which occurs in a person that leads to suffering, ill health or loss of liberty (American Psychiatric Association, 2000). This feared and intriguing condition found in people around the world has for many years found a place in commercial art movies (Anderson, 2003).

Movies are perceived to constitute an important source of information about mental illness (Vogel et al. 2008 in Aroyewun-Adekomaiya & Aroyewun, 2019) and social change. This is separate from views that argue that the media serve as vehicles for transmitting wrong or misplaced information about mental illness. In line with this thought, some studies argue that media constitute a source of misinformation (Wahl 1992); (Knifton and Quinn 2008); (Atilola and Olayiwola 2011) in the manner that causes, symptoms, manifestations of stigma and treatment of mental illness are represented in the media. Alawode, Atofojomo & Fatonji (2015), reported that Nigeria has the most pluralized media in Africa. One of the most vibrant media offerings is Nigeria's movie industry, popularly known as Nollywood. The Nigerian movie industry has grown in recent years to become the second-largest producer of movies in the world (UNESCO, 2009). Nigerian movie producers have been described as astute storytellers who make a drama out of the simplest issues of life (Samora, 2011). There are conflicting views on the roles that movies play in the formation of knowledge on social issues such as mental illness. In an explanation of how knowledge is formed through exposure to media content, Gerbner, Gross, Morgan and Signorelli (1986) argue in favour of a cultivation process, a media theory that explains how, variously, heavy or light exposure to certain images in television can af-

fect the way social issues are perceived and understood by members of social groups (Aroyewun-Adekomaiya, 2017).

Scholars from various cultural backgrounds (Wahl, 1992); (Aina, 2004); Atilola and Olayiwola, 2011); (Birch, 2012); (Cross, 2010); (Islam and Campbell, 2014) have majorly criticised media representation of mental illness that differ from science-based guidelines for identifying or interpreting images of mental illness. The adoption of science-based modes in the diagnosis and treatment of mental illness; and the need for movies to represent mental illness in strict adherence to guidelines set by psychiatry or psychology have enhanced the practice of crediting or discrediting familiar images of mental illness in movies by these academics. A report by Time to Change (2009) suggests that many people in the UK, for example, generate their knowledge of Mental Illness from films. Anderson (2003) stated that Mental Illness in movies has been the subject of discussion in many cultural and media studies. This discourse is however limited to scholarly conversations in developing countries such as Nigeria (Atilola and Olayiwola, 2011b).

Objectives of the Study

1. To examine the predominant themes in which mental illness is portrayed in selected Nigerian home movies.
2. To investigate the forms of stereotypes that are associated with mental illnesses portrayed in selected Nigerian home movies
3. To ascertain if mental illness is positively or negatively portrayed in selected Nigerian home movies.

Mental Illness: Concepts and Meanings

According to academics in the field of psychiatry, mental illness is a concept that encapsulates a broad spectrum of meaning and interpretation (Szasz, 1987; Gilman, 1988). A more specific interpretation of mental illness suggests the presence of disease in an 'other' (Foucault, 1965); (Szasz, 1987). The use of 'illness' as a term for the description of the suffering of an 'insane person' or as an artefact of society was the basis of Szasz's argument around insanity. Szasz focused on denouncing 'mental illness' and described it as a 'man-made myth' (Porter, 2002). For Szasz, 'diseases' can be created regardless of their biological, emotional and psycho-pathological source. In simple terms, Szasz argues that mental illness is a man-made disease that psychiatry fabricated in the interest of 'sanction easy solutions for problem people'. Thus, mental illness is perceived more as a term that describes behavioural otherness from the point of view of psychiatry. This view is similar to the social model of disability which argues

that disability does not exist in the individual with physical or mental impairment, but with the general or medical social groups that impose certain strictures or qualities on ways the society identifies and segregates the normal from the abnormal; the sane from the insane; and the able from the 'disabled' (Reeve 2004); (Barnes and Mercer, 2005; Davis, 2006).

It is believed that the use of 'mental illness' in the description of the disorder is a non-stigmatising terminology because it evokes meanings of madness in psychiatric or institutional contexts (Harper, 2005). Like many other forms of biological illnesses, the supposed reduction in stigma from the use of mental illness is premised on the assumption that mental illness is not too different from illnesses of other body parts. Also, Harper argues that the use of the phrase 'mental health problems' is a more stigmatising way of constructing madness. The construction of stigma in the use of 'mental health problem' to describe madness exists in the notion that such usage labels individuals as problematic. Since such usage is a proposition by psychiatry, stigma in this context is carried out through affixing psychiatric labels to people regarded as socially different, harmful or challenging (Porter, 2002). It is believed that 'health' in the use of mental health problems to describe madness, evokes the presence of a disease, which subsequently suggests that images of mental illness are a fearful contagion (Szasz, 1987); (Harper 2005).

Representation of Mental Illness in Nollywood Movies

This element of the study focuses on the exploration of textual representation of mental illness, its causes and treatments in the movies, and the significance of these representations to the public understanding of mental health issues in Nigeria. It has been argued that films, as a form of media, are prominent in the dissemination of information (Atilola and Olayiwola 2011) on subjects of public relevance and are an important aspect of Nigerian culture since broadcast television was established in the country in 1959 (Chioma 2013).

Gilman (1985) ardently states that the stereotypical depiction of mental illness is strong and inherent in Western culture. Filmmakers are often the purveyors of this negative attitude (Hollander, 1991; Hyler et al, 1991). Hollywood's portrayal of mental illness is usually fraught with inaccuracies and not too different from Nigerian movies. People with schizophrenia are often confused with people who have other psychiatric illnesses such as multiple personalities or vice versa (American Experience, 2001). This inaccuracy is exhibited in Jim Carey's *Me, Myself and Irene* (2000) where Carey the lead character develops a split personality after a mental breakdown. Nollywood depicts mental illness as seen on the ground. This is often severe psychotic people who become va-

grant with the cause of illness being a curse, or punishment from the gods or ancestors.

Some commonly held views suggest that movies serve as a conduit for the misrepresentation of mental illness (Wahl 1992; Philo et al. 1996; Aina 2004; Gureje et al. 2005; Knifton and Quinn 2008). However, the motive for adopting Critical Discourse Analysis in this study is further enhanced by the need to analyse the causes, sources and possible forms of resistance that exist in movie representations of mental health issues in Nigeria. Through the use of CDA, it can be argued that representations of mental illness in movies produced in Nigeria are not as negative as argued by some scholars (Aina 2004; Gureje et al. 2005; Atilola and Olayiwola 2011) when analysed from their cultural, social and ideological context (Wodak and Meyer 2001). By way of illustration, reports on misrepresentation of mental health issues in the media (Aina 2004; Gureje et al. 2005; Atilola and Olayiwola 2011) have largely been associated with deviations from science-based methods, especially when causes and treatments are not explained from the perspective of psychiatry. However, in this study, dominance in the representation of alternative methods in movies and social settings suggests a paradigm shift where alternative methods are referred to as negative. In other words, it will be argued in this study that movie representations may not be referred to as ‘misrepresenting’ an actual condition when images in the movies are reflective of dominant social and cultural beliefs.

Materials and Method

For the study, the population comprised all Nollywood movies produced in English and Yoruba Languages between 2010-2019 that depict mental illness in varied themes. The purposive sampling technique was adopted in the selection of four (4) Nollywood movies for this study. This study was restricted to the Nollywood movies that in one way or the other represented mental illness. The selected movies include *For Maria* (2019), *Alter Ego* (2017), *Tango with Me* (2010), *Bipolar* (2014), and *October 1st* (2015). They were all produced in the English Language between 2010-2019. These movies were purposively selected because of their portrayal of mental illness. The unit of analysis includes any scene, act, text and speech that represents mental illness in the selected movie including related contents such as depression, violence and suicide.

The thematic analysis, which allows one to find common themes between cases in written or recorded content, was adopted for this study. The themes in focus included ones that are directly or remotely connected to mental health including multiple personality disorder, schizophrenia, post-partum disorder and various types of depression as exhibited by the main characters and other cast in the movies selected. The steps involved were to first get familiar with the

data by watching each one of the movies. The researchers then generated codes for each of the themes and started searching for the themes in different scenes in the movies. The themes were later reviewed and defined before the write-up.

Synopsis of Selected Home Videos

For Maria

"For Maria" is a movie about post-partum depression, Derin was going through a lot of trauma but the people around her didn't understand what she was going through. The mother-in-law believed she was too sensitive, therefore, she kept berating and scolding her. At the end of the day, because she needed help and nobody could understand what she was going through, this eventually led to her committing suicide. Although the doctor recommended a psychologist, she didn't go see him and she ended up killing herself.

The movie opens with a seemingly pregnant woman entertaining friends and family happily afterwards the scene changes to frantic efforts to reach the hospital. At the hospital, the woman is seen lying down then the doctor comes out to speak to the woman's husband Fola, then goes back again into the labour ward. There was speedy movement around the hospital in a show of an emergency in a bid to save Derin's life after the delivery of her baby. The next scene showed Fola carrying the baby and speaking to her while Derin was seen lying on the hospital bed crying.

On their way home, Derin looked depressed and sad in the car, resting her head at the window of the car and in deep thought until they got home. There was an indication also of the onset of post-partum anxiety and depression which Derin exhibited all through the movie. Derin kept hearing the cry of the baby even though the baby was not crying. During the naming ceremony of the child, Derin refused to participate in whatever activities were going on around her but just sat down all through the ceremony staring into space. Derin was later seen talking to Fola about the guests being too much and she wanted all the guests at the naming ceremony gone and did not want to see them. But Fola tried to convince her that the guests were here to celebrate with them and not cause any harm, when Derin refused to accept Fola's explanation, he left her all to herself to go attend to the guests.

Fola's mum was later seen bathing Maria while Fola was assisting her. After that, both mother and son were seen cleaning plates in the kitchen and then Fola's mother asked Derin how she was coping and he just stood there saying nothing, shook his head and just said mum not knowing how to respond to her. In another scenario, Derin was seen fully clothed but sitting on the bathroom

floor with water dripping from her face. When Fola and his mum were in the sitting room eating, she came in to join them but was startled when Maria the baby was crying, and her mother-in-law scolded her for not being able to carry her baby or breastfeed her.

Her state of mind soon began to affect her health negatively, soon Derin noticed she was bleeding from her gums and her hair was also falling out She tells Fola that she is not sad about the doctor removing her uterus because she does not want to have more kids, that she regrets having a baby and wished she never had any. Maria was crying and Derin rushed into the room picked her up and shouted at her to stop crying but Fola came into the room and forcefully took the baby from her. She was later diagnosed with postpartum anxiety and post-partum depression. She was however asked to seek medical attention but refused. She eventually committed suicide because she felt she could not cope with the whole situation.

Alter Ego

The movie *Alter Ego* is a movie about a successful lawyer who is famous for her work of sending child sexual abusers and molesters behind bars. She fights for justice for the oppressed especially women and children, however, privately she is a nymphomaniac who is addicted to sex. She had sex with her employees and then immediately fired them. In public, she is a successful lawyer who fights for justice, privately she is a whole different person, she developed another personality when she was abused as a child by her school teacher, and even though she got psychological help she used her multiple personalities as a defence mechanism to cope and she just could not stop.

The scene for mental illness in the form of multiple personality disorder began in the movie when Ada, a successful lawyer was having random sex with her employees. The first scene showed when Ada told the driver to turn off the car and come to the back seat to have sex with her during a seemingly traffic gridlock situation. The driver was hesitant but obliged her afterwards. In another scene, after the day's job and coming home from work, Ada meets Jeb in front of her house and immediately feels like having sex with him. She invited him into the house over a bottle of drinks and eventually had sex with him on the floor of the living room. After the act, she felt disgusted as usual from engaging in such illicit escapades. She asked Jeb to leave but he thought she was just joking, seeing that they just had mind-blowing sex by his standards. But she was dead serious and while he was still trying to pacify her, she stood up, opened the door and asked him to pick up his rags and leave her house this minute before she called in the security operatives. It was like she became a different person

entirely, cold and unfeeling. Seeing that she meant it, Jeb hurriedly picked up his things and ran out of the house bewildered.

In another scene, she met Daniel, and they were talking, the next scene saw a dishevelled bed that depicted the end of a sexual encounter. Ada was seen sober and sad. She told Daniel that she felt disgusting and filthy. In another scene, Ada is on a phone call when she sees the gardener take off his shirt, she is transfixed and ends the call and has sex with him, once again when they finish she sends him out immediately and she is cold. In the movie, it was shown several times that she visited the psychiatry doctor from time to time to get medical help. However, this did not suffice as she justified her multiple personality disorder as a means of coping with the trauma of her sexual abuse as a child.

Tango with Me

Tango with Me is a story about a young couple who developed post-traumatic stress disorder (PTSD) since their wife Lola was raped on their wedding day. Due to this the marriage slowly crumbled because they couldn't get past it, they were seeing a counsellor and trying to patch things up, Uzo did not believe a counsellor could help them and while Lola went to see the counsellor at every session she strongly believes that it was God who will heal her, the marriage finally crumbled when Lola got pregnant and refused to abort it, Uzo started sleeping with his boss as a way to cope before both of them finally healed and got back together.

The post-traumatic stress disorder began in the second scene after the wedding. Uzo and Lola were seen holding each other that evening when they heard a banging at the door, thinking it was a well-wisher coming to greet them, Lola rushed to the door only to be pointed at a gun by an armed robber, she looked stunned. She then led the robbers into the house. When asked about their valuables which they provided. One of the robbers said it was not enough and began manhandling Lola. Lola in a bid to resist tried to push him off. The armed robber getting angry ordered his men to point the gun at Uzo and to shoot him if he tried at fighting back while he dragged Lola to the other room and forcefully raped her.

After that scene came another where Uzo wanted to make love to Lola but she kept cringing away, so Uzo went to sleep in the guest room. Lola wanted to commit suicide, but the pills spilled on the floor and Uzo walked in and took them from her while she burst into tears and begged him to let her die. Uzo had flashbacks from when Lola was raped and so he couldn't make love to her. Soon both Uzo and Lola began to avoid each other in the same house hardly speaking to each other. Uzo then sought solace in the hand of his boss whom he began

sleeping with. Their visit to the counsellor soon began to yield fruit after which they reconciled and decided to consciously work at their marriage.

Bipolar

This is a movie about a woman who is supposedly suffering from bipolar, however, there are not enough indicators to point at it. Assumptions are made of mental disorder only because she loses her temper at the slightest provocation, a doctor also diagnosed her with postpartum depression, however, none of the symptoms of PPD were exhibited by Omolara. The solution portrayed in the movie was to have Omolara confined to a hospital. The movie did not adequately give a good solution to this mental disorder and did not show clear symptoms of the disorder Omolara is said to have been suffering from.

The movie starts with the scene where Omolara and her sister are speaking, and a lady joins in the conversation and Omolara loses her temper and slaps her. In another scene, a male friend was seen trying to have a conversation with her about meeting her family when she flared up and started shouting before she walked out on him. Bosun brought the baby to the doctor for treatment and Omolara accused him of kidnapping her baby, she was shouting and accusing until the doctor calmed her down.

October 1st

October 1st is a story about a young man who has psychopathic tendencies. He developed it through six years of constant sexual and physical abuse by a priest during his childhood. The town's people believed that killing would stop when the gods were appeased. A man was chasing a woman through the forest, he eventually caught her and raped and killed her. Aderopo was running away after he had killed the girl and a police officer followed him and he killed the police officer. Aderopo deceived the headmaster and told him Tawa loves him and he should go and meet her, on their way he killed the headmaster, told Tawa how he was abused and how he intended taking his revenge by killing 6 virgins from Akute. The climax of the movie was when Aderopo kidnapped Tawa. On the October 1st celebration of Nigeria's independence.

Aderopo in trying to avenge his abuse by the white priest deceived the headmaster who liked Tawa. He told him that Tawa was waiting for him in a hut in the forest and would like to spend time with him there. Excited about the meeting, the headmaster prepared and headed straight for the hut. Aderopo also told Tawa that her supervisor, the principal also wanted to see her in the forest hut. Aderopo then waylaid the principal on his way to the hut and knocked him unconscious. He then went to the hut instead to see Tawa where she was

waiting. The detectives having found out that Aderopo was responsible for the death of the virgins in the village traced him to the hut and arrested him.

Analysis and Discussion

What are the predominant themes in which mental illness is portrayed in selected Nigerian home movies?

The study revealed that the predominant themes depicted in mental illness in the selected Nigerian home video were mainly violence, murderous rage and vengeful characterisation. This result coincides with the findings of Aroyewun-Adekomaiya, (2017), who explored the social implication of representations of mental health issues in movies produced in Nigeria, by using critical discourse analysis as a mode of textual analysis within the social constructionist tradition, while also employing narrative theories as a framework for the interpretation of data. The themes produced in the movies chosen (of media representations of mental illness) showed that alternative modes of causal explanation for the problem predominated over psychiatric modes, confirming existing studies. Central to this study is the identification and analysis of the causes, treatment and stigma attached to mental illness in movies, with a particular focus on the social implication of these representations. This study concludes that movies represent modern psychiatry only poorly; that the need to produce sellable media messages impacts the construction and on-screen portrayal of mental health issues; and that perceptions of violence portrayed in 'Western' media appear different from representations of violence in Nigerian media.

Asadu (2019), examines the underlying factors that contributed to or influenced the decisions of movie producers to cast mentally ill characters in their films in the way and manner they are depicted. Also, to bring to the fore of development discourse the implication that such casting of mentally ill have of the realization of the SDGs on mental health in Ghana. The findings show that the movie producer's primary aim is profit as the targeted audience of movie producers differs from each other. As a result, the producers construct and design their stories to meet the cultural, religious, and traditional expectations of the audience, which will make the movies more appealing. Secondly, religion plays a crucial role in casting mental illness in Ghana movie producers some of them are pastors, imams, and other religious leaders. Thirdly, casting mental illness in a negative light in some cases is unintentional, the intention is to use mental illness as a deterrence to criminal behaviours and shape the behaviour of the public to conform with good societal standards. However, the representa-

tion of mentally ill persons tends to have negative impacts on the way as well as the responses that are given to address mental health in Ghana as a whole. As such, people who suffer from mental health are dangerous, violent, fearful, wrongdoers within the Ghanaian communities.

What forms of stereotypes are associated with mental illnesses portrayed in selected Nigerian home movies?

The study revealed that there are stereotypical contents of mental illnesses as portrayed in selected Nigerian home movies such as friends and relatives being judgmental, neglecting victims, and not taking victims seriously when they exhibit symptoms of mental health. This result coincides with the findings of Gilman (2015) ardently states that the stereotypical depiction of mental illness is strong and inherent in Western culture. Filmmakers are often the purveyors of this negative attitude (Hollander, 2011; Hylar et al, 2017). Hollywood's portrayal of mental illness is usually fraught with inaccuracies and not too different from Nigerian movies. People with schizophrenia are often confused with people who have other psychiatric illnesses such as multiple personalities or vice versa (American Experience, 2001). This inaccuracy is exhibited in Jim Carey's *Me, Myself and Irene* (2000) where Carey the lead character develops a split personality after a mental breakdown. Nollywood depicts mental illness as seen on the ground.

This is often severe psychotic people who become vagrant with cause of illness being a curse, or punishment from the gods or ancestors. Recovery is miraculous (Atilola and Olayiwola, 2011a). In *Village Destroyers* (2007) a neighbour places a curse on the lead character, but he recovers miraculously after his dead wife's spirit visits. In "The Only Solution" (2007), a wife who forces her husband into a cult because of money becomes mentally ill after they sacrifice their daughter in a ritual. There are many types of mental illness but often only the visible mental disabilities such as severe schizophrenia are depicted (Atilola and Olayiwola, 2011b). Cox (2010) asserts that Western films have not been kind to mentally ill people over the years, citing *Psycho* (1960) to *Shutter Island* (2010), but he admits filmmakers have inched toward sympathy and compassion. Hollywood prudently often seeks professional advice before executing topics. This is reflected in *A Beautiful Mind* (2000) (Devilin, 2001). When filmmakers get it wrong in Hollywood, they will hear about it because so many watchdogs and activists will speak up (Maron, 2009). Nollywood has not got many of these bodies and activists to answer to.

Some commonly held views suggest that movies serve as a conduit for the misrepresentation of mental illness (Wahl 1992; Philo et al. 1996; Aina 2004;

Gureje et al. 2005; Knifton and Quinn 2008). However, the motive for adopting critical discourse analysis in this study is further enhanced by the need to analyse the causes, sources and possible forms of resistance that exist in movie representations of mental health issues in Nigeria. Through the use of CDA, it can be argued that representations of mental illness in movies produced in Nigeria are not as negative as argued by some scholars (Aina 2004; Gureje et al. 2005; Atilola and Olayiwola 2011) when analysed from their cultural, and social and ideological context (Wodak and Meyer 2001).

By way of illustration, reports on misrepresentation of mental health issues in the media (Aina 2004; Gureje et al. 2005; Atilola and Olayiwola 2011) have largely been associated with deviations from science-based methods, especially when causes and treatments are not explained from the perspective of psychiatry. However, in this study, dominance in the representation of alternative methods in movies and social settings suggests a paradigm shift where alternative methods are referred to as negative. In other words, it will be argued in this study that movie representations may not be referred to as 'misrepresenting' an actual condition when images in the movies are reflective of dominant social and cultural beliefs.

Some studies argue that virtually everyone will develop a mental disorder at some point in their lives or have contact with someone who does (Kessler et al. 1994; Jorm 2000). This further explains the importance of critically discussing movie representations of mental health issues. Secker and Platt (1996) argue that the media play a positive part in encouraging attitudes known to be conducive to good health. On one hand, for example, judging by the history of journalists who advocate community care, the media have played crucial roles in the development and dissolution of very important public policies on mental health in many countries, especially Britain (Cross 2014).

On the other hand, Cross also argues that public policy developers and implementers in Britain, and perhaps in other social settings, may well be influenced and controlled by populist and news agenda setters in the way mental health issues are framed in the media. Therefore, negative or positive representations of mental health issues in the media present the notion that policymakers or implementers and media content producers influence or are themselves influenced by representations of mental illness (Secker and Platt 1996; Rose 1998; Harper 2005).

How is mental illness portrayed in selected Nigerian home movies?

The study showed that mental illness portrayed in Nigerian home videos include post traumatic stress disorder (PTSD), post-partum depression, multiple personality disorder (MPD), bipolar and psychopathy. This result supports the findings of Aroyewun-Adekomaiya & Aroyewun (2019), who explored the extent to which media, particularly fictional narratives, convey mental health issues in Nigeria, a unique coding scheme was developed for content analysis of ten movies. Using a frequency distribution system, themes produced in the movies chosen (of media representations of mental illness) showed that alternative modes of causal explanation for the problem predominated over psychiatric modes, confirming existing studies. Central to this study is the identification and analysis of the causes, treatment and stigma attached to mental illness in movies produced in Nigeria. This study concludes that movies represent modern psychiatry only poorly; and that perceptions of violence portrayed in 'Western' media appear different from representations of violence in Nigerian media.

Similarly, Ampadu (2012), also examined the depiction of mental illness in Nigerian and Ghanaian movies: A negative or positive impact on mental health awareness in Ghana. The findings identified the frequent or implied use of words such as "mad man or woman" and "curse". Stereotypical images such as vagrant, free and violent people were depicted with sensationalised forms of recovery. Oluwole & Obadeji (2014), assess knowledge and attitudes about mental disorders among media practitioners. The study population consists of media practitioners in a southwest Nigerian city. The World Psychiatric Association questionnaire measuring attitudes towards schizophrenia was modified and administered to the study group. Some socio-demographic factors including years of experience and educational attainment were significantly related to attitudes shown by this group of professionals towards people with mental disorders. Consequent expression of negative attitudes by media practitioners towards the mentally ill suggests a need for educational programmes to be organized for media practitioners to change their misconceptions about mental disorders and the mentally ill.

Conclusion

The study confirmed that mental disorders are a fact of human existence and that the attitude of humans to challenges such as mental health disorders is reflected in popular culture generated within the society. Popular culture also reflects the overall belief and attitude associated with such a challenge. Find-

ings show that recent movies released in Nollywood are beginning to take cognizance of different dimensionalities of mental health disorders and address the need for a change of attitude towards people dealing with such challenges. From the previous era when all characters with mental health challenges are described as mad men or women, there is a projection of different other categories of mental health in themes and stories of the Yoruba Nollywood genre.

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