REPRESENTATION OF MENTAL ILLNESS IN MOVIES: A NIGERIAN PERSPECTIVE

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ABSTRACT
By focusing on the analysis of emergent themes and narratives in movies in order to explore 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.

INTRODUCTION

Movies are perceived to constitute an important source of information about mental illness (Borinstein 1992 in Vogel et al. 2008) 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 ways causes, symptoms, manifestations of stigma and treatment of mental illness are represented in the media, which explains why films only will be analysed in this study to provide insight to perceptions held about mental illness from the point of view of the media as an important source of information for many Nigerians.

Academics 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. So, in order to adopt verifiable categories and styles that movie texts draw upon, basic symptoms of mental illness using the Diagnostic and Statistical Manual of Mental Disorders (DSM-V 2013) are employed to facilitate: the identification of certain images as indicative of mental illness; the selection of movies with mentally ill characters; and further analysis of images of mental illness in the various texts.

Social beliefs in Nigeria, an African sociocultural setting from where movies were selected, thrive on magic and supernaturalism in the explanation of social happenings. In order to embrace this significant perspective in media representation of mental illness, particularly in an African context, *alternative* method of interpreting causes and treatments of mental illness has been included in the analysis of movie texts. Alternative method has been adopted to explain themes of mental illness that evoke interpretations of magic, spiritualism and supernaturalism,

which is integral to the socio-cultural practices of Africans, and Nigerians particularly. Spiritualism and supernaturalism have a semantic relation that alludes to belief in the supernatural, most of which is supported by different religions of the world. Magic differ slightly from spiritualism and supernaturalism because it involves specific rituals or actions that are based on supernatural or occult knowledge that sometimes fall out of the realm of religion.

In existing studies on media representation of mental health issues in Nigeria, Aina (2004), Atilola and Olayiwola (2011) argue that belief in alternative causes and treatments of mental illness are prominent in movies produced in Nigeria. The focus of their argument was to discredit alternative methods of representing mental illness in movies whilst advocating for psychiatry and psychology as a better method for diagnosing and treating mental illness. This study advanced existing studies by examining filmic representation of causes and treatments of mental illness from both scientific and alternative perspectives and ways these are reflective of the socio-cultural views held about mental illness in Nigeria.

Some studies present quite a number of assumptions on media representations of mental illness (Wahl 1992; Philo et al 1996; Rose 1998; Wahl 2003; Aina 2004; Thornicroft et al. 2007; Knifton and Quinn 2008; Vogel et al. 2008; Owen 2012; Maier et al. 2013) in different social contexts. A popular critique of media representations of mental illness is that these representations are unrealistic, inaccurate and likely to misinform the audience (Wahl 1992; Henderson 1996; Knifton and Quinn 2008). Furthermore, other studies that investigated frames of mental health in the media have focused on themes such as portrayed causes of mental illness; attitudes or beliefs relating to mental health issues; stigma (Abdullahi and Brown 2011; Clement et al. 2013; Corrigan and Shapiro 2010; Philo et al. 1996; Wahl 2003; Knifton and Quinn 2008); and attitude of people to images of mental health (Demyan 2009).

CONCEPTUALISING PERCEPTIONS OF MEDIA REPRESENTATION OF MENTAL ILLNESS
Mental health care is perceived differently by people from different social groups (Wig 1999; Gureje et al. 2005; Abdullahi and Brown 2011; Rashed 2013). Available perceptions of mental health are best categorised into the alternative (religious, magical or spiritual), which is popular among people of African and Asian descent (Fernando 2007); and the science-based (orthodox, bio medical, psychology or psychiatry) mental health belief systems. For example, Gureje et al. (2005, p.441) argue that 'poor knowledge of the causes of mental illness, especially attributions to supernatural causation, as well as negative views of persons with mental illness, appear to be common in African communities' and Nigeria specifically (Adewuya and Makanjuola 2005). This argument is supported by Armiyau (2015), who reports that supernatural beliefs are important components of the knowledge held about mental health among Nigerians.

On one hand, representations of mental illness in African and Western cultures share similarities in perceptions of what mental illnesses are or are not, but differ in manifestations. Studies carried out in Western cultures refer to negative representations of mental health issues as unrealistic and unfavourable when high attributions are made to danger in relation to the mentally ill (Wahl 1992; Rose 1998; Philo et al. 1996; Knifton and Quinn 2008). For example, Knifton and Quinn (2008) observed a reduction in the level of representing danger in the media in the United States in 1991 (85%) when compared to a similar study that was carried out by Corrigan et al. in 2005 (39%) in the same country. However, in the United Kingdom, Philo et al. (1996) reported an increased representation of danger (60%) and violence as dominant themes in articles analysed over a period of one month. In the same vein, perceptions of negative representation of mental health issues in studies carried out in Nigeria reside in the belief that supernaturalism is a more popular negative theme in the media (Aina 2004; Gureje et al. 2005;

Adewuya and Olayiwola 2011). In other words, this is suggesting that negative representation of mental health images in the media may not be described as more common in one society than the other due to peculiar social-cultural factors (Wig 1999; Rashed 2013). Illustratively, negative representation of mental illness in the media evokes different meanings when put in context of the aspect of the representation that is considered negative. Difference in meanings of themes occurs when socio-cultural manifestations and interpretations of symptoms, stigma, causes and treatments of mental illness differ from one social group to another. This further enhances the need to investigate ways movies with mental health themes present symptoms, causes, treatments and stigma related mental health issues in Nigeria.

METHOD
The essence of this study is to investigate and identify themes of mental health issues represented in selected movies using content analysis via the creation of a coding scheme. Numerous research works have investigated media representation of mental health issues using data gathered from different techniques by various scholars (Philo et al. 1996; Rose 1998; Aina 2004; Knifton and Quinn 2008; Demyan 2009; Atilola and Olayiwola 2011a). This study focused on mental health issues as identifiable themes in Nigerian movies. The systematic inquiry into the content of media texts required the creation and adaptation of a coding scheme. This process was guided by the objectives of the research, combined with insights gained from earlier researches that have investigated media representations of mental health issues (Philo et al. 1996; Aina 2004; Atilola and Olayiwola 2011a; 2011b; Whitley and Berry 2013). The inclusion and exclusion of some media contents as 'mediators' of mental health themes in this study relied on prior knowledge that these movies depict themes of mental illness. The development of a coding scheme for analysis of movies was aimed at analysing: (1) the extent of media coverage of mental health issues in Nigeria, with a particular focus on fictional narrative representations of this topic; (2) the content of the movies identified in order to identify emergent themes and narratives that these programmes contain.

Ten movies produced in Nigeria with themes of mental illness are selected for analysis to explore the extent media, particularly fictional narratives, convey mental health issues in Nigeria. Also, this study focuses on analysing emergent themes and narratives that these movies contain. Selection of movies in this study is informed by prior knowledge of those movie plots that feature themes associated with mental health. This study is intended to advance knowledge on existing studies that have investigated media representation of mental health issues across the globe by focusing on representations of mental illness in narratives produced in Nigeria. Going further in this study, the comparison of this research outcome with those carried out in other cultures will hopefully help in understanding how media representations of mental health themes in the Nigerian context correlate or differ from themes of mediated mental health in other cultures - such as those associated with the United Kingdom, America and Canada (Wahl 1992; Philo et al. 1996; Knifton and Quinn 2008; Maier et al. 2013; Whitley and Berry 2013).

The selected mental health themes that were used for analysis are a summary of basic symptoms that experts argue are common features of mental illness. The fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-V 2013) was used as a reference point for this purpose. The themes of mental illness that were looked out for in the movies include one or more of the following: 1) Vagrancy; 2) Hoarding; 3) Unprovoked aggression 4) Over elation; 5) Suicidal ideation; 6) Low mood; 7) Hallucinations [auditory or visual]; 8) Delusions (clouding of consciousness, Interpolations of thought); 9) Incoherent and irrelevant speeches - statements that do not make psycho- dynamic sense; 10) Regressed behaviour

(behaviour that is not consistent with socially accepted manner of talking, acting and living); 11) Hysteria (talking and laughing to self); 12) Unkempt appearance (poor grooming and dressing, untidy hair); 13) Angry/ irritable mood; 14) Defiant behaviour; 15) Disorganised speech; and 16) Grossly disorganised behaviour.

Firstly, ten movies produced between 2013 and 2014 were purposively selected based on prior knowledge of their depiction of mental health scenes. Six of the movies selected were produced in Yoruba language (one of the three major languages spoken in Nigeria); and the remaining four movies were produced in English language. The Yoruba language movies that were selected had English sub-title features. Many Nigerian movies are available on the internet for free viewing and download; and in indigenous languages, which may enhance the segmentation of audiences. An example of this view is found in the fact that nine (9) out of the ten (10) movies analysed were sourced from the internet. The inhabitants of rural areas may not have access to these movies on the internet but their affordability and availability creates an avenue for rural dwellers to have access to indigenous movies.

Based on some selected descriptors of mental illness that have been mentioned above, ten movies were selected. The movies selected were not movies produced specifically about mental illness. However, the selection was based on story lines of movies that featured mentally ill character(s). Some of the movies were accessed on video compact discs (VCDs) - based on their availability, while others were accessed on the internet. The movies selected were those with instances of mental illness: such as depictions of causes of mental illness in mentally ill characters; and treatment modalities adopted in these narratives. However, there are limitations to this choice of method. The movies analysed were not randomly selected from a list of movies produced within the year under review. This is attributable to poor availability of a decent archive that can be consulted for a list of movies with depictions of mental illness in Nigeria. This left the researcher with the option of sourcing for accessible movies that still fell within the criteria stipulated for selection of movies for analysis.

ANALYSIS OF MOVIE CONTENTS
In the analysis of movies, five broad categories were developed to investigate portrayals of the mentally ill as identifiable members of a social group; ways in which causes and treatments of mental illness are presented; and appearances or otherwise of stigmatic themes. Stigmatic themes included portrayals of mental health issues that may influence negative cognitive and behavioural disposition towards the mentally ill. Stigmatic themes are looked out for in depictions of the mentally ill as doers or receivers of various forms of violence; presence of social distance; and exaggerated representations of symptoms of mental illness.

RESULTS
The results of the analysis are available in the tables provided below. The movies were analysed independently using a coding scheme that was developed by the researcher. A simple process of indicating the appearance of images that fall into each identified theme using frequency distribution influenced the quantitative analysis of the movie texts.

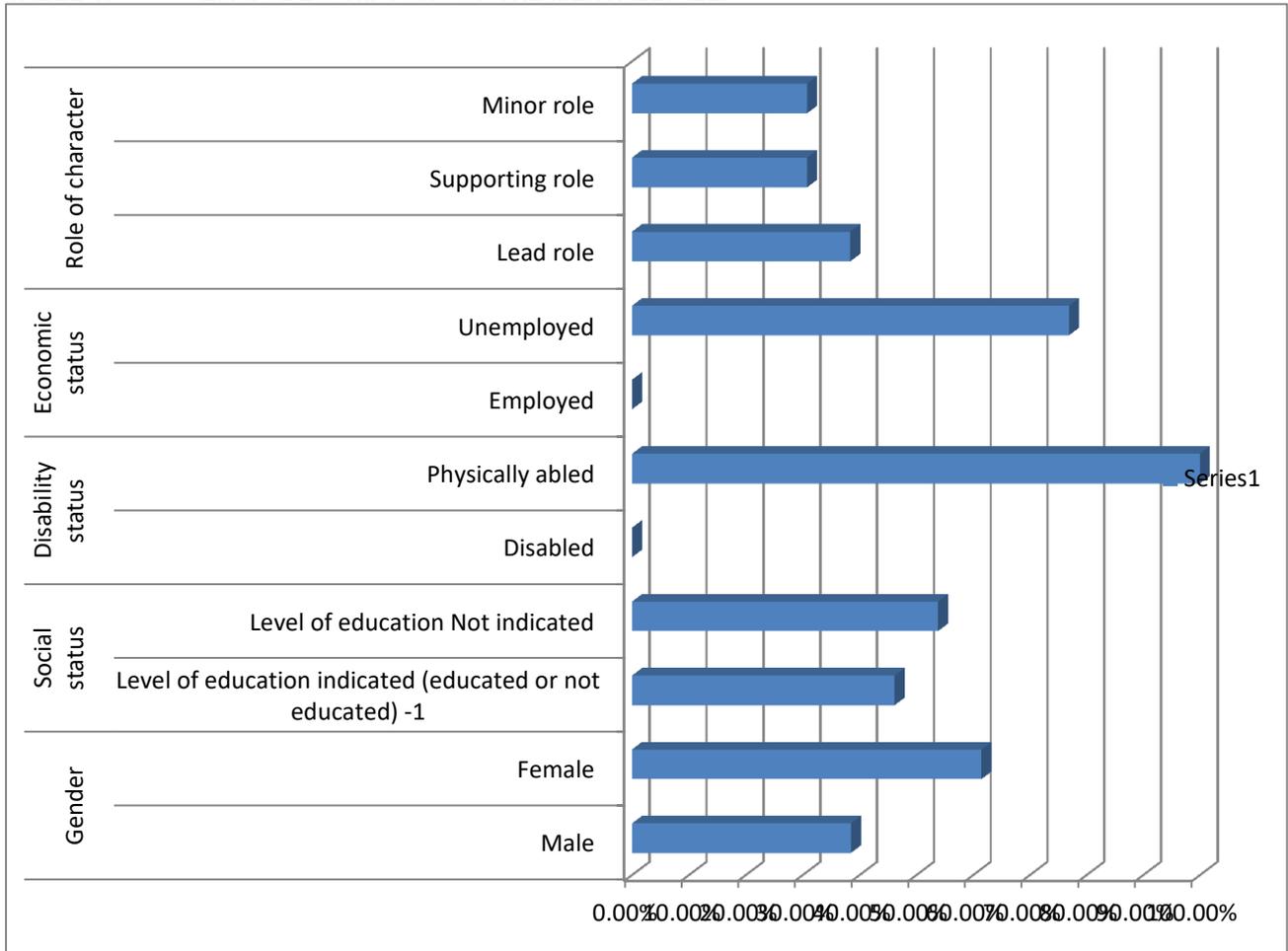**TABLE 1:   BASIC DESCRIPTORS OF THE MENTALLY ILL.**
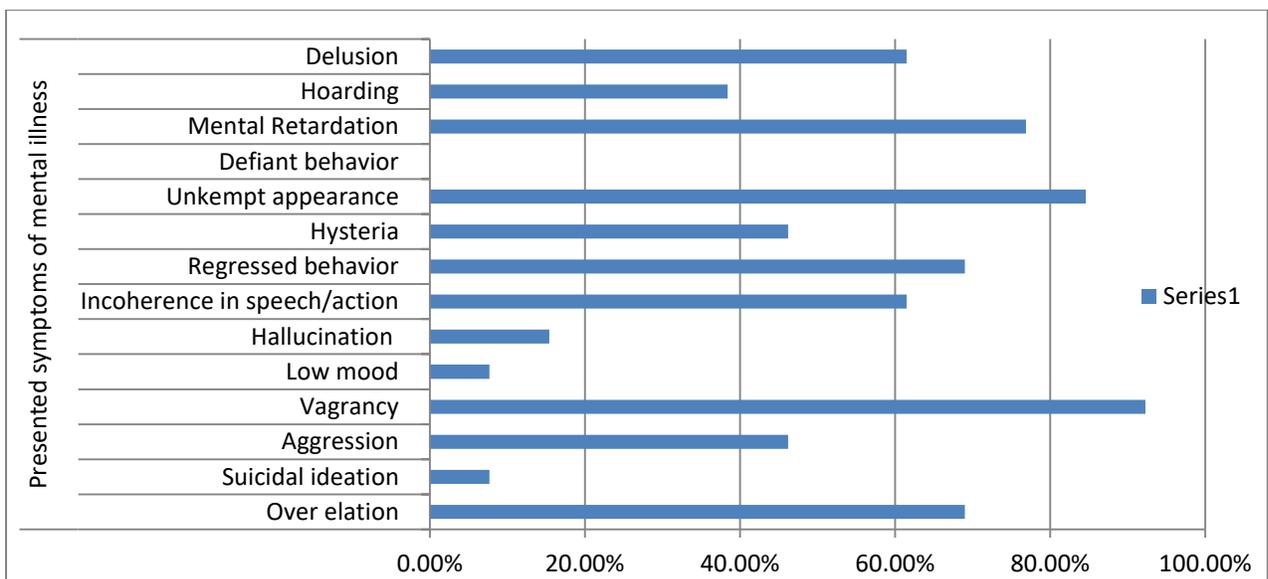

TABLE 2:   PRESENTED SYMPTOMS OF MENTAL ILLNESS
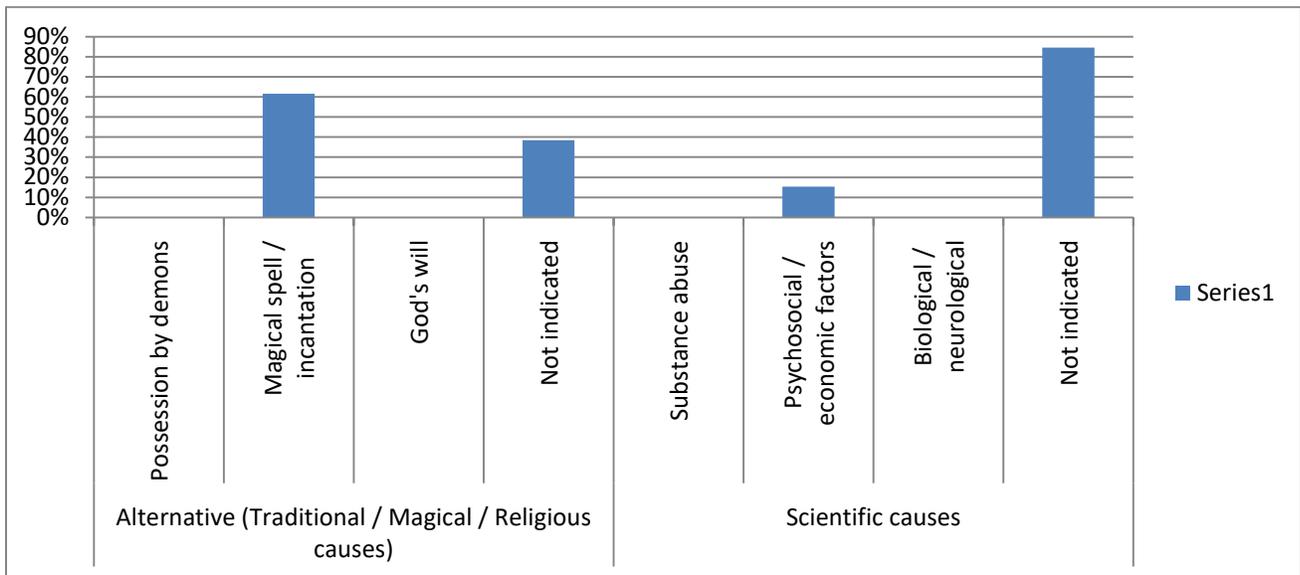
TABLE 3:   CAUSES OF MENTAL ILLNESS.

TABLE 4: TREATMENT MODALITY

TABLE 5: EVALUATION ON VIOLENCE

Violence From The Mentally Ill Towards Others (Non Provoked)	Murder		
	Sexual abuse		
	Verbal assault		
	Physical assault		~38%
Violence From The Mentally Ill Towards Others (Provoked)	Murder		
	Sexual abuse		
	Verbal assault		~8%
	Physical assault		~38%
Violence towards the mentally ill	Sexual abuse		~8%
	Economic / social depravation		
	Name calling		~15%
	Physical assault		~31%

(Chart axis: 0.00%, 10.00%, 20.00%, 30.00%, 40.00%, 50.00% — Series1)

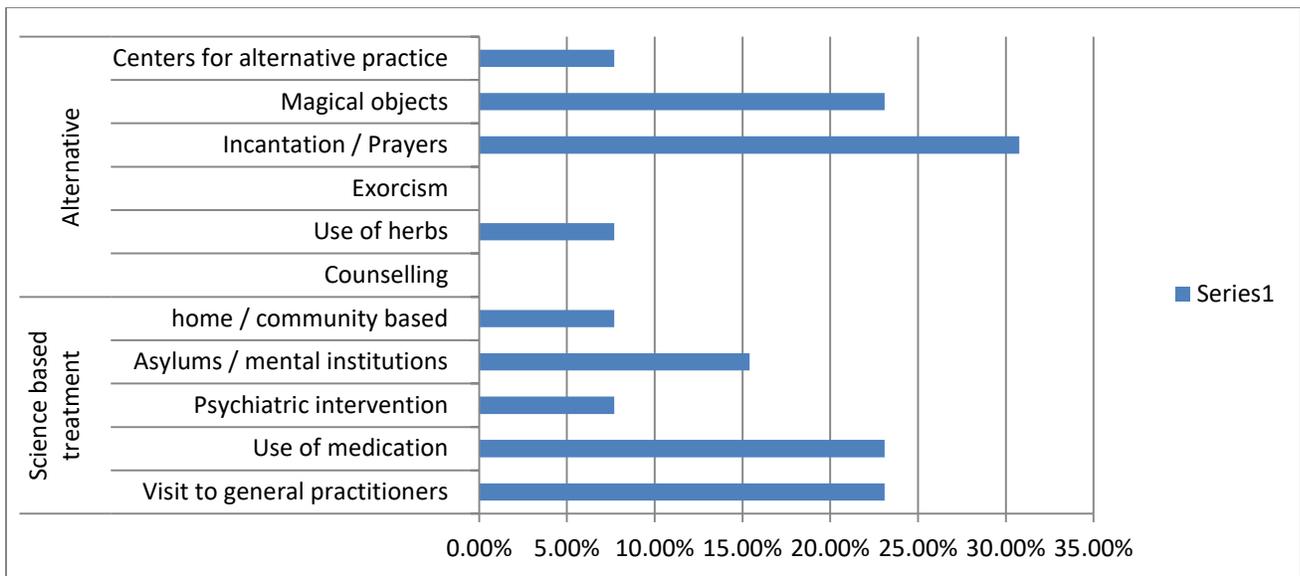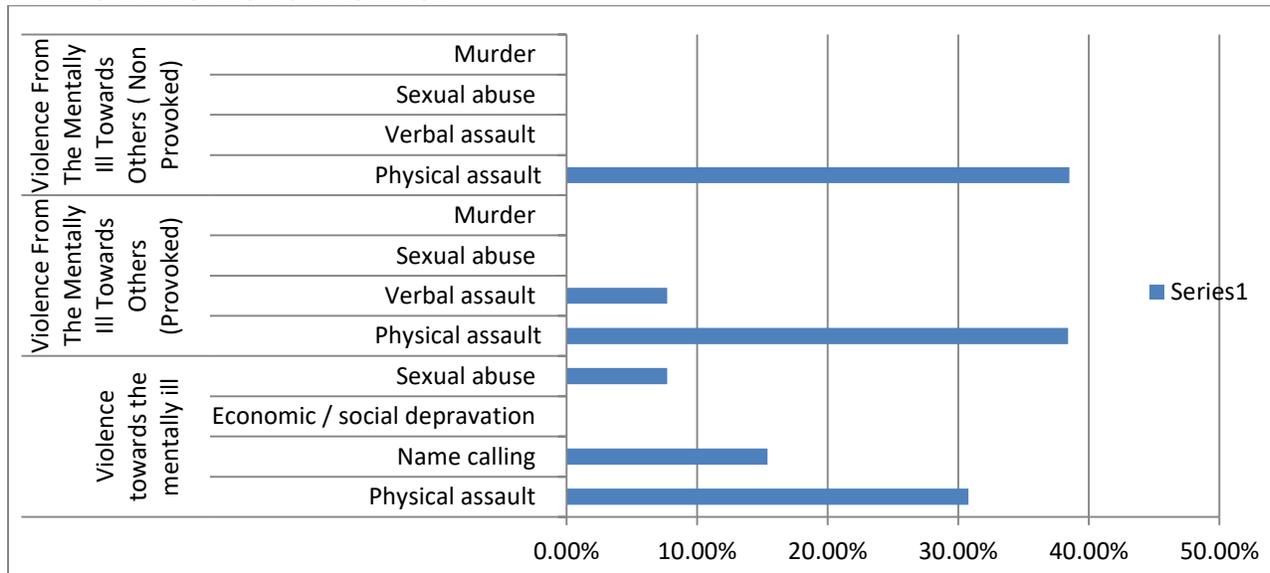## INTERPRETATION OF RESULTS

As shown in Table 1, basic descriptors of the mentally ill in the movies showed that female characters are depicted more as mentally ill than male characters. From a total of thirteen mentally ill characters in the ten movies analysed, there were eight female (61.5%) and five (38.5%) mentally ill male characters. Also, in a total of thirteen mentally ill characters, 46% (n= 6) had their level of education implied in the narratives. The seven characters with no reference made to education in the narratives enhanced better understanding of the level of importance movie directors attach to relating education to representations of mental illness. For the disability status of the mentally ill, no reference was made to physical disability leading to or resulting from mental disorders in any of the movies analysed. The economic status of mentally ill characters in the movies showed that no mentally ill character worked to make a living while suffering from mental illness. In terms of characterising the mentally ill through the roles they occupy in the narratives, the analysis shows that a large number of the mentally ill characters in the movies analysed occupied lead roles (38.4% = 5). Representation of mentally ill characters in supporting roles was similar (n= 4, 30.8%) to the number of characters in minor or featured roles (n=4, 30.8%).

In Table 2, from a total of fourteen different symptoms of mental illness that was guided by symptoms suggested in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; 1994), in a descending order, the results showed that: vagrancy (92.3%, n=12); unkempt appearance (84.6%, n= 11); mental retardation (76.9%, n=10); regressed behaviour, which includes such actions as eating faeces or drinking urine and over elation (69%, n= 9); incoherence in speech or action and delusion (61.5%, n= 8); aggression and hysteria – state of mental agitation (46.2, n= 6) - were the recurring symptoms of mental illness in the movies. However, suicidal ideation (7.7%, n= 1), low mood (7.7%, n= 1) and hallucination (15.4%, n= 2) featured at lower rates with no result for defiant behaviour and mental retardation.

In the analysis of causal themes in the alternative mode category (see Table 3), none of the movies referred to possession by demons as an explainable reason for the emergence of mental illness. Meanwhile, magical spells or incantation (61.5%, n= 8) from individuals or spirit that possess magical powers of some sort featured as the most common explanation of causes of mental disorder in the narratives, bearing a similarity with previously reported high presence of sorcery and enchantment in represented causes of mental illness in Yoruba language genre movies (Aina 2004; Atilola and Olayiwola 2011). In the science mode category (see also Table 3), attribution of causes of mental illness to substance abuse and biological/neurological defect were not found in the movies (84.6%, n=11), thereby questioning views that suggest that misuse of drugs as causal explanations for mental illness is widespread in South-Western Nigeria (Gureje et al. 2005).

In the analysis of science-based treatment suggestions made in the narratives (see Table 4), Psychiatric intervention as a form of science-based treatment modality for mental illness was referenced once (7.7%), with use of medication and visits to general practitioners appearing as higher science-based treatment options (23.1%). However, science-based treatment (n= 2, 15.4%) has the least representation when compared to alternative treatment modalities (n= 8, 61.5%) in the narratives, where the use of incantation, prayers, magical spells (30.7%, n= 4) and magical objects (23.1%, n= 3) as means of treating mentally ill characters were prominent themes. Also, use of herbs (7.7%, n=1) for treatment; and visits to centres (15.4%, n=2) like the church as options of alternative mental health care practice were found in the movies.

In Table 5, investigating themes of stigma through elements of violence showed that portrayals of the mentally ill as objects of physical assault (30.7%, n= 4); and name calling (13.4%, n= 2) from other characters was evident in the movies. However, violence from mentally ill characters towards other characters was largely not indicated across the narratives (61.5%, n= 8). The representation of economic or social depravation of the mentally ill was not found in the narratives, while sexual abuse of the mentally ill was featured in one movie, *Ire Aje* (Dir. Soji Eweade Innocent), only.

DISCUSSION
From the analysis of movies, magical beliefs as explanations of causes of mental illness occurred in 61.5% (n = 8) of thirteen mentally ill characters in ten movies with depictions of mental illness. This result is indicative of the existence of magical belief as an important component of perceptions held about mental health issues in movie production, an extension of the sociocultural beliefs that communicate better to the viewers. Also, could this be a strategy to communicate well or to sell the movies? If it is indeed true that prominence of magical belief in the culture of producing movies with mental health themes follows assumption that media mediate reality to spectators (Lapsley et al. 2006), then magical belief in media representations of mental health issues may be construed as reflecting the general perception of mental illness that have deep cultural and historical roots (Cross 2010). This may have been further entrenched by a society that is said to maintain and support magical belief (Aina 2004; Gureje et al. 2005) in ways diseases generally; and mental illness specifically is understood. The continued popularity of magical beliefs, despite the existence of science-based modes in Nigeria since the 1950's (Heaton 2013a), confirms the importance of magical belief to the Nigerian society. Movies produced in the western culture (Philo et al. 1996) clearly present different themes of causes of mental illness. In some of the movies analysed in this study, magic or spiritualism in the way mental illness is understood emerged from belief in the power of a supernatural being, whose authority is manifested through men, women, gods, or deities. Witchcraft falls under magical belief and so does the belief that deviance from God's will may

cause mental disorders. The root of magic is in the belief that events can be controlled; and reality impacted upon by means of mental products such as wishes, images, words, and symbolic gestures (Bieńkowska 2009).

Representation of alternative treatment options in the movies also revealed that, for reasons yet empirically confirmed, content producers of narratives belief that incantation, prayers, use of herbs and magical objects (magic wands or amulet) by agents of magical powers - such as the priests - are more effective ways to treat mental illness. Herbs used for treatment in many of the movies were commonly from natural materials endowed with spiritual efficacy (Chireau 1997). Treatment of mental illness from the magical or spiritual perspective is an aspect of mental health that scientist have not proven works but, keeps surfacing in narratives that target the educated and uneducated members of Nigerian society, almost confirming the notion that magic or spiritualism is strongly embedded in realities; while logical thinking is adopted only in education settings (Subbotsky and Quinteros 2002). The effect these depictions may have on the belief system around mental health among Nigerians may be uncertain. However, it can be assumed that the continued suggestion that mental illness can emerge as a result of or treated through a supernatural effect created by some gods, demons or magician (Bieńkowska 2009) may affect the perception people have about mental health care. The narratives, therefore, put psychiatry or science based mental health care views in a non-existing position or as a less effective option due to poor references that were made to psychiatry in the movies. In other words, magic was and still is a socio-cultural way of understanding mental illness. Also, explanation of causes of mental illness from the point of view of demon possession may be a fading theme in ways producers understand mental health, as reference to demon possession in the explanation of causes of mental illness was not found in any of the movies.

In this study, the view that media portrayals of mental health reflect producers' perception of mental health has been emphasized. There exist alternative ways of representing mental health issues, different from the preferred reference producers make to magic and supernaturalism. Hence, magical themes may remain predominant in media representations of madness until content producers willingly adopt alternative themes in narrative plots. The lack of reference to exorcism in treating mental illness may be attributable to lack of themes of demon possession, indicative of an absence that suggest less prominence of such belief. However, since the number of movies analysed did not include all possible movies with mental health themes, this result may not be generalizable.

The focus of this study is not to demean a particular social practice, but to highlight salient composition of some social beliefs and practices that fail to provide knowledge on how to attend to the issue called madness or mental illness, as the case may be. Alternative explanations of mental illness have been established as a dominant theme in this study. However, alternative practices have failed to provide enough categories that can enhance the development of a framework for contextualising madness in social situations. For example, in the movies, reference to magical objects or spells for explaining emergence of mental illness have been pinned down through visual effects. Are these magical charges seen in real life instances where magic cause madness; are there specific magic wands that make this happen; or are there specific kind of people who can make people become mad? Answer to the last question has been provided in the narratives where reference to magic has always been associated with an *Ifa* priest, Christian Cleric/Pastor or an Islamic Cleric.

Also, in the movies, alternative treatment centres often treat the mentally ill as beasts when they are left to live in the open, chained and fed like animals. This is not so different from why

historians like Foucault (1965) spoke against the practice of state mental asylums in Western nations. If these are the ways the alternative modes attend to treating the mentally ill and are still dominant, the preference for this form of practice over psychiatry or psychology may mean that psychiatric practice in Nigeria has not positioned itself as an option: that provides better services; restrain from practices that dehumanise the mentally ill; and provide better prognosis. If psychiatry cannot provide all these, then social members are likely to choose a system or mode that attracts fewer stigmas, thus suggesting that power relations in science-based or alternative modes of conceiving mental illness rely on the mode that social members find less stigmatic.

In addition, stereotypical association of violence with mental illness is high within the medium of film (Morris 2006). In this study, the presence of themes of violence towards the mentally ill in the forms of physical assault, name calling, economic/social depravation and sexual abuse reflect negativism in the way movies frame mental health issues. In studies carried out in some western cultures: Scotland (Knifton and Quinn 2008); United Kingdom as a whole (Philo et al. 1996); and the United States of America (Wahl 1992), violence and danger appear has the most common and popular representation of mental illness in the media (Rose 1998). As reported by Atilola and Olayiwola (2011), unprovoked aggression was the fourth most common symptoms of mental illness emphasized in Yoruba language genre movies. However, in this study, themes of violence as a feature of the mentally ill were not as prominent as it has been reported in previous studies. This is evident in the notion that murderous tendencies and sexual abuse as forms of violence mentally ill characters engage in were not implied in the movies. Finally, sexual abuse as a form of violence carried out on the mentally ill, which has been reported in this study, is a negative theme that presents the mentally ill as easy access for exploitation. Other studies that may have investigated the portrayal of the mentally disordered as object of sexual abuse were not found. This portend that the identification of sexual abuse of the mentally ill in media representation of mental health issues is a newer contribution to the corpus of studies that have investigated media representations of mental health issues in Nigeria.

CONCLUSION
Mental illness in the movies has recurring themes that suggest specific meanings about mental health. Analysis of media representations of movies produced in Nigeria, with particular emphasis on Yoruba and English language genres, have confirmed the prominence of spiritualism or magical beliefs in explanations of causes and treatments of mental illness (Aina 2004; Gureje et al. 2005; Atilola and Olayiwola 2011). References made to full recovery or remission of symptoms of mental illness from alternative (spiritual or magical) treatments reinforce perceptions of success or efficacy movie makers attribute to magical and spiritual beliefs in the narratives.

Ascription to violence in movies made in Nigeria does not correlate with themes of murderous tendencies that can be found largely in depictions of the mentally ill in Western fictional materials (Wahl 1992; Philo et al. 1996). The subtleness hitherto adopted in referring to the mentally ill as violent, but, not murderous is important to deconstructing *dangerous* as a dominant way of describing the mentally ill. Perceptions of violence portrayed in Western media appear different from representations of violence in African media. In Western media, representations of the mentally ill as violent murderers or killer maniacs are different from the subtle references made to the mentally ill in this study as receivers of violent act; and perpetrators of violence in provoked and unprovoked situations. It is believed that subtle reference to violence in relation to mental illness may reduce the popularity of *violent*, *dangerous* or *murderous* themes in stigmatic media representations of mental illness.

Also, from this study, perceptions held about mental illness in movies suggest recurring references made to consequences of badness or evilness as a possible causal factor of mental illness. Thus, this study suggests that in the western media, being bad has often been related to being mad (Wahl 1992; Philo et al. 1996; Cross 2014) but, movies with mental health themes produced in Nigeria often present being mad as a consequence of being bad. This view is particularly important in fuelling the ongoing debate on bad and mad theory that can be found in analysis of western media representations of mental illness (Wahl 1995; Philo et al. 1996; Cross 2014). Also, the view that the Nigerian perception of mad and bad is more of mad being a consequence of being bad may further help psychiatry to understand how madness is pathologized in the Nigerian culture, thus contributing to the corpus of cultural psychological studies.

Suggestion for further study will be the analysis of audience perception of media representations of mental health issues in Nigeria. Future studies will require a comprehensive audience study in order to investigate the effect mental health themes in movies have on the attitude or perceptions held about mental health issues.

FILMOGRAPHY

BASIC DESCRIPTORS OF MOVIES									
MOVIE TITLE	URL ADDRESSES	STATUS	DATE VIEWED	NO. OF MENTALLY ILL CHARACTERS	LANGUAGE	PUBLISHING DATE	VIEWING TIME	INTERNET VIEWERSHIP	
ORE META WERE KAN (THREE FRIENDS AND ONE MAD PERSON) - 2	https://www.youtube.com/watch?v=KxpBNOUhH-c	MOVIE 1	22/05/2016	1	Yoruba	2014		110,959	
EGWONGA (THE DEADLY GOD) - 2	https://www.youtube.com/watch?v=jmsKdgcru5s	MOVIE 2	23/05/2016	1	English	2014		20,936	
ASO WERE (MAD MAN'S CLOTH) - 1	https://www.youtube.com/watch?v=w5Ef1XLJ7EA	MOVIE 3	24/05/2016	1	Yoruba	2013		135,969	
OBIRIPO (WHAT GOES AROUND COMES AROUND) - 1 & 2	https://www.youtube.com/watch?v=D5GFrc79PEI	MOVIE 4	24/05/2016	2	Yoruba	2014		79,109	
TEARS OF MADNESS - 1		MOVIE 6	24/05/2016	1	English	2013		NA	VCD
TEARS OF MADNESS - 2	https://www.youtube.com/watch?v=06VRIKyN99k	MOVIE 5	25/05/2016	1	English	2013		107,123	
ELULU – 1	https://www.youtube.com/watch?v=uMiZHQsAW48	MOVIE 7	25/05/2016	2	Yoruba	2014		2,587	REPUBLISHED
ELULU – 2	https://www.youtube.com/watch?v=5ZHls5bIH9o	MOVIE 8	26/05/2016	1	Yoruba	2014		3,624	REPUBLISHED
MAD COUPLE	https://www.youtube.com/watch?v=I59vBE3_7i8	MOVIE 9	26/05/2016	1	English	2014		10,737	REPUBLISHED
IRE AJE	https://www.youtube.com/watch?v=7AedbNEO6no	MOVIE 10	26/05/2016	2	Yoruba	2014		10,745	

REFERENCES

Abdulah, T. & Brown, T. L. (2011). Mental illness stigma and ethno cultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, vol. 31, pp. 934–948. [Online] Available at http://ac.elscdn.com.proxy.library.dmu.ac.uk/S0272735811000985/1-s2.0-S0272735811000985-main.pdf?_[Accessed: 29/03/2016].

Adewuya, A. O. & Makanjuola, R. O. A. (2005) Social distance towards people with mental illness amongst Nigerian university students. *Social Psychiatry Psychiatr Epidemiology,* vol. 40, pp. 865 – 868. [Online] doi: 10.1007/s00127-005-0965-3 [Accessed: 20/03/2016].

Aina, O. F. (2004). Mental illness and cultural issues in West African films: Implications for orthodox psychiatric practice. *Medical Humanities,* vol. 30, pp. 23-26. [Online] Available at http://mh.bmj.com/ Accessed: 22/ 07/ 2014.

Armyau, A. Y. (2015). A review of stigma and mental illness in Nigeria. *Journal of Clinical Case Rep,resentation,* 5, . 1-3. [Online] doi: 10.4172/2165-7920.1000488 [Accessed: 08/04/2016].

Atilola, O. & Olayiwola, F. (2011). Mind frames in Nollywood: Frames of mental illness in Nigerian home videos. *Research Journal of Medical Sciences*, 5(3), 166-71. [Online] Available at http://docsdrive.com/pdfs/medwelljournals/rjmsci/2011/166-171.pdf [Accessed: 23/03/2015].

Birch, M. (2012). *Mediating Mental Health: Contexts Analysis and Debate.* Surrey: Ashgate.

Bienkowska, A. (2011). Belief in the causative power of words as a manifestation of magical thinking in late childhood. *Polish psychological bulletin,* vol. 42(4), pp. 226 – 234. [Online] doi: 10.2478/v10059-011-0029-3 [Accessed: 20/ 04/ 2016].

Chireau, Y. (1997). Conjure, Christianity in the nineteenth century: Religious elements in African American magic. *Religion and American culture*: *A journal of Interpretation,* 7(2), 225 – 246. [Online] Available at http://www.jstor.org/stable/1123979 [Accessed: 20/04/2016].

Clement, S., Lassman, F., Barley, E., Evans-Lacko, S., Williams, P., Yamaguchi, S., Slade, M., Rusch, N., & Thornicroft, G. (2013). Mass media interventions for reducing mental health-related stigma (Review). *The Cochrane Collaboration*, Issue 7. Wiley online Library. Available at http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009453.pub2/references [Accessed: 03/09/2015]

Corrigan, P. W. & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review,* 30, 907-922. [Online] Available at http://www.sciencedirect.com/science/article/pii/S027273581000098X [Accessed: 29/03/2016].

Cross, S. (2010). *Mediating madness: Mental distress and cultural representation.* Hampshire: Palgrave Macmillan.

Demyan, A. L. (2009). The effects of a brief, mass-media intervention on attitude and intention to seek professional psychological t*reatment. Unpublished doctoral thesis,* Ohio University, College of Arts and Sciences.

DSM-V (2013). *Diagnostic and statistical manual of mental disorders: Fourth edition.* American Psychiatric Association: Washington DC.

Fernando, S. (2010). *Mental health, race and culture.* Hamsphire: Palgrave Macmillian.

Fernando, S. (2007). Spirituality and mental health across cultures. In P. Gilbert, T. Gordon and F. Bill (Eds.) *Spirituality, Values and Mental Health: Jewels for the Journey,* Ch. 3. Jessica Kingsley Publishers: [n.p].

Foucault, M. (1965). *Madness and civilization: A history of insanity in the age of reason* (R. Howard, Trans.). New York: Vintage Books.

Gureje, O., Lasebikan, V.O., Ephraim-Oluwanuga, O., Olley, B.O. & Kola, L. (2005). Community study of knowledge of and attitude to mental illness in Nigeria. *British Journal of Psychiatry*, 186, 436 - 441. [Online] Available at http://bjp.rcpsych.org/content/186/5/436 [Accessed: 20/02/2016].

Heaton, M. (2013). *New African histories: Black skin, white coats: Nigerian psychiatrists, decolonization, and the globalization of psychiatry.* Athens: Ohio University Press

Henderson, L. (1996). Selling suffering: mental illness and media values in PHILO, G. (ed.) *Media and mental distress.* Harlow: Addison Wesley Longman.

Islam, F. & Campell, R. A. (2014). "Satan has afflicted me!" Jinn-possession and mental illness in the Quran. *Journal of Religion and Health.,* 53, 229-243. [Online] doi: 10.1007/s10943-012-9626-5 [Accessed: 30/08/2016].

Knifton, L. & Quinn, N. (2008). Media, mental health and discrimination: a frame work for understanding reporting trends. *The international journal of mental health,* vol. 10(1), pp. 23-31. [Online] http://www.scie-socialcareonline.org.uk/media-mental-health-and-discrimination-a-frame-of-reference-for-understanding-reporting-trends/r/a1CG0000000GPMpMAO [Accessed: 16/03/2016].

Lapsley, R. & Westlake, M. (2006). *Film theory: An introduction.* Manchester: Manchester University.

Maier, J.A., Gentile, D.A., Vogel, D.L., & Kaplan, S.A. (2013). Media influences on self-stigma of seeking psychological services: The importance of media portrayals and person perception. *Psychology of Popular Media Culture.* [Online] doi: 10.1037/a0034504 [Accessed: 11/11/2014].

Owen, P.R. (2012). Seamless portrayals of schizophrenia by entertainment media: A content analysis of contemporary movies. *American Psychology.* [Online] doi: 10.1176/appi.ps.201100371 [Accessed: 28/04/2015].

Philo, G., Mclauhlin, G., & Henderson, L. (1996). Media content. In G. PHILO (Eds.) *Media and mental distress.* Harlow: Addison Wesley Longman.

Rashed, M. A. (2013). Culture, salience, and psychiatric diagnosis: exploring the concept of cultural congruence & its practical application. *Philosophy, ethics, and humanities in medicine,* vol. 8(5), pp. 1 - 12. [Online] Available at http://www.peh-med.com/content/8/1/5 [Accessed: 12/05/2016].

Rose, D. (1998). Television, madness and community care. *Journal of Community & Applied Social Psychology*, 8(3), pp. 213-228. [Online] doi: https://dx.doi.org/10.1002/(SICI)1099-1298(199805/06)8:3%3C213::AID-CASP449%3E3.0.CO;2-C [Accessed: 28/03/2017].

Subbotsky, E. V. & Quinteros, G. (2002). Do cultural factors affect causal beliefs: Rational and magical thinking in Britain and Mexico. *Britain journal of psychology,* 93, 519 – 543. [Online] Available at www.bps.org.uk [Accessed: 26/04/2016].

Thornicroft, G., Rose, D. & Kassam, A. (2007). Discrimination in health care against people with mental illness. *International Review of Psychiatry,* 19(2), 13 – 122. [Online] doi: 10.1080/09540260701278937 [Accessed: 30/01/2016]

Vogel, D.L., Gentile, D.A., & Kaplan, S.A. (2008). The influence of television on willingness to seek therapy. *Journal of Clinical Psychology*, 64(3), 276–95. [Online] Available at http://onlinelibrary.wiley.com/doi/10.1002/jclp.20446/abstract [Accessed: 12/12/2015].

Wahl, O. F. (2003). News media portrayal of mental illness: Implications for public policy. *The American Behavioral Scientist,* 46(12) 1594 – 6000. [Online] Available at http://abs.sagepub.com/cgi/content/abstract/46/12/1594 [Accessed: 02/10/2014].

Wahl, O. F. (1992). Mass media images of mental illness: A review of the literature. *Journal of Community Psychology*, 20, 343–52. [Online] Available at https://rampages.us/univ200spring2015/wp-content/uploads/sites/4894/2015/02/Mass-Media-Images-A-Review-of-the-Literature.pdf [Accessed: 05/03/2016].

Whitley, R. & Berry, S. (2013). Analyzing media representations of mental illness: Lessons learnt from a national project. *Journal of Mental Health*, 22(3), 246 – 253 [Online] Available at doi: 10.3109/09638237.2012.745188 [Accessed: 29/06/2015].

Wig, N. N. (1999). Mental health and spiritual values. A view from the East. *International Review of Psychiatry,* 11, 92–96. [Online] Available at http://www.tandfonline.com/doi/abs/10.1080/09540269974230 [Accessed: 30/08/2016].