

**The Depiction of Mental Illness in Nigerian and Ghanaian
movies: A negative or positive impact on mental health
awareness in Ghana?**

Vivian E D Ampadu

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of Leeds*

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Abstract

World Health Organisation estimates that about 450 million people worldwide are estimated to have mental health problems. Despite this fact, mental illness is misunderstood, labelled and feared. This perception and attitude imbibed from cultural beliefs, values and religion is often projected in cinema, leading to an erroneous portrayal of mental illness. Characters and plots are often exploited and sensationalised depicting mentally ill people as depraved and demented.

Nigerian and Ghanaian movies frequently use mental illness as a major theme or backdrop in fictional movies. While most of the time their portrayals mimic the real situation on the ground; they are a presentation of stereotypical psychiatric disorders such as severe schizophrenia. The striking feature of these portrayals is the sensational cause of illness which often is a curse, consequence of sin, supernatural forces such as witches and wizards.

This study employed quantitative and qualitative methods to explore why film makers cast mentally ill characters. Do movie makers use these themes or characters to sensationalise their stories; create a satire or as cause and effect? Furthermore, to establish the attitudes and perceptions of mental illness in Ghana, a content analysis of 10 movies that depicts mental illness characters was conducted along with a survey which assisted in determining the extent that depictions impact on responses to mental illness 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, freegan and violent person were depicted with sensationalised forms of recovery.

Abbreviations

FIG	Figure
HNT	Hypodermic Needle Theory
ICF	International Classification of Functioning and Impairment, Health and Disability (ICF)
MI	Mental Illness
MMD	Medical Model of Disability
SMD	Social Model of Disability
SPSS	Statistical Programme for Social Science
SRA	Social Research Association

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Chapter One

Introduction

This chapter defines the research problem and research questions. Furthermore, it seeks to establish justification, limitations, demarcations and structure of the study. The chapter closes with an overview of successive chapters of the study.

Nigerian and Ghanaian movies are popular in West Africa and abroad (Haynes, 2007;BBC, 2005). Many families, especially those of West African decent in Europe, America and the UK including the author, subscribe to Nigerian and Ghanaian movies from the internet, retail outlets and television channels such as Sky 329. Nigerian and Ghanaian movie industries are known as Nollywood and Gollywood: terms first coined by Matt Steinglass in the New York Times in 2002 (Haynes, 2005).

The Nigerian movie industry in particular has grown in recent years to become the second largest producer of movies in the world (UNESCO Institute for Statistics, 2009). Nigerian movie producers have been described as astute story tellers who make a drama out

of the simplest issues of life by Kenyan actor Ojiambo Ainea (Samora, 2011).

However, there has been an increase in mentally ill characters in the movies produced in Nigeria and Ghana (Atilola and Olayiwola, 2011b). Characters, through the evil they have committed, become psychotic and are often subjected to mob revenge or mocking, ostracised from the society, lynched, kept in chains at fetish groves or healed through some spiritual encounter (see Appendix 5, *Love Brewed in the African Pot*, 1981; *Moments of Madness*, 2008; *Palace Treasure*, 2008). This sometimes mimics the real situation on the ground.

Ghanaian movies are similar in nature to Nigerian movies with depictions from these films masking underlying issues such as Mental Illness (MI) could be a medical illness and sufferers of the disease might need medical attention (NAMI, 2011). The question being that could these images be reinforcing the stereotype that MI has meta-physical origins instead of cogent medical ones? This is one of the questions the study seeks to answer.

A recent report by Time to Change (2009) suggests that many people in the UK, for example, generate their knowledge of MI from films.

Anderson (2003) stated that MI in movies has been the subject of discussion in many cultural and media studies. This discourse is almost non-existent in Ghana (Atilola and Olaywola, 2011b). West Africa's volume of research on MI in movies has been undertaken by a few Nigerian mental health academics (Atilola and Olaywola, 2011b). This study seeks to establish the extent to which the depiction of MI in Nigerian and Ghanaian movies impacts on mental health awareness in Ghana. MI has been described by World Health Organisation's International Classification of Diseases (ICD-10) as a term which denotes the presence of clinically identifiable set of symptoms that hinders individual's functions (WHO, 1992). The Diagnostic Statistical Manual of Mental Disorder (DSM-IV) used by the American Psychiatric Association also defines it as a 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).

1.1 Statement of the Problem

This study is driven by the desire to empirically ascertain how the depiction of MI in Nigerian and Ghanaian movies impacts on responses to MI in Ghanaian society. Attitudes and perceptions are embedded in culture. Hofstede (1980) asserts in his cultural dimension that cultures specific to nations such as Ghana have a high Power Distance Index that indicates the extent to which the less powerful in society accept that there is unequal power. The abled bodied have more access to education, health, employment, housing, politics and in Ghana's case cultural positions such as eldership and kingship creating uneven power between abled and disabled (Taylor, 2004) This might account for the value placed on being abled bodied and MI being a taboo in tribes such as the Akans of Ghana. Hofstede also refers to cultures such as the Ghanaian culture as collectivist. Ghana is made up of close-knit communities and very hierarchical in its social structures, where respect is given to age, experience, wealth and status (Communicaid, 2010). Elders and spiritual leaders who lead these communities make decisions and are

viewed as wise (Kumasi Metropolitan Assembly, 2006). There is also a high degree of loyalty accorded to elders and spiritual leaders, which almost absolves them from accountability or questioning. Movie makers are accorded some of these privileges (Nwanne, 2012), which is why this study seeks to establish whether or not their depiction of MI in movies impact on responses to MI in Ghana.

Media effect researchers and theorists however, have and continue to debate whether media does truly have an influence on audiences. Gauntlett (1998) argues that methodologies for media effect theories are erroneous and researchers tend to connect media with social problems instead of the other way round. The question remains whether Ghanaian audiences believe the MI images they see in these films? This is another research problem the study seeks to solve.

Study Aims and Objectives

The broad aim of this study is to determine the attitudes and perception of MI in Nigerian and Ghanaian movies and the impact it has on responses to mental health awareness in Ghana. To help achieve this, the following specific objectives are defined:

- (1) Explore why movie producers cast mentally ill characters in their movies by conducting a structured email interviews.
- (2) Review 10 Nigerian and Ghanaian films to quantify and analyse mentally ill images in Nigerian and Ghanaian movies.
- (3) To establish what the perceptions and attitudes of movie subscribers are on mentally ill characters portrayal in movies through a survey.
- (4) Suggest policy insights for practice and make recommendations for further research.

1.2. Research Questions:

The following research questions derive from the specific objectives outlined above:

- (a) Why do movie producers cast mentally ill characters in their movies?
- (b) To what extent will such depictions in movies impact on the responses to MI in Ghanaian society?
- (c) What policy insights can be suggested from the study findings?

1.3 Justification for the Study

There is paucity of research on the depiction of MI in Nigerian and Ghanaian movies in Ghana. This study will shed light on the issue, explore reasons why movie makers cast mentally ill characters,

and measure the impact movies with the depiction of MI have on the responses to MI. These are all new areas of research in Ghana.

1.4 Limitations of Study

Ghana is a fairly big country and so is Nigeria therefore the time constraints make it rather challenging to cover the cultures and religious issues of both countries. Hence this study will be restricted to only Ghanaian culture and religion even though it interviews Nigerian movie makers.

There is lack of academic theoretical literature on MI representation in Nigerian and Ghanaian movies.

Fifty two people is a very small percentage of 24 million people and did not give an accurate reflection of the total range of responses to MI and its impact on mental health awareness in Ghana.

The intention to interview 5 film makers posed the risk of non-response. It was difficult to gain access to such busy and high profile people. Five interviews, analysing 10 films and conducting a survey was bit ambitious.

Using content analysis had its own flaws such as being time consuming and care was taken not to draw free inferences from the relationships and impact in the study.

The inability to interview mental health patients or sufferers themselves in this study made it fall short of some of the principles of disability research. (Moore, Bleazley and Maelzer, 1998)

This study analysed 10 fictional Nigerian and Ghanaian movies from 1980 to 2011. It did not cover news items or documentaries. Movie makers interviewed were not producers of the 10 movies analysed.

1.6 Structure of Study

This dissertation has been structured into five chapters

Chapter one introduced the study covering background, statement problem, aims and objectives research questions, justification of the study, limitations, demarcations and the structure of the study.

Chapter two is a literature review evaluating critical points of knowledge, essential findings, theoretical and methodological contributions in relation to the depiction of MI in Nigerian and Ghanaian movies.

Chapter three covers research methodology and discuss epistemological and ontological assumptions of the study.

Research methodology, purpose, population, sampling and data generation and data analysis are described.

Chapter four discusses findings arising from analysis of the results of the study.

Chapter five is the conclusion which covers the summary of study and implications of the study.

Chapter Two

Disability and Mental Illness in Ghana

This chapter critically evaluates literature including theoretical and methodological contributions on the depiction of MI in Nigerian and Ghanaian movies and whether it reflects various responses to MI in Ghana. It consists of an overview of disability, theories, brief facts about Ghana, perceptions and attitudes towards MI in West Africa and Ghana including a short history of film and media effect theory.

Although MI has been the backdrop and major themes in many Nigerian and Ghanaian movies there is paucity of research on whether this practice has any impact on mental health awareness. Movies furnish audiences with illusions of movement and sound which suspend disbelief, to give an entertaining immersive experience. It is also suggested that a picture says a great deal and a moving picture even more, especially if it depicts human behaviour (Kellelevision, 2012). Cinema is a double edged art which mirrors society and also serves as a mirror for society (Bhugra, 2006). What we see with our eyes as human beings affects our emotions more than any other senses and filmmakers have used this effect and acoustic stimuli over the years to create captivating

scenes to engage viewers (Wedding et al, 2010). These assertions are profound and this study seeks to ascertain if they apply to Ghanaian and Nigerian movies.

2.1 Definition of Disability

Disability is an overall term used to describe impairments, limitations and restrictions encountered during participation of an activity (WHO, 2012). There are however, other definitions of disability and are often subject to the society in which it is defined (Grech, 2009). Degener (2006) posits that disability is a complex phenomenon and defining it is sometimes problematic. Shakespeare (2001) also attests to the difficulty in defining disability because it is perceived differently in different societies. A definition that commonly underpins policies and official surveys is the 1976 WHO disability definition also known as International Classification of Functioning and Impairment, Health and Disability (ICF) (Bury, 2000).

2.2 Medical and Social Model of Disability

The ICF definition divides disability into three parts. Impairment which is the lack of normality in physiological, psychological or

anatomical functions, disability is any restriction placed on a person from impairment and handicap is disadvantage experienced because of a disability or impairment. This was however believed by activists to be undergirded by the medical model of disability (MMD) which views disability as problem with individuals rather than a society (Oliver, 1990; Finklestein, 1980; Hurst, 2001). Barnes, Mercer and Shakespeare (1999) claim that the medical model presents disabled people as reliant on others for care, and to overcome disability means reliance on curative or rehabilitative medicine which is common with mental illness. The MMD is dominant in mental health care because it often involves labelling and cure (Beecher, 2009). People with mental health difficulties are either prescribed medication, locked up or both to receive compulsory treatment (Beresford, 2002).

In the 1970s, disabled activists developed another model of disability which differentiated between impairment and disability. Impairment was the lack of physical, mental or sensory functions and disability the limitations put in place by society that stops disabled people from living like non-disabled people (Oliver, 2004; Shakespeare and Watson, 2001). The Social Model of Disability (SMD) was born and underpins a number of policies created by

organisations including that of United Nations and WHO's International Classification of Functioning (Barnes and Mercer, 2004). Some sufferers and disability theorists however, argue that the SMD does not adequately meet the needs of mental health sufferers as impairment does not sit well with mental illness because it is more of an illness than a disability (Beresford, 2002; Mulvany, 2000).

2.3 Disability in Africa

Disability in Africa often means being ostracised or side-lined from the norms of society (The Exodus Guild, 2012). WHO (2012b) estimates that 10% of the general population of Africa are disabled and this percentage represents 20% of the poor. Disabled people are often excluded from education, health and economic systems (Mitra et al, 2011). More than half of working age of disabled people are unemployed and most survive by begging on the streets (BBC News, 2006). Despite these grim facts, disabled people are fighting back (BBC News, 2006). Kijani (1995) also argues that this view about disability and attitudes towards disabled people in Africa is slightly exaggerated because most researchers are foreigners who have limited knowledge of Africa.

This is echoed by Ingstad (1990) and O'Toole (1998). Abang (1988) states that disabled people are welcome in the Fulani community of Nigeria as disability is viewed as God given. Despite this, she recognises that disability and attitudes towards disability are a problem in Africa (Abang, 1988).

2.3.1 Disability in West Africa

Disability is often viewed as a curse or a punishment from god. Disabled people have no financial assistance from the government, which often renders them destitute (Able, 2011; Abang, 1988). Disabled people, unlike in the Western world, have little or no access to social services and human rights. Developmental channels of communications for disabled people are almost non-existent (Leonard Cheshire, 2012).

2.4 Overview of Ghana

Ghana is a West African state that shares borders with Burkina Faso, Cote d'Ivoire and Togo. Covering a total area of 92,456 square miles and registered a population of 24, 339,838 in 2010 (Ghana Tourism, 2008). The birth rate is 28.0/1000 and life expectancy is 60.5. Ghana has 10 administrative regions (Fig 2.0),

with over 100 dialects. It is made up of various ethnic groups such as Akan, Ewe, Ga, Adangme, Guan, Gonja, Dagomba, Mamprussi, Hausa and Fulanis. The capital and largest city of Ghana is Accra. Ghana is a religious country with over 60% of the population being Christian, 15% Muslim and the rest animistic and traditionalist (Ghana Tourism, 2008).

According to archaeological remains, Ghana (previously known as Gold Coast), has been in existence since 4000 BC. The name Ghana was adopted at independence in 1957 and the territory originated from an ancient Sudanese kingdom between the Sahara and head waters of Senegal and Niger rivers (Ghana@50, 2010). It was a lead producer of gold, copper and salt, plying trade in the mining areas to south and the Sahara routes (Ghanaweb, 1994). The arrival of Europeans however changed trading patterns as trading moved to the West African coast. First to arrive was the Portuguese in 1482. They secured themselves from other seafarers by building the Elmina Castle. The British, Germans, Danes and the Dutch soon followed suit. The Gold trade was soon taken over by slave trade which conveniently operated from the various castles they built. On March 6, 1957 Ghana became the first all-black nation to gain independence (Ghanaweb, 1994).

English language and Christianity were a legacy of European evasion and colonial rule (Grundy, 1999). Orthodox churches such as the Roman Catholic, Methodist and Presbyterian were all introduced by the Europeans. This later paved way for charismatic churches (born again, 'happy-clappy' and 'signs and wonders') which have transformed the Ghanaian society (Salm and Falola, 2002). These charismatic Churches are influential because of their claim that they hold answers to the nation's poverty (Gifford, 2004).

Figure 2.0: Map of Ghana



Source: World Atlas.com

2.4.1 Religion in Ghana

Ghanaians have a strong belief in religion, tradition and the supernatural with almost all the ethnic groups believing in a supreme being. The Akans, the largest ethnic group refer to God as “Nyame” or “Oyankopon”; the mediator for God is the goddess of the earth “Asase Yaa” and other lower deities. They believe that their ancestors are the force behind daily living and must be worshipped (Williamson, 1965). The act of pouring libation to the ancestors and gods is believed to invoke blessings and appease deities during ceremonies (Brempong, 2000). Dedicated priests and priestesses serve these gods and their subjects. It is common knowledge that when these priests are possessed by the spirits of the gods they are able to discern causes of diseases and misfortunes and provide a remedy (USAID, 2001). The gods are said to be able to bring good fortune through charms and the sacrificing of animals (Lauterbach, 2008). Fishermen from Accra, the capital of Ghana, seek the guidance of the gods before fishing to guarantee a good harvest (Salm and Falola, 2002).

2.5 Disability in Ghana

Being a West African state, Ghana holds many traditional beliefs related to disability in Africa (Reynolds, 2010). Witchcraft, gods, spirits, juju or black magic are perceived to be responsible for any disorders (Avoke, 1997). In Ghana it is believed that if a person violates the laws of the gods or ancestors they would give birth to children with defects (Avoke, 2001). In the Brong Ahafo region of Ghana, pregnant women are encouraged to desist from consuming fish from a particular river because the fishes are the river's children and the consequences of disobeying this order may involve giving birth to Down's syndrome children (Antony, 2009). Disabled children are often infanticised, neglected, starved to death, drowned or treated as imbeciles who have no apparent future (Anthony and Kwadade 2006). Mental and intellectual disabilities are stigmatised and marginalised with labels such as stupid, imbecile (Avoke, 1997). However, Reynolds (2010) asserts that disabled people are accepted and treated as part of families in Ghana. A view that this study questions.

2.6 Managing Mental Health in Ghana

Managing MI in Ghana started before the colonial rule. Mentally ill people were either left to roam the streets or committed to traditional healers (Ewusi-Mensah, 2001). However, during the colonial rule (1844 onwards) the mentally ill were imprisoned until 1888 when the legislative instrument (Lunatic Asylum Ordinance) was passed and led to the establishment of the Accra asylum. Built to accommodate 104 patients initially in 1904, the numbers soon multiplied (Laugharne and Burns, 1999). In 1926 the first psychiatrist was appointed. Two other hospitals and regional units have since been built over the years but the Accra hospital remains overcrowded with 450 beds for 900 patients (Ghana News Agency, 2012).

A recent report states that Ghana's 1,439 healthcare facilities are accessed by 22 million people (IRIN, 2008). Access to doctors, nurses, hospitals and clinics are limited in the rural areas with people living within the range of about 16 miles to a health facility. Van den Boom et al (2004) asserts that this has led to a vast majority of the population self-medicating on various drugs.

In Ghana 650,000 people have some type of severe MI and over 2 million have a moderate to mild mental disorder (WHO, 2007). The chief psychiatrist of Ghana recently stated that there were only 12 practising psychiatrists to 24 million Ghanaians, all domiciled in southern Ghana (IRIN, 2011). Mental health service in Ghana is more active in the south of the country, where all three psychiatric hospitals are based. Out of the total of 12 psychiatrists only 4 work in the public service (Yeboah, 2009). Furthermore, Ghana's Mental Health service has a high turnover of staff because of the stigma associated with it. A mental health charity development worker in Ghana, Peter Yaro, asserted that lack of political interest in mental health issues and basic resources were to be blamed for this high turnover (IRIN, 2011). Traditional stigma in relation to MI makes managing mental health practice difficult (WHO, 2006).

2.7 Traditional and Spiritual Healers

Traditional healers are known as holders of knowledge and practices, used in diagnoses, prevention and the eradication of any physical, mental or social imbalance through experience and observation passed from one generation to another (Truter, 2007, WHO Centre For Development, 2002). In Ghana, traditional

healers consist of mainly imams and fetish priests (okomfo/Akomfo) and these healers fall into two categories namely, diviner-mediums or herbal healers (Hevi, 1989; Jolles and Jolles, 2000; Steinglass, 2002). They play important role in Ghanaian society and not only provide traditional pharmacies, but also serve as preservers of folk knowledge, tradition and values (Hevi, 1989).

Spiritual healers on the other hand are made up of pastors of Pentecostal churches and spiritual churches. Ghana's Ministry of Health works with traditional and spiritual healers to deliver health care since their services are more accessible and affordable (Public Agenda, 2008; Tabi, 2006). However, being accessible and affordable may not be the only reason for this practice. Pearce (1989) sums it up in his cogent argument that it is naive to consider illness as just a physical attack on the body as it could be due to an invisible force. This often formulates the thinking of the West African (Aina, 2004). There are no black or white issues, the dead and the living, the natural and supernatural are one (Lambo, 1978).

Patients' rights and care are however, mismanaged by these so called healers, spiritual churches and healing camps (Public Agenda, 2008) The problem is compounded by lack of legislation and particularly in Ghana's case, lack of a recent Mental Health Act (IRIN, 2011, Public Agenda, 2008). Prayer camps which started around 1920s operate as healing centres led by charismatic church pastors and spiritualists. They offer prayers and drive out demons from people who allegedly are possessed. MI sufferers who end up at these camps or healing centres and other unorthodox centres are often beaten, insulted, denied food, chained or confined in small rooms. (see Appendix 5) (Commonwealth Human Rights Initiative CHRI, 2008).

In spite of this, mental health practice is variable in West Africa (AE-Digibise et al, 2010). While in the Western world healthcare is based on allopathic medicine (LaBrecque, 2008; Mantey, 2009). Most West African countries have medical doctors working alongside traditional healers such as 'malams' (traditional Muslim healers), religious bodies and spiritualists (Mokaila, 2001). At present in Ghana, traditional healers outnumber medical doctors and psychiatrists. The ratios are 1 traditional healer to 200 people

and 1 psychiatrist to 1,470,588 people (Patterson, 2001; Tabi and Frimpong, 2003;Doku et al., 2008).

2.8 Attitudes to Mental Illness

While mental health is largely a taboo subject round the world (Basic Needs, 2011), in West Africa and especially Ghana, it is seen as a curse that necessitates shame and stigma (Morden Ghana.com, 2009 ;Gaines 1998; Okafor, 2009). In the western world a person diagnosed with depression is most likely to be referred to psychiatrist or wellbeing practitioner and more often than not be prescribed anti-depressants (Davies, 2012). There is no word such as depression in the Ghanaian language and for that matter recognition of the illness. Among the Akan tribe of Ghana, MI is a taboo meaning that it is considered one of the fearful diseases that can be acquired at the mere mention of it. Hence, a euphemism such as “Wati Chain” which means the person has lost control of his faculties. People with MI eventually become social outcast as they are excluded from leadership roles such as chieftaincy and eldership (Laugharne and Burns, 1999; Nketiah, 2011).

Ghanaians relate MI to curses or punishment from God, gods, ancestors and spiritual beings, and often rely on traditional and spiritual healers for treatment (Okafor, 2009). Barke et al (2010) posits that stigmatisation of MI is a grave problem which is gaining deep roots in Ghana's mental health system. Hence, the believe that stigmatisation of MI is low in non-western countries such as Africa has been questioned by others who argue that paucity of empirical data has led to this conclusion (Corrigan and Watson, 2002; Shibre et al, 2001).

Stigmatisation is compounded by day to day management issues. The budget allocation to Ministry of Health in Ghana in recent years was 1.4% of GDP plus donations and patient fees. However, only 0.5% was allocated to mental health (Barke et al, 2010).

2.8.1 Mental Health and Culture

MI can be explained in two ways, biomedical and traditional (Quin, 2007). The biomedical is underscored by medical interference whilst the traditional, views MI as caused by gods, curses and evil spirits which can be cured by traditional or spiritual healers through prayer, exorcism or sacrifices to the gods. These two views of MI

are better explained by two primary cultural models. Universalists, who explains that mental health classification, measurement and treatment can be repeated round the world, and relativists who hold the view that although biomedical treatment can be repeated around the world it must be subject to cultural values and views (Quin, 2007).

Culture is a culmination of knowledge, beliefs, values and attitudes which underscores people's behaviour in a society. It is also a shared way of life handed from generation to another (De Angeli and Kyriakoullis, 2006). Culture permeates society invisibly and creates unwritten rules which govern interaction in society. It has a strong influence on thoughts, feelings, social norms and types of individuality that interlaces with ethnic groups (Kroeber and Kluckhohn, 1963). These cultural frameworks which influence thoughts, feelings and behaviour can formulate our perception and attitude (Nesbit and Miyamoto, 2005). Ghana being a collective society in which there is emphasis on hierarchy as indicated by Hofstede (1980) draws its cultural norms from the rulers, elderly, rich and influential.

2.9 Depicting MI in Film

Culture, information and attitudes are drawn on by the movie industry around the world to create themes and characters for their films. In the 'Screening Madness' report (2009) by MIND, the UK mental health charity cogently states that discrimination against people with MI is long standing and can be found in cultures round the world. MI is one of the most stigmatised diseases (Corrigan and Penn, 1999). Negative attitudes form barriers leading to discrimination, ignorance and fear that send detrimental stereotype messages about MI (MIND, 2011).

20th Century culture has been influenced by film which is a paramount and leading form of art (Nowell-Smith, 1996). Film first emerged in the 1890's and was quick to spread to the Europe and America (Nowell-Smith, 1996). Willingham (2008) states that film offer more than entertainment. Film has been used for other purposes such as propaganda, education and scientific research (Kirby, 2003). Movie makers use various characters and themes including disability because it is an age old source of amusement or subject used to fuel fear and reactions from non-disabled people (Barnes and Mercer, 2010).

The way disabled people are depicted in various art works reflects their standing in society (Barnes and Mercer, 2006). Being portrayed as abnormal leaves a negative impression on disabled people leading them to resent their impairment, seek a cure or feel pity. Creating disabled characters, using disability as a backdrop or theme is often perceived as a short-cut. Such representations are viewed as inaccurate and do not reflect living experiences of disabled people. This perpetuates negative perceptions and attitude about disability (Shakespeare, 1999).

There are 10 stereotypical ways disabled people are represented in media: pitiable, objects of curiosity or violence, sinister, superheroes, atmosphere, laughable, their own worst enemies, burden, non-sexual and unable to take part in day to day life (Barnes, 1991; Barnes, 1992). John Merrick the 'Elephant Man' is portrayed as suffering and pitiable (Barnes, 1992). Nigerian and Ghana movies are no exception to these characteristics. In Royal Madness, Palace treasure and Souls of Love the mentally ill characters are portrayed pitiable and superheroes who overcame their illness and deplorable lives to marry their loved ones.

Mass media started representing MI in 1940s (Freeman et al, 2001). Today the portrayal of MI in films or a backdrop for other themes is common (Anderson, 2003). More often than not the images they portray are negative or inaccurate but because they are carried by a potent medium they are able to gain access to a large number of people spreading stigmas about a highly misunderstood disease (Kondo, 2008).

Mental health professionals and mentally ill people have all been misrepresented in films (Hyler et al, 1991). Stereotypical MI characters often appear in popular western films. Hyler et al (1991) identifies 6 of them and has named them as rebellious free spirit, homicidal maniac, the female seductress, enlightened member of society, narcissistic parasite and the zoo specimen. The free spirit is found in the popular film: *One Flew Over the Cuckoo's Nest* (1975). An example of the homicidal maniac can be found in *Psycho* (1960) and *Halloween* (1978). The seducing females can be seen in *Lilith* (1960) and *Dressed to Kill* (1980) which features mentally ill female patients seducing the nursing team. In *King of the Hearts* (1966) the enlightened member of society is played depicting the character as more fun than those around him.

2.10 Overview of Movies in West Africa and Ghana

The BBC once commented that African Cinema was finding its own way of expressing itself (BBC, 1999). That may have been understatement since Africa's cinematic voice was in the hands of Europeans and Americas until after 1960 (Ukadike, 1994). As Armes (1984) stated, the first time he watched an African produced film it was nothing like the Tarzan films he consumed as a child that had no history and culture of Africa. Although political independence came to Africa, most African countries have not enjoyed the economic, political and social freedom that would allow them to compete effectively on the global cinematic market. Ukadike (1994) argues that this due to Africa's past history of colonisation and current questionable act of neo-colonisation.

In the early 1960s African filmmakers took the art of making films in their stride and married culture with visual art making a break with some of the hegemonic Western iconography (Pfaff, 2004). This saw a large proportions of African filmmakers focusing on themes such as independence, racism, injustice, tradition and many more social injustices making good the wealth of Africa. This dream lasted while it could as in the 1980s when many African

nations were forced to mortgage their economies to the International Monetary Fund, currencies devalued and many national film corporations lost their film stock (Shaka, 2011, Haynes, 2007).

Video making sprang from this economic hardship as film corporations, especially in Nigeria and Ghana, could no longer afford to import equipment, technical staff and other essentials to produce celluloid films (Haynes, 2007; Shaka, 2011). Furthermore, in Nigeria high occurrences of crime such as armed robbery, pick pocketing stopped people from patronising celluloid films shown in cinema halls (Haynes 2007). A projectionist Akuffo and an auto mechanic Socrates Sarfo videos on witchcraft became popular and propelled video production in Ghana in the 1990s(Haynes, 2007).

Movies are shot directly onto videos and are popularly referred to as movies or film (Larkin, 2002). African movies has been described as vibrant, diverse, and a comparatively new type of art, which draws the attention of a wide audience (Armes, 2006). It is accessible to people from all walks of life and can be watched

anywhere making it a favourite pastime for those who patronise it (Omoera, 2009).

Nigeria and Ghana produce about 1,500 films a year between them (Haynes, 2007). Nigerian and Ghanaian filmmakers construct films in similar style of narrative that fuses the supernatural with reality (Eghagha, 2007). Popular plots, unlike in Hollywood and British films include traditional healers, Pentecostalism, polygamous marriages, ancestral worship and witchcraft.

Movies are also shot in actual homes rather than studios (Haynes, 2011). Evil is almost always avenged and ill health is often caused by juju (black magic), curses, wizards and witches. The Nigerian and Ghanaian movie industry might be rising stars in the cinematic world but that has not left them without criticism. There have been several calls from different corners of the globe for them to raise their game (Hoad, 2010). The issue of quality over quantity is a big hurdle yet to overcome (Haynes, 2005).

2.10.1 Hollywood versus Nollywood and Gollywood Representations of Mental Illness

Gilman (1985) ardently states that stereotypical depiction of MI 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 MI is usually fraught with inaccuracies and not too differently from Nigerian and Ghanaian films. People with schizophrenia are often confused with people who have other psychiatric illnesses such multiple personality 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 break down.

Nollywood and Gollywood depicts MI as seen on the ground. This is often severe psychotic people who become vagrant with cause of illness being a curse, 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 visited. 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 MI 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 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 there are so many watchdogs and activists who will speak up (Maron, 2009). Nollywood and Gollywood have not got many of these bodies and activists to answer to.

2.11 Media Theory

Media as a communication tool has different channels of reaching various audiences (Mayer, 1999). Media is a general way to be entertained and is also channel for giving information to society.

However, Rickell (2011) states disability stories are literally manipulated by the media, and this has a direct impact on the audience. Philo et al (1994) also state that audiences are not inactive recipients of information but actively absorb what they are told by the media. The media on the other hand dismiss this assertion, arguing they reflect what is already in society (Bolton, 2000, Salter and Bryne, 2000).

Media effect is an acceptable idea to most audiences but proving the extent of impact is where the debate lies. The challenge for most researchers is who is most influenced, when, how and why. This debate is on-going with proponents of various theories (Livingstone, 1996). Media effects theories are numerous but there are three main approaches (McQuail, 1977).

The first approach, Media Centric theory, also known as the direct effect theory proposes that media has negative or direct influence on audiences. This effect suggests that media influences audiences by literally injecting them with messages that cause them to react without control (Sparks, 2001, Katz and Lazerfield, 1955). Proponents of this theory argue that communication is

about what is said, medium used to say it, the recipients and the impact it has (Lippmann, 1922; Lasswell, 1948). Shannon and Weaver (1949) assert that this theory made the dissemination of information straightforward. Strengths of this theory is in its simplicity and the fact that it does not consider people's individuality. A second strength is its ability to give answers to why society has become so deviant. The weakness of this theory is its inability to prove media has direct impact on its consumers.

Limited Effect Theory, the second phase of the media effects studies, emerged between 1920 and 1930. It regarded media as having conditional impact on audiences due to intervening variables (Jowett and O'Donnell, 1999). Under the auspices of the Payne Fund a study investigated the impact of films on children but this could not be replicated in later studies making the direct impact theory ineffective because of the lack of scientific rigor (Siapera, 2010).

During this same period Orson Welles broadcast H.G Wells's War of Worlds in America causing panic across the country leading Howard Cantril and his colleagues to investigate reasons behind the panic (Cantril, Gaudet, and Herzog, 1940).

Further surveys were conducted by renowned researchers such as Paul Lazerfield and Carl Hoveland to establish the reason behind the panic. However, their studies did not establish any profound evidence of media influence (Baran and Davis, 2009). The strength of limited effects theory was in the use of experiments and surveys to measure media effects on audiences. However, results of this theory could not be replicated in later studies.

Phase three of the media effects studies started in 1970s causing research to open up to consider long term effects and indirect influence on audiences. This had not been accounted for in previous research (Lowery and DeFluer, 1988). One of the theories propounded in the third stage was Agenda Setting (Fig 2.1) which addressed the question of indirect influence (Raiz, 2008). Termed 'mass media, mass culture' it asserted that mass media determined what audiences thought and worried about (Cohen, 1963). Journalist Walter Lippmann, first propounded this theory in 1920's when he suggested that media dictates the creation of pictures in the mind of audiences (Lippmann, 1922). Maxwell McCombs and Donald Shaw argue there is enough evidence that

editors and broadcasters play a pivotal role in deciding what news is broadcast (McCombs and Shaw 1977).

Agenda-setting theory gives audiences an idea of how pervasive media can be. It reinforces the power the media wield by being able to decide which information is released to the public. This power is however weakened by the fact that media users may or may not pay attention to the information given. It will also have no effect on audiences who have already made up their minds. Some critics argue that media have not got the power to create problems only change awareness. Figure 2.1 explains the influence of mass media on social change. Furthermore it indicates that media, the general public and policy makers are key players connected and positioned to set news agendas. It shows the impact of mass media on public agenda, policy agenda and vice versa.

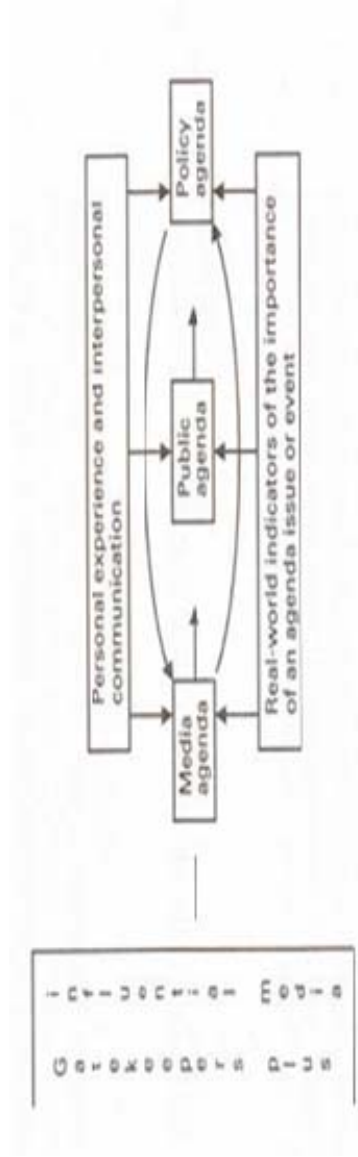


Figure 2.1 Agenda-setting Model

Source: McQuail & Windahl (1993)

The question remains whether the pendulum is somehow swinging back to the 1920's when media effect was considered strong. This has however been strongly dismissed by authors such as Gauntlett (2005) who argues that most of these media effect research have flawed methodologies and therefore does not verify and validate the results.

2.12 Media Effects in Africa

Research about media effects in Africa is akin to that conducted in America and Europe. Smith (1954) and Oton (1958) relied on historical and content analysis instead of surveys and experiments to measure media effects (Eribo and Tanjong, 2002). Most of the research unearthed physical development of mass media and functions of mass media in Africa (Edeani, 1988) rather than effects.

In recent years there have been significant changes in Africa such as the establishment of democracy, radio and television stations, film industries, newspapers, magazines, mobile communication and websites which have showcased Africa (Moehler, 2005). Despite this, some social commentators are worried about culture

change resulting from media impact (Moehler, 2005; Kamara, 2010).

McLuhan (1964) ardent argument that audiences find present media relaxing, pleasurable, and soothing, and Kline (2005) stance that media has direct impact on children is plausible, but measuring the extent to which this is true is difficult. Arguably, media consumption can impact on people in many ways, direct or indirect, immediately or later in life and effects may be short lived or lasting (Dautrich et al 2009). The most challenging task for scientists and researchers is being able to bring together all mediating factors, from levels of consumption, demographics, socio-economic factors and variables such as culture and environment (McQuail, 2003).

It is difficult, if not next to impossible to ascertain that watching films of a sexual nature caused a person to rape someone because the question becomes: did watching the film cause that violent behaviour or did the person's instinct to rape led them to watch the film? Why do other people who watch films of that nature not rape people? This is the salient reason why some

researchers argue that traditional methods of research are not proficient for measuring media effects (Gauntlett, 2005)

2.13 Conclusion

MI is misunderstood, mystified and misconstrued around the world. Nigerian and Ghanaian cultures are no different as MI is viewed as a curse or punishment from God, the gods, evil and ancestral spirits. This traditional view, lack of education in mental health issues and inaccessible psychiatric care drives mentally ill people to traditional healers and spiritualists which often results in them being chained, beaten or identified as possessed by evil spirits.

Could the depiction of MI in Nigerian and Ghanaian movies be driven by culture and religion which is intricately built into the Ghanaian society? Movies are also an influential medium which has often been used to represent worldviews. Film makers have influence in Ghanaian society. However, does this mean the Ghanaian population or subscribers to these films are accepting of whatever they are told because someone powerful said so? This research weighs where the pendulum swings.

There has been some research about mental health in Ghana but MI in movie discourse is new in Ghana. The volume of research conducted about MI and film does not often include film makers who can be said to be some of the key gatekeepers in media. The next chapter will discuss the methodology for this study.

Chapter Three

Study Investigations

This chapter discusses the methodology employed in this study and justification of each method used. Research philosophy, data generation strategies, population, research purpose, sampling, reliability and validity, data analysis and ethics of the study are reviewed.

3.0 Research Philosophy

The methodology for this study was chosen in relation to the research questions, the objectives of the study, and the author's ontological and epistemological views (Saunders et al, 2007). Ontology deals with the nature of reality (Wand and Weber, 1993). Epistemology on the other hand deals with acceptable knowledge (Bryman, 2008; Saunders et al, 2007). The author's ontological view is God, gods, ancestors and curses are real to Nigerians and Ghanaians. This meta-physical viewpoint forms part of their everyday life and has found its way into their movies. The Epistemological view is that although Nigerian and Ghanaian storytelling has meta-physical views there no evidence yet that it impacts on their mental health awareness.

Guba and Lincoln (1994) assert that methodology is not just about bringing methods together but chosen methods should be part of an already chosen methodology. Quantitative and qualitative, the two main paradigms of research methodology were used in this study to understanding and exploring the meanings of the social phenomena being studied.

3.1 Research Methodology

This study is about two social phenomena: perceptions and attitudes towards people with MI in Ghana. To have a better understanding of the phenomena, certain concepts and theories were explored. A qualitative research was used to explore issues and capture in-depth understanding of the perceptions and attitudes towards MI in Ghana (Hartley and Muhit, 2003). This was especially important as the research sought to understand why Nigerian and Ghanaian movie makers cast mentally ill characters.

Qualitative research involves interpreting basic meanings and is a research sympathetic to ontological assumptions of multiple truths, which are time, value-related and context reliant (De Villiers,

2005). Methods applied in qualitative research involve activities such as focus groups, key informant interviews and content analysis.

The author carried out a content analysis of 10 Nigerian and Ghanaian movies to ascertain the types of MI images used and what they inferred.

2 Nigerian and 3 Ghanaian movie makers were interviewed through email and telephone to explore and understand the beliefs, experiences and attitudes towards mentally ill people. This generated data exploring why mentally ill characters were cast in these movies. It also explored whether or not movie makers conducted any research before casting characters or choosing themes. Furthermore, movie makers were questioned on their professional backgrounds to ascertain whether those who had no formal training were aware of what they were depicting to their audience.

A quantitative research was adopted to measure how movies reflect the various responses to MI in the Ghanaian society. Quantitative research relies on numerical data for its conclusions.

Methods for this approach to research normally take the form of surveys and experiments. A questionnaire was used in this study to determine the impact of the depiction of MI in Nigerian and Ghanaian movies. The questionnaire of 15 questions measured respondents understanding of MI, media impact and respondent's social background. Hartley and Muhit (2003) indicate that using a combination of qualitative and quantitative research side by side enriches the research data

3.2 Research Design

This study involved a primary research seeking to explore the depiction of MI in Nigerian and Ghanaian movies and whether it has a negative or positive impact on mental health awareness in Ghana. Cooper and Schindler (2006) assert that research can be divided into explanatory, descriptive and explorative types. The purpose for explanatory research is to establish how relationships, patterns and links happen. Descriptive gives a precise picture of people, events and situations (Robinson, 2002). Explorative investigates a phenomenon that is new or little is known about. Robson (2002) asserts that exploratory research seeks to know

what is happening, strives for new understanding or to evaluate phenomena in a new way.

This study employed exploratory research as the depiction of MI in movies is a relative new area of study in Ghana and the author seeks to shed light on it. MI in Nigerian and Ghanaian movies were explored using interviews, questionnaires and content analysis to get a clearer understanding of why filmmakers cast MI people in their films and whether the movies impact on the responses to MI in the Ghanaian society.

3.3 Population and Sample Selection

Hofstede in his Cultural Dimensions refers to West Africans as High Power Distance cultures in which there is the acceptance of unequal distribution of power (Hofstede, 1980). Furthermore, he asserts that these cultures are Collectivist which has a high degree of community cohesion. Movie makers hold powerful positions in the Ghanaian society and movie subscribers are integrated in a strong cultural community (Rice, 2012). In view of this the participants of the study consisted of 2 Nigerians and 3 Ghanaians chosen from 500 movie makers from Nigeria and 50 from Ghana

respectively. These were prolific movie producers who had depicted mentally ill characters in dramas, thrillers, historical or romantic Nigerian and Ghanaian movies.

3.3.1 Data Sampling

Movie makers in Ghana and Nigerian were sampled purposively because they have the requisite information to answer the first research question. Purposive sampling is a process in which particular settings, people and events are chosen to provide information that will usually be difficult to get from elsewhere (Maxwell, 1996). Nigerian movie maker's personal websites were sourced from www.Nigerianmovies.com and contact made through email addresses and telephone numbers from their websites. Ghanaian movie makers were contacted through a journalist in Ghana.

Those targeted were movie makers who had produced five or more movies with one or more depiction of MI. This was because they would be in the position to give tangible reasons for casting MI characters. Two Nigerian movie makers who met the above criteria were interviewed on the phone and three Ghanaian movie

makers who also met the above criteria were interviewed through email. There was a lot of pressure from interviewing on the phone because the author was conscious of time, international call charges and the social status of the interviewees. The author was however, able to give clarification on the questions where needed and deeper motivations revealed. The email interviews were a non-coercive and hierarchical dialogue but it was difficult to send back and forth for clarification on some of the responses because of the author was conscious of respondents busy schedules.

Google search engine was used to select films with mentally ill characters for the content analysis. The word “mad and Nigerian movies” and “MI and Nigerian movies” were typed into the search engines and titles that met the criteria for the study were selected. A request was also placed on the author’s Facebook twice: “Please do you remember any Nigerian and Ghanaian movies which have the depiction of MI in it? (1980-To Date) Need titles please!” Friends of the author in Facebook suggested titles through author’s inbox and wall.

Others were selected from movies watched on the author subscribed Nollywood Movies on Sky Channel 329. Popular

movies produced between 1980 and 2011 with more than 5 minutes episodes of depiction of MI and accessible on the internet or through the various movie outlets were also chosen. Movies were chosen from the 1980s onwards because Nigerian and Ghanaian movies are easily accessible from that era (Table 3.0).

Table 3.0 Movies in Study Sample

Year of Release	2007	2008	2011	2009	2011	2011	2011	2011	2003	2008
Movie Title	Village Destroyers	The Beast	Souls of Love	Royal Madness	Palace Treasure	Medusa the Killer	Evil Spirit	Emergency Wedding	Act of Faith	
Director	Kenneth Okonkwo	Frank Rajah Asare	Rev Isaac Aidoo	Nonso Ekena Okonkwo	Stanley Anakwe	Roaf Kingsley German	Benjamin Sarpong	Adim Williams	Ekena Emma Anikewe	
Rating	PG	PG	PG	PG	PG	PG	PG	PG	PG	PG

Source: Field Data

Convenience sampling was used to select subjects for the questionnaire measuring media impact on the responses to mental health. This sampling was used because it made easy to recruit subjects. The author did not have the time, resources and finances to select a population using a probable technique such as random sampling.

3.4 Data Generation Strategies

Methods used in this study to generate data were a questionnaire, interviews, and content analysis. A brief explanation of each method is stated below:

3.4.1 Interviews- Structured

Structured interview is one of the most common forms of interviews where interviewees are asked predetermined questions on a particular subject (Miller and Brewer, 2003). All five filmmakers interviewed were asked the same questions with an option to comment further if needed. A structured interview was used to make it easy to replicate the interviews and also because movie makers did not have time to participate in lengthy interviews. Furthermore it enabled the author understand filmmakers perception and attitude towards MI.

3.4.2 Content Analysis

Holsti (1969) suggests that content analysis is any method used to draw conclusions by impartially and methodically picking out features of a message. Content analysis has been used in various health studies over the years (Hsieh and Shannon, 2005). Haller (2010) asserts that content analysis is the best tool for media research. She further posits that through content analysis the Harold Lasswell communication model of who says what, in which channel, to whom and to what effect can be answered. In other words, the movie maker is the who, the audience the whom, MI characters in movies the what and the channel is the movie. Content analysis can be qualitative or quantitative. Quantitative deals with the empirical way of measuring and counting manifest content such as terminology used about disability in radio or TV (Haller, 2010). Qualitative content analysis on the other hand deals with analysing latent contents such as the implications of using stereotypical images of mentally ill people in Nigerian and Ghanaian movies in the 21st century. This study used both quantitative and qualitative content analysis to quantify and analyse MI images and examine movie maker's perceptions and attitudes towards MI. Following the Hazan et al (1994) analytical

approach the films were divided into 5 minutes intervals and any depictions of MI recorded. Implied and explicit MI depictions were recorded as well as verbal and non-verbal messages.

3.4.3 Questionnaire – measuring responses to Mental illness

A questionnaire is a method of data collection in which individuals are asked to answer to the same set of questions in a prearranged order. It is an effective way of generating responses from a large sample of a population (Saunders et al, 2000; Cooper and Schindler, 2006).

In this study, a self-administered structured questionnaire was employed to generate data from 52 Ghanaians. 2 students, an art teacher and journalist were engaged to undertake the research in Ghana. One male first year social work student and a female final year economic student were introduced to the author by a friend. The male student had undertaken a mental health module that year and the economics student had a close relative who was mentally ill. The Art teacher is an old contact of the author who is married to a Nigerian and an ardent fan of Nigerian and Ghanaian movies. The newspaper and radio Journalist is a popular community figure introduced to the author by a friend. They were

given an in-depth briefing on Skype about the study and how to collect the data. The students recruited 26 of their class mates across modules. The boy recruited 6 boys and 7 girls and the girl recruited 7 boys and 6 girls to give a balance. The art teacher recruited 6 teachers from her school staff list and 7 parents of her pupils and the journalist recruited from the first visitors to his office in the morning in a week to complete the questionnaires.

The author held various meetings on Skype with her contacts and emailed the questionnaire to them. They each in turn distributed to 13 people.

The questionnaire was divided into four sections with a total of 15 questions (see Appendix 2). The first section established whether respondents watched Nigerian and Ghanaian movies and if they did had they watched any of the 10 films being analysed in the study. The next section dealt with the respondent's knowledge or understanding of MI and the third section dealt with influence of movies on respondent's mental health awareness and the last section covered respondent's demographics.

The questionnaire was pilot tested (Cooper and Schindler, 2006; Saunders et al, 2000) by administering it to five (5) Ghanaian respondents who were randomly selected from the author's and another students email contacts. Ghanaian contacts of both email accounts were given numbers. They were all placed in container and 5 numbers were selected randomly. Participants of the pilot test noted that two of the questions reinforced stereotyped MI behaviours and as a result question 6 and 7 were rephrased before the questionnaire was administered to the final sample of fifty Two (52) Ghanaians (see Appendix 3 and 2). All respondents were clearly informed of the rationale for survey and their anonymity assured.

3.5 Reliability of the Study

Reliability means any significant findings should not be a one off exercise but inherently repeatable. Questions asked in the survey, movies analysed and interview conducted with movie makers in this study would yield comparable results if applied in similar circumstances.

Sources of information used for the study were reliable because they were published books, journals and professional websites.

The author has sufficient knowledge about the context being studied as she works in mental health and is a subscriber to Nigerian and Ghanaian movies (Saunders, 2007).

To determine inter-rated reliability of coding in the content analysis, all 10 movie titles were put in a container and one film was randomly selected by the author. This was viewed and coded by a Luton University Masters graduate. 98% of his codes were consistent with the authors codes.

3.5.1 Validity

This study also ensured that both quantitative and qualitative statistic instruments measured what it was meant to measure in accuracy (Saunders, 2000;2007). The questionnaires were checked for any leading questions to avoid pressurising respondents in giving good answers.

Movies were sampled by the author from watching the film and establishing that it had more than 5 minutes episodes of MI and was produced between 1980 and 2011.

Convenience sampling was used in selecting subjects for the questionnaire. Subjects had no previous or current interest in the research question.

The author ensured that coding for interviews and content analysis were not biased by her experience of mental illness and Ghanaian background. Coding was based on themes, ideas from the data and research questions. Codes were matched with codes of a voluntary independent coder who had no interest in the research questions.

3.6 Data Analysis

Notes and comments made during interviews served as memory joggers when the author came to categorising the data (Field and Morse, 1985). Interviews and content analysis were transcribed by the author using NVivo 9. Codes were initially created in NVivo from the research questions and others were created In Vivo. Notes and themes were linked together allowing the author to engage with the respondents and movie maker's natural world (Rogers, 1951) (See Appendix 4). The data from NVivo was also graphically represented in charts and tables to create an easier to

read format using Microsoft Word and Excel features such as percentages.

Transcripts were re-read and more headings added to themes. Interview categories were grouped and arranged in higher order and some of the categories taken out in accordance with the research questions. 6 main categories were created for Content analysis: Perception and Attitude. These were subcategorised into Positive Perception, Negative Perception, Negative Attitude and Positive Attitude. Word trees and text queries were performed to analyse themes.

Questionnaire data was examined and cleaned before computing it with the Statistical Programme for Social Sciences (SPSS). This measured central tendencies such as Mean, Mode and Median. It also quantified variables and assisted in the provision of descriptive data. A two way Standard Deviation and Analysis of Variance (ANOVA) were calculated to determine the impact of movies watched. A Chi-square independence test was conducted to determine if there was any significance relationship between any two of the variables.

3.7 Ethical Consideration

The UK organisation Social Research Association (SRA) that facilitates a forum for researchers and practitioners interested in research recommends that researchers act responsibly during research to their subjects, employers, colleagues and the public at large. That is to stay true to the research methods employed (Social Research Association, 2003).

Confidentiality was the most important ethical consideration in this study. Another area was making sure all participants in the study had given their consent to be interviewed. Questionnaires and interview questions were constructed sensitively to avoid damage to any participant's emotions or thoughts. The author pilot tested questionnaires, worked with an independent person during transcription and coding of data to avoid any bias.

Objectivity to a greater extent ensured that author conducted the research without bias but rather in a precise, open and honest manner (Smith, 1990; Phillips 1990). Furthermore, the author was conscious about personal beliefs, values and biases which could directly influence research (Smith, 1990). The author made sure

her interview respondents were chosen from Nigeria and Ghana and the ages 18 – 81 were also given an opportunity to respond to the research question. Data was measured accurately by using qualitative and quantitative methods.

All participants remained anonymous even with email interviews as some of the movie makers from Ghana were particularly worried about stating their views because they did not want to upset other movie makers or their sponsors. Interviews were downloaded and addresses removed. Children or any easy access groups such as people from forums where consent is not properly acquired were not included in this study.

3.8 Conclusion

This chapter describes the philosophies and methods used by the author to undertake this study and to establish its validity and reliability. Interviews, content analysis and a questionnaire were used to generate data on the depiction of MI in Nigerian and Ghanaian movies and the impact on mental health awareness. The next chapter presents and examines the findings from the study.

Chapter 4

Impact of Movies

This chapter discusses the relevance of the results of this study in context with the research questions and the themes discussed in the literature review. The chapter is divided into three (3) sections. The first presents a demographic profile of 5 movie makers and descriptive analysis of the collected data from the interview conducted. The second section uses content analysis to measure the perception and attitude towards mental illness in Nigerian and Ghanaian movies. Finally, the third section analyses the findings on the measurement of the impact on responses to the depiction of mental illness in Nigerian and Ghanaian movies.

4.0 Movie makers – Demographic profile

Interviews conducted with 5 movie makers were coded using NVivo analytical tool. Table 4.0 below represents respondent's demographic profile. The movie makers studied are presented in abbreviated forms as follows: Ghanaian 1 (GMM1), Ghanaian 2 (GMM2) Ghanaian 3 (GMM3), Nigerian 1 (NMM1) and Nigerian 2 (NMM2) which forms two groups of Ghanaians and Nigerians.

Table 4.0 Demographic Profile of Movie Makers

Name	Nigerian 1	Nigerian 2 NIMM2	Ghanaian 3 GMM3	Ghanaian 2 GMM2	Ghanaian 1 GMM1	Totals
Number of movies produced	45/50	15	5	5	5	
Number of years in Industry	20	40	4	5	5	74
Percentage of (b) Totals	27.03%	54.05%	5.41%	6.76%	6.76%	100%
Ethnicity	Ibo	Yoruba	Ashanti	Ga	Dagomba	

Source: Field Data

All respondents were male and had produced movies ranging from 5 to 50. The Nigerians had a combined 40 years' movie making experience between them forming cumulative 81.08% of the total number of years in the industry. They had also made 40 movies

more than their Ghanaian counterparts who only had an average of 5 movies. This shows uneven balance between the two groups of movie makers, which goes to affirm why Nigerian movie makers have been ranked the world largest producers of movies (UNESCO Institute for Statistics, 2009).

4.1 Why mentally ill characters are cast

Psychiatry and films are often linked on the premise that a psychiatrist is a doctor of the soul whereas psychiatric characters in films are also searching for healing of their souls (Gabbard and Gabbard, 1987). Mental illness in movies is a popular subject for movie makers and audiences as it often provides exciting and compelling opportunities to depict the wrath of the most feared, stigmatised and belittled inability. Four out five of the movie makers interviewed associated mental illness with the consequences of immorality, deviant behaviour or voodoo as demonstrated in Fig 4.0.



**Figure 4.0 Causes of
Mental Illness**

Source: Field Data

NMM1 stated that his characters were created to show that “voodoo and juju (black magic) can back fire on a person and cause mental illness” (Fig 4.0, Fig 4.6). GMM3 reiterates and affirmed this by stating that “acquiring riches through (Juju) black magic is immoral”. GMM1 creates mentally ill characters to “show how the devil works” substantiating Aina (2004) assertion that the

influence of Islam and Christianity has caused a decline in the pagan and traditional beliefs in West Africa.

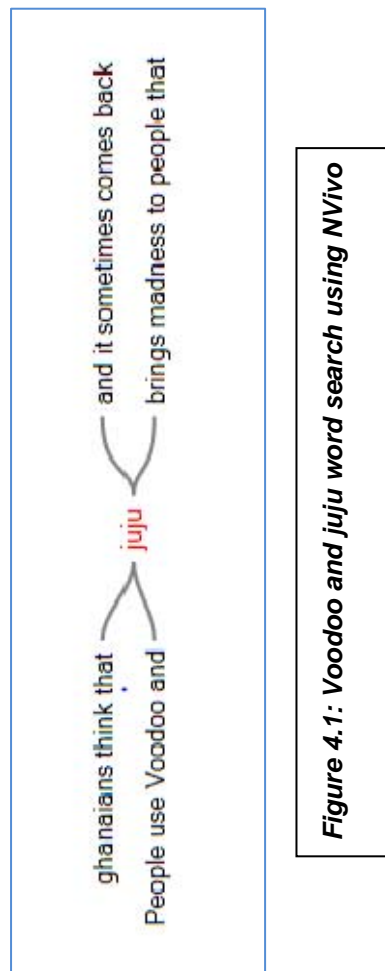


Figure 4.1: Voodoo and juju word search using NVivo

Source: Field Data

GMM2 depicts mentally ill characters to show “acceptable behaviour”. NMM2 however stated that he created his character from a script he had received and observation of mentally ill people from the Yaba Psychiatric Hospital in Nigeria.

These aforementioned statements clearly underpin the biomedical and traditional views which are the two broad systems of explaining mental illness (Quinn, 2007). Biomedical which emphasises on diagnosis and medical treatment and traditional which attributes mental illness to curses, punishment or pay back from the gods, ancestors and evil spirits as indicated in Fig 4.0 and 4.1. Fig 4.2 and 4.2a are models designed to graphically capture the views of respondent that relate to either biomedical or traditional view of mental health.

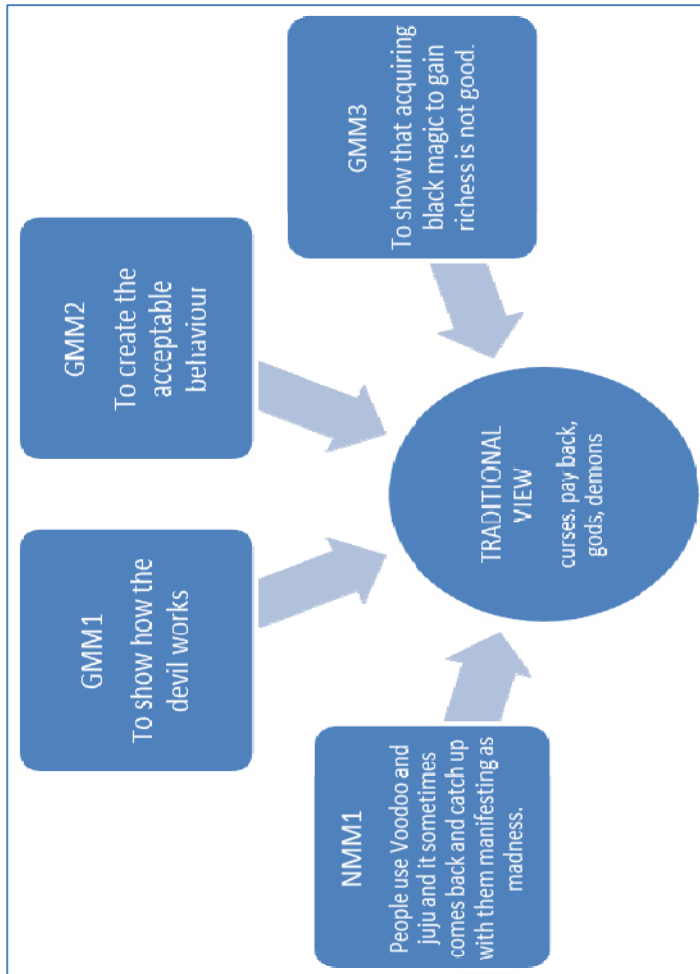
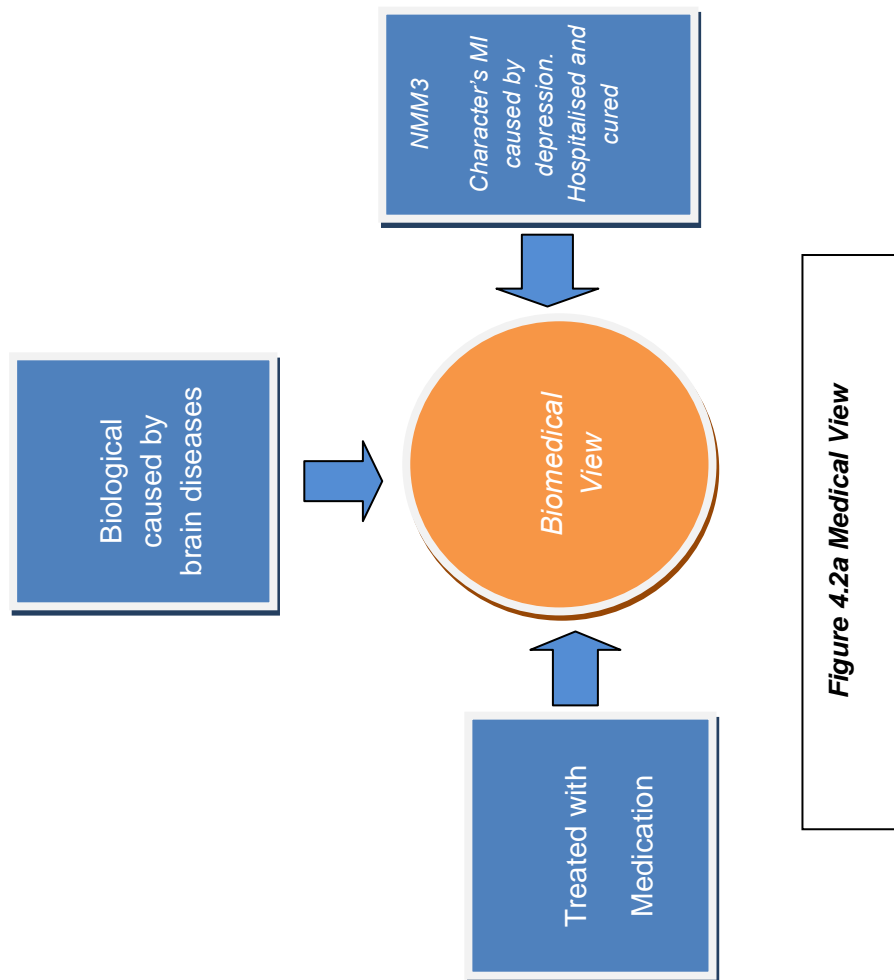


Figure 4.2 Traditional View Model

Source: Field Data



Source: Field Data

4.1.1 How characters are cast

Hodder (1994) asserts that the meaning of a film is found in the making and watching of it. GMM1 and GMM2 stated that they do research before casting their characters. GMM3 however, indicated that he does not conduct any research before filming. NMM1 used his experience in life and observation of mentally ill people on the streets of Nigeria. NMM2 consulted with psychiatrist

at the Yaba Psychiatrist hospital in Nigeria before casting and filming. If Hodder's assertion that the meaning of a film is in the making of it then appropriate research may assist in bettering representation of MI in film. However, some psychiatric professionals have expressed doubt over movie maker's ability to accurately portray such a complex subject (Shortland, 1987).

Given Nigeria and Ghana's fledgling democracies and struggling socio-economic structures, movie makers were asked if the depiction of MI characters in their movies were subtle means of registering their desire for social or political change in mental health issues or was it to make light the subject matter? Satires are not meant to cause offense but rather seek to cause shock recognition and make vice repulsive (Harris, 2004). Which seems to be the didactic purpose of Nigerian and Ghanaian movies where good always triumphs over evil (Alamu, 2010). Most of the respondents said no to this question. GMM3 however said he sometimes uses movies as a satire.

4.1.2 Perceptions and Attitudes of Movie Makers

Society is often perceived as viewing sufferers of MI as dangerous and unpredictable (Benbow, 2007). Media have often been cited

as a serial perpetrator of this misrepresentation (Benbow, 2007). Nigerian and Ghanaian movie makers give various examples of how they have portrayed MI in their movies, often using the politically incorrect term “mad people”. NMM1 states that he portrays mental illness “just as seen in the streets” GMM1 also stated that he makes them “wear dirty clothes”. This typifies the often naked or tattered clothed vagrant psychotic people on the streets of Nigeria and Ghana (see Appendix 6). NMM2 however, portrays his characters in the stereotypical Nollywood mentally ill persona where the character becomes broken hearted, depressed and then ‘mad’. This depiction usually mimics symptoms of catatonic schizophrenia.

GMM2 portrayed his character through deviant behaviour which has a long history in movie making. Deviant behaviour has often been attributed to people with severe mental disorders (Foucault, 1973; Goffman, 1963 and Wolfensberger 1972). This depiction only strengthens social stereotypes of mental illness. Some social commentators have even argued that some deviant behaviour are now acceptable diseases belittling some types of mental diseases (Szasz, 1970). One of the fears of associating disability with

deviant behaviour is the probability of heightening negative values (Wolfensberger 1972).

GMM3 asserts that his portrayal of the mentally ill is like a “mad” person. A vague statement which has all the markings of stereotypical values. Aina (2004) asserts that these depictions could be a reflection of public understanding of mental illness. This however leaves other neurotic diseases unrecognised and can leave an erroneous imprint on mental health awareness.

4.1.3 Movie makers attitude towards Mental illness

Movie maker’s attitude towards mental illness was more negative than positive. GMM3 stated that the demise of his character was when the scene ended and NMM1’s character ended up mentally ill. NMM2 was the only one who stated that his character recovered through medical intervention. Asuni and Wolff (1978) assert that it is common knowledge in Africa that mental illness has no cure. This might be the reason why Nigerian and Ghanaian movie maker’s characters often recover miraculously or do not recover at all. NMM1, GMM1, GMM2 and GMM3 admitted that their characters did not recover from MI. This label, behaviour, attributes and misinformation underpins the medical model of

disability where blame for disability is placed on the disabled person. This does not auger well for mental health awareness in Ghana.

4.2 Quantifying and analysing mentally ill images.

10 movies were reviewed for this study. Evil Spirit, Medusa the Killer and Sorrows of Love were produced by Ghanaians in 2011. Palace Treasure was also produced in 2011 by a Nigerian. Royal Madness was produced in Nigeria in 2009. Whiles the The beast is a Ghanaian production and the Nigerian Royal Madness was produced 2008. Village Destroyers also Nigerian was produced in 2007 and Emergency Wedding 2003.

The depiction of mental illness was found in all 10 movies reviewed for this study. A total of 13 mentally ill characters were identified. Table 4.1 and 4.2 displays the descriptive profile of the characters. Characters identified as major characters were those that when taken out of the plot the movies did not make sense. On the other hand, those who related with the protagonist to make the story move along were identified as minor characters.

Table 4.1 Character Description

Movie	The Beast	Souls of Love	Royal Madness	Palace Treasure	Moments of Madness	Medusa the Killer	Evil Spirit	Emergency Wedding	Act of Faith	Village Destroyers
Produced in	Ghana Nigeria	Ghana	Nigeria	Nigeria	Nigeria	Ghana	Ghana	Nigeria	Nigeria	Nigeria
Character Status	Major Minor	Major	Major	Major Minor	Major	Minor	Minor	Major Minor	Major	Major
Sex	M F	M	F	F M	F	M	M	F M	F	M
Age	Young Old	Young	Young	Old Young	Young	Old	Young	Young Old	Young	Young
Profession before illness	Unknown Unknown	Doctor of Medicine	Prince	Unknown Unknown	Unknown	Unknown	Unknown	Civil Servant Professor	Pastor	Farmer
Marital Status	Single Widow	Single	Single	Single Single	Single	Single	Single	Married Single	Married	Married
Character Circumstances	Functional Home	Homeless	Homeless	Homeless Homeless	Homeless	Fetish House	Fetish House	Homeless Home	Hospitalised	Fetish House

Source: Field Data

	Character Status		Sex		Age		Profession		Marital Status		Circumstance			
	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%	(f)	%		
Major	8	62%	Male	7	54%	Young	9	69%	Known	6	46%	Hospitalised	1	8%
Minor	5	38%	Female	6	46%	Old	4	31%	Un-known	7	54%	Home less	6	46%
												Home	2	15%
												Fetish House	3	23%
												Functional	1	8%
Total	13	100		13	100		13	100		13	100		13	100

Table 4.2 Character description in percentage

Source: Field Data

13 major and minor mentally ill characters were identified consisting of 7 male and 6 female which formed 54% and 46% of the total characters respectively. Young people under 30 years formed 69% (9) as against 31% (4) old characters. 6 characters which forms 46% of the total characters had a profession before the onset of the mental illness. No profession was stated for 54% (7) of the characters. Characters life circumstances were varied with (1) 8% being hospitalised, (6) 46% homeless, (2) 15% in their own home, (3) 23% with native doctors and (1) 8% was functional. 69% (9) were single with no dependants. Whiles (3) 23% were married with dependants.

There was a good mixture of male, female, young, old and a variety of professions which supports Haynes (2007) assertion that the class gap presented in these movies are wide but penetrable as no one class or social status is protected against the tempestuous terrain and pandemonium in Nigerian movies. Mental illness is depicted almost evenly among male and female, and across occupations with manifestations of the illness in a doctor, pastor, professor, civil servant and farmer.

4.2.1 Depiction of mental illness in the movies

The perception of MI in the 10 movies (see Appendix 7) reviewed synchronised with most of the common perceptions of MI identified in the Kabir et al (2004) findings. They found that aggression/violence was the most cited symptom of MI. This was followed by Talkativeness, Eccentric Behaviour, Wandering, Self-Neglect, Nudity, Restlessness, Insomnia and Consciousness. As stated below in Fig 4.3 the movie Act of Faith's MI character exhibits violence and aggression. This includes striking people without provocation, struggling with staff looking after her and barking at people. She also displays catatonic behaviours. The MI character in Emergency Wedding also displayed a high level of aggression which involved screaming, threatening to kill, snarling and barking at people, glazed eyes, and scratching of hair. The character wandered and exhibited some catatonic symptoms. Spiritual encounters are displayed including utterances from the character that shows intuition. The minor character exhibited eccentricity and delusions.

The movies, Evil Spirit and Medusa the Killer, on the other hand, portrayed low level submissive MI characters. Moments of Madness displayed aggression and wandering. This movie's MI

character wore tattered clothes, had stained teeth, aggressively grabbed food from people; roamed the streets of a busy shopping precinct and slept rough. Palace Treasure portrayed low levels of aggression, wandering and sleeping rough. In Royal Madness, the mentally ill character presented as submissive. He was quiet, smiled and wept but was also marginally aggressive with depictions such as staring, laughing hysterically and launching forward towards people. Sorrows of Love's MI character was aggressive, violent and wandered. He wore dirty clothes, lived in squalor between two shipping containers and was seen writing on kiosks and grabbing petty trader's wares. The Beast had the highest level of violence, aggression and eccentric behaviour. The character was brutally violent by head butting people, raping, maiming, beating and killing other characters. Village Destroyers mentally ill character was subdued. There was a high case of self-neglect and wandering.

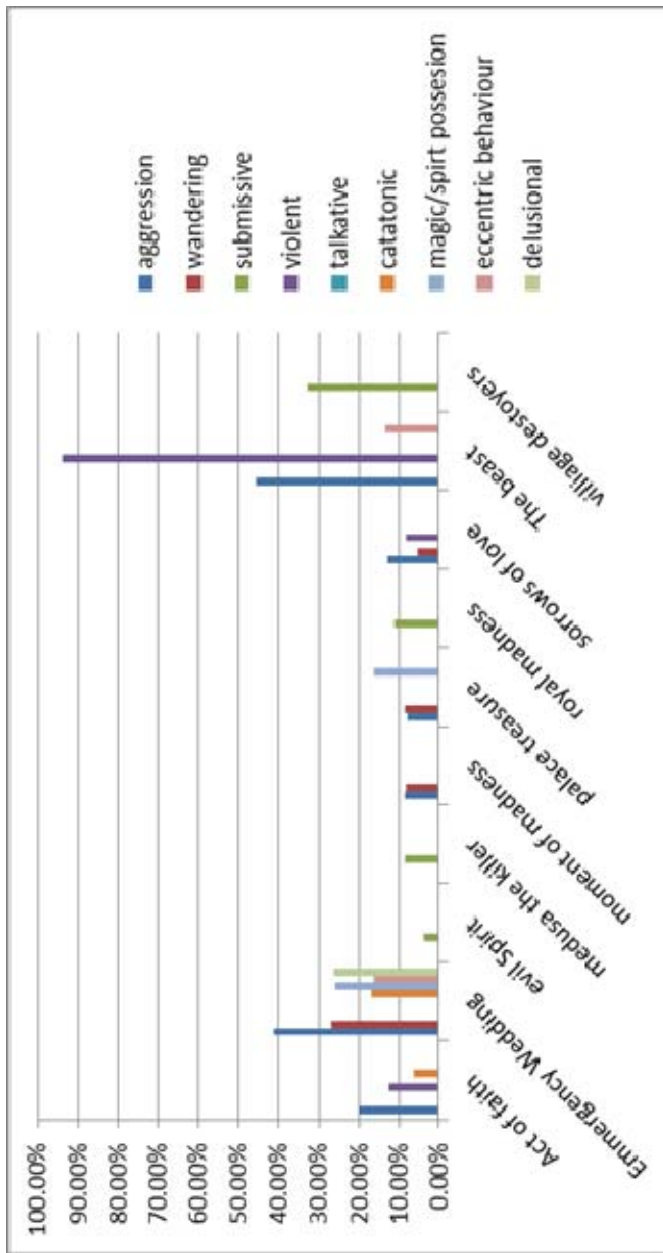


Figure 4.3 Depiction of Mental illnesses

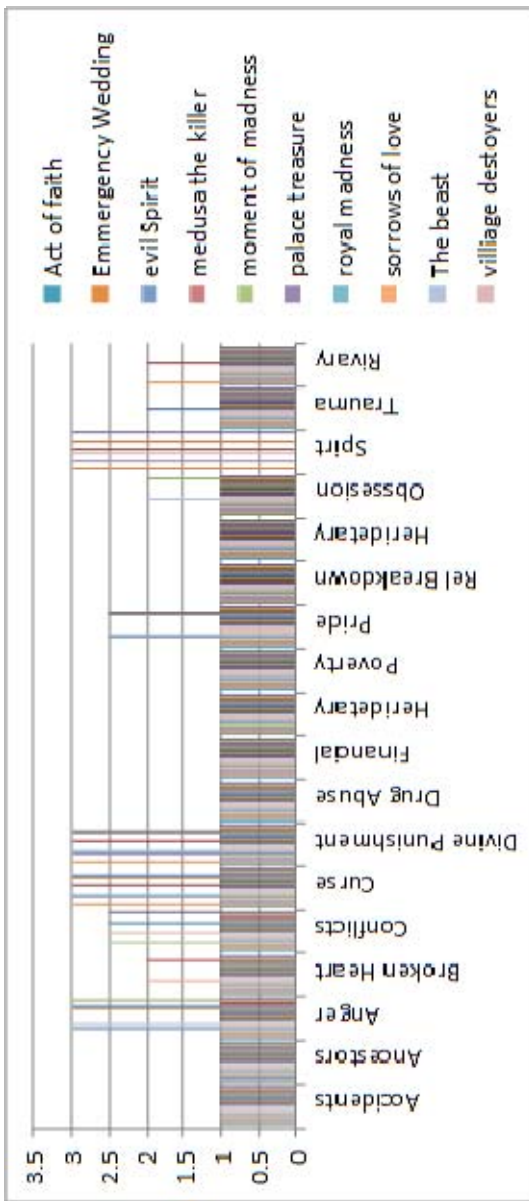
Source: Field Data

4.2.2 Causes and management of mental illness

Although Mental illness can be found all over the globe managing it is often a challenge for low income nations (Asuni et al., 1994) The cost for and beliefs about the illness often drives individuals and families whose loved ones have this disease in low income countries such as Nigeria and Ghana to seek cure from all avenues. This results in MI sufferers being chained, beaten and in some cases subjected to extreme exorcism (Public Agenda, 2008) The Akan's from southern Ghana believe that mental illness is a taboo hence the seeking of remedies from traditional healers and pastors (Crentsil, 2008). As demonstrated in Fig 4.4 the cause of mental illness in Act of Faith was trauma as result of being raped. The character had also previously experienced mental breakdown from bereavement. Emergency Wedding portrays the cause of mental illness as from juju or voodoo inflicted by a marital rival. However it is implied that the victim has been punished by God for her sins. In Evil Spirit and Medusa the Killer the perpetrators of evil becomes mentally ill. Moments of Madness's character becomes ill after her mother has an argument with her business partner and he places a curse on her which is only broken after fervent prayers of a Pentecostal pastor. The characters in Palace Treasure experience MI through curse see Fig 4.4 and Fig 4.5. A king

brutally manhandles an old lady who asks for alms from him and she curses him and his descendants to be childless unless they sleep with a mentally ill person. In *Royal Madness*, a king's pride and anger leads him to behead his servant which incurs the wrath of the god of thunder. This wrath manifests as a curse on his only son who would only recover from mental illness if he is loved by a stranger. The *Beast's* MI characters become mentally ill through obsession and the trauma of a mother seeing a child kill his father. In *Village Destroyers*, conflict between 2 village elders leads one to place a curse on the other through juju (black magic).

Even though the precise cause of most mental illnesses are not yet known, research has shown that most of them are caused by biological, psychological and environmental factors (Charlwood et al, 1999). While 8 out of 10 of the movies take into account the psychological factors biological and environmental are mostly untouched. In Fig 4.4 below, no recordings were made for accidents such as brain injury which sometimes propel mental illness. None of the movies covered hereditary, infections from conditions such as paediatric autoimmune neuropsychiatric disorder, prenatal damage, exposure to lead and substance abuse as causes of MI.



1 = Not found any movie ▪ 2 = found in 1 movie ▪ 2.5 = found in 2 movies ▪ 3 = found in 3 movies

Figure 4.4 Cause of Mental Illness

Source: Field Data

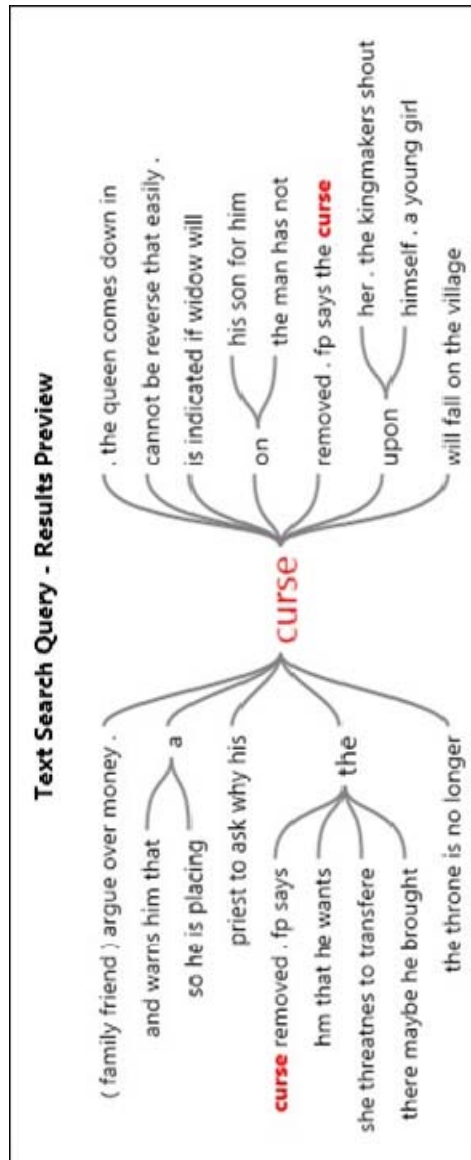


Figure 4.5 Word Tree of the word curse

Source: Field Data

4.2.3 Misunderstanding, Fear, Violence and Stigma

In Act of Faith, when the character becomes mentally ill she barks and attacks a member of the public. This perpetuates the message that mentally ill people are violent. A doctor also informs her husband that she needs psychotherapy or she will become a

“psychopath”. Reasons are not given for this diagnosis and psychopathy is a grey area as psychopaths are not really considered to be mentally ill (Perring, 2010).

Language such as “mad man or woman” or “nuts” and “psycho” used repeatedly in the movies is deplorable and connotes stigma. The characters also sometimes exhibits media’s stereotypical images of dangerousness, objects of violence, pitiable, pathetic and comical (Biklen and Bogdan, 1977; Barnes, 1992). Misunderstanding and misrepresentation such as mentioned above lead to fear, intolerance and stigma.

West Africa’s local systems of belief are intertwined with religion and culture. The strong believe in gods and God and the power they hold is evident in these movies. This is seen in *Evil Spirit*, *Medusa the Killer*, *Palace Treasure*, *Moments of Madness* with depictions of prayers of Pentecostal pastors, groups and fetish priest bringing healing to the mentally ill. The use of psychoanalysis in *The Act of Faith* in combination with biblical scriptures to cure the mentally ill character is semblance of plural healthcare in Ghana. These depictions have associations with characters in the bible such as Nebuchadnezzar who becomes

insane when he disobeys God (Daniel 4: 30-34). Again, the healing of the man who was possessed with demons, and was naked, lived in the tombs, driven to the desert in shackles. Luke 8: 26-32.

While the movie directors use cause and effect to challenge the general public to make right choices it sometimes generates stigma which some psychiatrists have asserted that it hinders people from seeking medical help (Aina, 2004, Gilman, 1985)

4.2.4 Positive Attitudes in movies

There are some positive depictions of the mentally ill in the movies. 8 of the movies portray the ability to overcome mental illness. One of the movies portrayed that MI can be overcome with medical intervention. The remaining 7 displayed recovery through alternative interventions. In Moments of Madness, the MI character recovers because of a persistent admirer who plucks her from the streets to find a cure for her. Royal Madness on the other hand portrays a prince who recovers from MI because of the dedicated love of a stranger, and in Sorrows of Love a doctor who becomes mentally ill recovers because of the love and dedication of a high flier. These are encouraging as the characters form loving

relationships with non-psychiatric characters during and after their illness. Narrative such as “she is a girl like you” from the partner of the leading character fighting to get the MI character cured in Moments of Madness shows some insight into barriers mentally ill people face.

4.3 Impact of depictions of mental illness

To establish the extent to which the impact of Nigerian and Ghanaian movies perpetuates myths and stereotypical portrayal of MI, 52 respondents from Ghana were interviewed through the survey instrument: questionnaire. Table 4.3 below, displays age distributions of respondents.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-25	28	53.8	53.8	53.8
26-33	13	25	25	78.8
34-41	4	7.7	7.7	86.5
42-49	2	3.8	3.8	90.4
50-57	3	5.8	5.8	96.2
58-60	2	3.8	3.8	100
Total	52	100	100	

Table 4.3 Age of Respondents
Source: Field Data

The younger generation formed the largest sample of the respondents. The age variable assisted in ascertaining whether the varying generations had different perceptions and attitudes towards MI.

Table 4.4 below, shows that majority of the people who responded were Ashantis 18 (34.6%), Fantes 10 (19.2%) and Akuapems 7 (13.5%). These three groups are part of the Akan tribe which is the largest tribe in Ghana. Other groups totalled 10 (19.0%). The variable, Tribe, was to determine the varying perceptions and attitude held across the country.

	Frequency	Percent(%)	Valid Percent(%)	Cumulative Percent(%)
Ashanti	18	34.6	34.6	34.6
Ga	7	13.5	13.5	48.1
Akuapem	7	13.5	13.5	61.5
Fante	10	19.2	19.2	80.8
Other	10	19	19	100
Total	52	100	100	

Table 4.4 Respondent's Tribe

Source: Field Data

	Frequency	Percent(%)	Valid Percent (%)	Cumulative Percent (%)
Greater Accra	18	34.6	34.6	34.6
Ashanti	23	44.2	44.2	78.8
Other	11	21	21	100
Total	52	100	100	

Table 4.5 Respondent's Region

Source: Field Data

Table 4.5 above, shows distribution of respondent's region of residence. Ashanti region had the largest number of respondents, followed by Greater Accra and other regions. This variable, Region, was to ascertain whether respondents attitudes and perceptions had been influenced by the region in which they lived.

Dependent Variable: attitude

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power ^b
Corrected Model	38.018 ^a	20	1.901	1.01	0.486	0.457	20.195	0.496
Intercept	145.72	1	145.72	77.404	0	0.763	77.404	1
tribe	15.752	8	1.969	1.046	0.431	0.259	8.367	A.372
Total	7.234	5	1.447	0.769	0.582	0.138	3.843	B.229
tribe * Total	6.819	6	1.136	0.604	0.725	0.131	3.622	0.196
Error	45.182	24	1.883					
Total	453	45						
Corrected Total	83.2	44						

a. R Squared = .457 (Adjusted R Squared = .004) b. Computed using alpha = .05

Table 4.6 Test of Between-Subjects Effects

Source: Field Data

4.3.1 Impact of depictions

Table 4.6 above, indicates that Nigerian and Ghanaian movies may not have an impact on the responses to mental illness in Ghana. A two way analysis of variance test was conducted to certify whether there was direct impact on the attitude towards mental illness after watching the movies.

The red circle in Fig 4.6 shows none of the results were statistically significant as the values are greater than .05. For the row labeled tribe, there is no significant difference in attitudes among the tribes. For Total, which represent respondents who have watched the movies there is no significant difference in attitudes among the various totals as the p value (.582) is greater than .05. Finally, there is no attitude interaction between Total and Tribe, because the p value (.725) is greater than ,05.

A: This means that the study had a 37.2% chance of detecting a significant difference if one actually exists. This should be at least .8, not .372.

B: This value means that the study had a 22.9% chance of detecting a significant difference if one actually exists.

4.3.2 Measurement of other factors relating to impact

A chi-square test for independence was also conducted to determine if there was an association between number of mental illness movies watched and movies influence on respondents' views of mentally ill people in Ghana. Number of mental illness movies watched was a dichotomous variable where 1 was 1 movie watched and 2 represented two or more movies watched. The range of movies watched ranged from one to nine, with 4 respondents watching 2 movies, 3 respondents watching 3 movies, four respondents watching four, and one respondent each watching five, six, and nine movies. Movie influence was coded as 1 for No influence and 2 for Influence.

	One Movie Watched with Mental Illness	(n = 35)
	Two or More Movies Watched with Mental Illness	(n = 14)
	Total	(n = 49)

Table 4.7 Frequencies: Demographics

Source: Field Data

The null hypothesis for this analysis states that there is no association between number of mental illness movies watched and influence on views about mentally ill people.

Null Hypothesis, H_0 , is: $X(\text{avg}) = 0$

The alternative hypothesis states that there is an association between number of mental illness movies watched and influence on views about mentally ill people.

Alternative Hypothesis, H_1 , is: $X(\text{avg}) > 0$

The results of the chi-square test of independence (with Yates Continuity Correction for 2x2 tables) indicated that there was no association between number of movies viewed and influence on views about mental illness, $\chi^2 (1, N = 49) = 1.13, p = .29$. The phi effect size coefficient indicated that number of movies containing mentally ill actors had a small effect on the influence of one views towards mentally ill people, $\phi = .23$. Based on the result of the chi-square test, we fail to reject the null hypothesis.

	1 Movie Watched		2 or More Movie Watched	
	n	%	n	%
Influence	15	62.50%	9	90.00%
No Influence	9	37.50%	1	10%

49)

Table 4.8 Mental Illness Movies Watched and Influence Towards the Mentally Ill (n =49)

Source: Field Data

4.3.3 Understanding of Mental Illness and Location of Respondents

A chi-square test for independence was conducted to determine if there was an association between a respondents understanding of mental illness and where they lived in Ghana. Understanding of mental illness was coded as 1 for very strong, 2 for strong, 3 for weak and 4 for very weak. There were three options for living location in Ghana, Greater Accra, Ashanti, and other.

The null hypothesis for this analysis states that there is no association between understanding of mental illness and living location.

Null Hypothesis, H_1 , is: $X(\text{avg}) = 0$

The alternative hypothesis states that there is an association between understanding of mental illness and living location.

Alternative Hypothesis, H_1 , is: $X(\text{avg}) > 0$

The results of the chi-square test of independence indicated that there was no association between understanding of mental illness and living location in Ghana, $\chi^2 (6, N = 49) = 5.17, p = .52$. The phi effect size coefficient indicated that living location in Ghana had a medium effect on understanding of mental illness, $\phi = .33$. Based on the result of the chi-square test, the study fails to reject the null hypothesis (Table 4.9).

	Great Accra		Ashanti		Other	
	n	%	n	%	n	%
Very Strong	5	29.40%	7	33.30%	4	44.40%
Strong	8	47.10%	7	33.30%	2	22.20%
Weak	4	23.50%	4	19.00%	1	11.10%
Very Weak	0	0%	3	14.30%	2	22.20%

Table 4.9 Understanding of MI and Living Location (n = 49)

Source: Field Data

4.4 Conclusion

Although the results of this study reveal more negative than positive representation of mentally ill people in Nigerian and Ghanaian movies there is minimal impact on responses to mental illness in this study. The probable reason for this may be attributed

to the fact that the Ghanaian society, as indicated by Hofstede Cultural Dimension is Power Distance, thus hierarchical with emphasis on social values and prominence given to authority figures who pass down information rather than media effect. The next chapter discusses the implications of results.

Chapter 5

Conclusions and Implications

This chapter brings together a summary of results and theoretical implications. The pervasive depiction of mentally ill people as violent, vagrant and deviant in Nigerian and Ghanaian movies is summarised and discussed. Furthermore, impact of these depictions on mental health awareness in Ghana is discussed in relation to findings.

5.0 Summary of Literature Review

This study discusses the depiction of MI in Nigerian and Ghanaian movies and if they have an impact on the responses to mental illness. The study starts by defining disability in relation to the models of disability. Medical Model of Disability (MMD) is identified as being dominant in mental health whilst Social Model of Disability (SMD) a cutting edge framework which recognises systemic barriers, negative attitudes and marginalisation of disabled people, is not fully translated into mental health provision (Beresford, 2004).

Disability in Africa is thoroughly discussed with highlights on the implications of being disabled in Africa and West Africa. Ghanaians for example often associate disability with witchcraft, curses, gods and ancestors (Avoke,1997). Mental healthcare is also expensive and sparsely placed in Ghana, hence, the heavy reliance on pastors, traditional healers or doctors and fetish priest. This alternative care provision often leads to MI sufferers being maltreated. The study established that being disabled anywhere in the world is difficult but in low-income countries the challenges are heightened (Barnes and Sheldon, 2010).

The study discussed in depth the demographics, history and religion of the country Ghana including the history and management of mental illness in Ghana with a look at the country's plural healthcare system. There is an indication that attitude towards mental illness tilts towards the traditional view of mental health. Mental illness is deemed a curse and a taboo in the Akan tribe (Laugharne and Burns, 1999).

This study reveals that culture is an important element of movie making in Ghana; it showcases the values of the nation and

constitutes the heritage of future generations. Hofstede's cultural dimension, Power Distance Index, has a significant meaning in Ghana because of the nation's hierarchical system. The Nigerian movie industry for example now has higher revenue per capita than Bollywood (Forbes, 2011). They wield power and influence with some of their actresses and actors more recognisable in Africa than some Hollywood stars (Forbes, 2011). Their message holds substance as they are revered.

Movies, an old age medium have been used to propagate many issues and therefore not surprising to see Nigerian and Ghanaian movies makers do the same. However, movie industries such as Hollywood have watchdogs and activists who will make themselves heard about poor representations of disabled people. Nollywood and Gollywood lack that.

Regardless of that, media impact is difficult to prove as this study reveals. 49 respondents, although this number forms a very insignificant percentage of the Ghanaian population, depicts there was a minimal significance that they have been influenced by the movies they had watched. Klapper (1960) and Gauntlett, (2005)

argue that methodology used in measuring media effect over the years have serious flaws. McLuhan (1961) and Kline (2005) argue otherwise, with McLuhan arguing about psychologist's failure to link mass media to deep seated issues in modern society. Results from the findings seem to reflect Klapper (1960) and Gauntlett's (2005) view that other factors, such as social values, rather than media may be responsible for the attitude Nigerians and Ghanaians have towards mental illness.

5.1 Findings

Some movie makers in this study affirmed certain stereotypical mental illness images and language such as 'mad woman or man'. While it is not a necessary requirement to have a formal education as a movie producer, they are responsible for directors who creatively transform the movie's written script into images and sound. They hire directors who visualise, state the style and structure of the film. Producers make sure directors act as storytellers and team leaders to bring the script to life. Therefore an awareness and research of the subject being filmed should be laid at their door. In this study NMM1 stated he had no movie making qualifications but had attended a few courses on movie making. He has about 50 films under his belt and argues that he is

not aware of any movie maker in Nigeria who creates these MI characters to educate his audience.

The literature review and findings of this study revealed a strong believe in witchcraft, ancestral spirits and gods as the cause of mental illness. Laced through the movies reviewed were innocent people who had been cursed, bewitched or criminals whose evil deeds had backfired on them. Mentally ill people were depicted as having rotten teeth, dirty clothes, vagrant and freegan. Such typical portrayals of mentally ill people in Nigerian and Ghanaian movies are worrying and give precarious false impressions about mental illness. Most of these presentations are induced from culture and prejudices. Yet these violent, aggressive, fearful, inevitably attacked, ridiculed by others and people who seldom recover are often harmless men and women who given treatment and help can recover.

Trauma is another favourite cause of mental illness. Whiles this may be true, there are many other causes of mental illness such as heredity, substance abuse and brain injury, and the movie director's failure to explore these typifies lack of knowledge or research in this area.

Nigerian and Ghanaian movies are easy to access and have become an overwhelming socialising force in West Africa and beyond. People spend a lot of their time watching them (Ozele, 2008). It is therefore disturbing to identify such negative depictions of mental illness but in this study the findings suggest that this has minimal to insignificant effect on mental health awareness in Ghana.

5.2 Implications of findings

There is limited research on mental health issues as a whole and the depiction of mental illness in Nigerian and Ghanaian movies.

There is a pressing need for research in this area to help inform policy makers and media. Other media such newspapers, literature, radio and television could be included for future studies.

The rampant untreated vagrant mentally ill people requires an introduction of effective legislation which will ensure dignity, protection and make treatment compulsory to avoid homelessness, victimisation, freeganism, suicide, incarceration and episodes of violence.

The misunderstanding and lack of knowledge of mental health issues would benefit from educative programmes on television,

radio, school, hospitals and churches about the effects and cost of mental illness.

Lack of mental health personnel, as a result of stigma associated with MI, could be reduced by the introduction of incentives for enrolling on mental health courses. Continuous development of staff such as exchange programmes with colleagues in developed countries will broaden the dimension of awareness; lessen the negative attitudes and perceptions. Top up courses in universities and short courses that will enhance staff knowledge, skills and abilities could be helpful.

Alternative healthcare practices should be carefully monitored to help bring a seamless service to mentally ill people. Training and updates for pastors, evangelist, fetish priest and native doctors will help eradicate the Victorian practices such as chaining mentally ill people.

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Appendix 1 – Movie makers Interview

Dear participant, my name is Vivian Efuwa Ampadu. I am a final year MA Disability Studies student at Leeds University, UK. I am conducting an email survey on the depiction of mental illness in Ghanaian and Nigerian films and its impact on mental health awareness in Ghana for my thesis. I would be grateful if I could have your views on the subject before I draw my conclusions. This survey would only be used for the purpose stated. No participant will be referenced all answers remain anonymous.

1. *How many films have you produced?*
2. *Have you ever created a mentally ill character in a film you have produced?*
3. *Did you research on the subject of mental health before creating the character?*
4. *Why did you create this character?*
5. *Is it that you wanted to create a satire?(irony) comedy*
6. *How did you portray this character?*
7. *What was the characters demise?*
8. *Was the film intended to promote mental health awareness?*
9. *Is it something that the Ghanaian/Nigerian public like?*
10. *Do you think mental health awareness is affected by the depictions of such characters in Ghanaian and Nigerian films in Ghana?*
11. *Do you have a formal qualification in filmmaking?*
12. *How long have in the film industry*
1-5 yrs 5-10yrs 10–20yrs 20–30 yrs 30–40 yrs
13. *What is your ethnic background?*
14. *Other comments*

Appendix 2 Subscribers Questionnaire

Dear participant, my name is Vivian Efuwa Ampadu. I am a final year MA Disability Studies student at Leeds University, UK. I am conducting a survey on the depiction of mental illness in Ghanaian and Nigerian films and its impact on mental health awareness in Ghana for my thesis. I would be grateful if I could have your views on the subject before I draw my conclusions. This survey would only be used for the purpose stated. No participant will be referenced and all answers remain anonymous.

1. Have you seen any mentally ill person in Nigerian or Ghanaian films?
 - a. No
 - b. Yes
 - c. Sometimes
 - d. Several times

2. Have you watched any of these movies?
 1. Act of Faith
 2. Emergency wedding
 3. Evil spirit
 4. Medusa the killer
 5. Moments of madness
 6. Palace treasure
 7. Royal Madness
 8. Souls of love
 9. The beast
 10. Village destroyers

3. Would you say there was anyone mentally ill the movie?
 - a. No
 - b. Yes
 - c. Maybe Yes

4. How would rate your understanding of mental illness?
 - a. Very strong weak
 - b. strong very weak
5. Do you know anybody who is mentally ill?
 - a. No
 - b. Yes
 - c. Have only seen in movie
6. Do you know a mentally ill person is disabled?
 - a. No
 - b. Yes
 - c. Maybe
 - d. Don't know
7. In your own view how do you think Nigerian and Ghanaian movies portray mentally ill people?

- a. accurately Don't Know
 b. inaccurately

8. Would you say Nigerian and Ghanaian films have taught you something about mental illness?

- a. No
 b. Yes
 c. Maybe

9. Do you agree with how mentally ill people are portrayed in Nigerian and Ghanaian movies?

- a. No
 b. Yes
 c. Maybe

10. To what extent has watching the movies influenced your view about mentally ill people in Ghana?

- a. No influence c. Moderately
 b. Marginally d. Large extent f. Don't Know

11. How has watching such movies affected your attitudes towards mentally ill people?

- a. No influence b. Marginally f. Don't Know
 Know
 c. Moderately d. Large extent

12. What is your tribe?

- | | |
|-------------------------------------|-------------------------------------|
| a. Ashanti <input type="checkbox"/> | i. Fra-Fra <input type="checkbox"/> |
| b. Ga <input type="checkbox"/> | j. Dagomba <input type="checkbox"/> |
| c. Akuapem <input type="checkbox"/> | k. <input type="checkbox"/> |
| d. Fante <input type="checkbox"/> | l. <input type="checkbox"/> |
| e. Krobo <input type="checkbox"/> | m. <input type="checkbox"/> |
| f. Ada <input type="checkbox"/> | n. <input type="checkbox"/> |
| g. Ewe <input type="checkbox"/> | o. <input type="checkbox"/> |
| h. Housa <input type="checkbox"/> | p. <input type="checkbox"/> |

13. What is your age

- a. 18-25
 b. 26-33
 c. 34-41
 d. 42-49
 e. 50-57
 f. 58-65
 g. 66-73
 h. 73-81

14. Where do you live in Ghana?

- | | | |
|--|--|-------------------------------------|
| a. Greater Accra Region <input type="checkbox"/> | e. Upper West <input type="checkbox"/> | h. Eastern <input type="checkbox"/> |
| b. Ashanti Region <input type="checkbox"/> | f. Volta <input type="checkbox"/> | i. Central <input type="checkbox"/> |
| c. Brong Ahafo East <input type="checkbox"/> | g. Western Region <input type="checkbox"/> | j. Upper <input type="checkbox"/> |

d. Northern Region

15. Is mental illness a taboo in your tribe?

a. No

b. Yes

c. Don't know

Appendix 3 Subscribers Questionnaire Pilot Test

Dear participant, my name is Vivian Efuwa Ampadu. I am a final year MA Disability Studies student at Leeds University, UK. I am conducting a survey on the depiction of mental illness in Ghanaian and Nigerian films and its impact on mental health awareness in Ghana for my thesis. I would be grateful if I could have your views on the subject before I draw my conclusions. This survey would only be used for the purpose stated. No participant will be referenced and all answers remain anonymous.

16. Do you watch Nigerian and Ghanaian movies?

a. No If no why:

.....

b. Yes

c. Sometimes

17. Have you watched any of these films

11. Act of Faith

12. Emergency wedding

13. Evil spirit

14. Medusa the killer

15. Moments are madness

16. Palace treasure

17. Royal Madness

18. Souls of love – Ghana

19. The beast – Ghana

20. Village destroyers

I have watched several but I don't remember their titles

18. Did you see someone who is mentally ill in it?

a. No

b. Yes

19. Do you know anything about mental illness?

a. No

b. Yes

20. Do you know anybody who is mentally ill?

a. No

b. Yes

c. Have only seen in movie

21. Do you think the way they behave is what is portrayed in the films above?

a. No

b. Yes

c. Sometimes

d. Often

22. How do you think Mentally ill people behave?

a. Talk to themselves

b. Be Naked

c. Be Beaten

d. Be wild

e. Be stupid

f. Wear torn clothes

- g. Roam about
- h. be followed by a crowd
- i. Other
23. Do you think Nigerian and Ghanaian films have thought you something about mental illness?
- a. No
- b. Yes
- c. Maybe
24. Do you accept how mentally ill people are portrayed in Nigerian and Ghanaian movies?
- a. No
- b. Yes
- c. Maybe
25. To what extent has watching the movies influenced your view about mentally ill patients in Ghana?
- a. No influence c. Moderately
- b. b. Marginally d. Large extent f. Don't Know
26. How has watching such movies affected your attitudes towards mental health patients?
- a. No influence b. Marginally f. Don't Know
- c. Moderately d. Large extent
27. What is your tribe?
- a. Ashanti i. Fra-Fra
- b. Ga j. Dagomba
- c. Akuapem k.
- d. Fante l.
- e. Krobo m.
- f. Ada n.
- g. Ewe o.
- h. Housa p.
28. What is your age
- a. 18-25
- b. 26-33
- c. 34-41
- d. 42-49
- e. 50-57
- f. 58-65
- g. 66-73
- h. 73-81
29. Where do you live in Ghana?
- a. Greater Accra Region e. Upper West h. Eastern
- b. Ashanti Region f. Volta i. Central
- c. Brong Ahafo East g. Western Region j. Upper

d. Northern Region

30. Is mental illness a taboo in your tribe?

a. No

b. Yes

Appendix 4 Coding for Content Analysis and Movie Makers

Name	Sources	References	Created On	Created By	
		Name		Sources	
<i>Attitude</i>	0	0	14/05/2012 22:51	V E	
		<i>Fear</i>	6	12	14/05/2012 22:51
		<i>Exclusion</i>	6	10	14/05/2012 22:51
		<i>Causes</i>	12	26	14/05/2012 22:52
		<i>Understanding</i>	8	17	14/05/2012 22:52
		<i>Tolerance</i>	5	9	14/05/2012 22:52
		<i>Treatment</i>	10	26	14/05/2012 22:53
		<i>Inclusion</i>	6	9	17/05/2012 20:27
		<i>violence</i>	2	2	21/05/2012 21:24
<i>Perception</i>	2	2	15/05/2012 10:13	V E	
		<i>depiction of mental illness</i>	5	13	15/05/2012 10:17
		<i>Culture</i>	10	20	15/05/2012 10:22
		<i>Stigma</i>	14	42	15/05/2012 10:23
		<i>Religion</i>	16	70	15/05/2012 10:23
		<i>superstitionj</i>	8	11	15/05/2012 10:23
		<i>dangerousness</i>	9	28	15/05/2012 10:24
		<i>witchcraft</i>	9	15	15/05/2012 10:24
		<i>The supernatural</i>	13	41	16/05/2012 15:20
<i>Positive attitudes</i>	3	13	15/05/2012 10:35	V E	
<i>Positive Perceptions</i>	1	5	15/05/2012 10:36	V E	
<i>Negative attitudes</i>	1	1	15/05/2012 10:36	V E	
<i>Negative perceptions</i>	1	1	15/05/2012 10:36	V E	
<i>filmmakers interviews</i>	0	0	28/05/2012 13:11	V E	
		<i>Ghanaian 3</i>	1	10	28/05/2012 13:11
		<i>Ghanaian 1</i>	1	10	28/05/2012 13:11
		<i>Ghanaian 2</i>	1	11	28/05/2012 13:11
		<i>Nigeria 1</i>	1	11	28/05/2012 13:11
		<i>Nigeria 2</i>	1	9	28/05/2012 13:11
		<i>Research</i>	1	1	31/05/2012 12:37
		<i>Causes of mi</i>	1	1	31/05/2012 12:38
		<i>Perception</i>	1	8	31/05/2012 12:40
		<i>attitude</i>	1	4	31/05/2012 12:42
		<i>qualification and experience</i>	1	4	31/05/2012 12:45
		<i>mi awareness</i>	1	7	31/05/2012 12:47
		<i>FM Answers</i>	1	55	04/06/2012 11:49

Appendix 5 Pictures of mentally ill people



.A mentally ill person in chains – Source: thesourceblog.com



Mentally ill restrained with a log – Souce:rummnet.wordpress.com

Appendix 6 Vagrant mentally ill person



Source: tagoeblogger.blogspot.co.uk



Mentally ill Character in a film - Village Destroyers 2007

Appendix 7 Movie Story Lines

Act of Faith	Nigerian Movie	A very dedicated pastor and husband are attacked by armed robbers. One of them rapes the pastor leading her to become traumatised which leads to mental illness. She recovers through psychotherapy, prayer and the reading of biblical scriptures.
Emergency Wedding	Nigerian Movie	When a successful married business man's business fails he turns to his ex - girlfriend for help. She would only help if he marries her. He does and things turn ugly. The second wife bewitches the first wife by causing her to be mentally ill. She recovers only when her rival's plan back fires.
Evil Spirit	Ghanaian Movie	A fetish priest becomes very powerful and a mentally ill man is

		brought to the shrine for healing. He gives guidance and medication.
Medusa the Killer	Ghanaian Movie	Evil man who kills and destroys many people in the community in which he lives becomes mentally ill.
Moments of Madness	Nigerian Movie	A quarrel over shares in profit from a business venture leads a business partner and family friend to place a curse on the partner's daughter. She takes to the streets and only recovers when fervent prayers are said by a Pentecostal pastor. Curse reverses back to business partner until he confesses his sins.
Palace Treasure	Nigerian movie	An arrogant king refuses alms to a beggar and also command his armed guards to mercilessly beat her up. She places a curse on the

		<p>king's throne that he can only have children if he sleeps with a mentally ill person and anyone who hears about the curse will themselves become mentally ill. This curse is only reversed when his grandson traces the mentally ill person who heard his grandfather confess his sin before death. She with her special powers breaks the power of the curse.</p>
<p>Royal Madness</p>	<p>Nigerian Movie</p>	<p>An arrogant king kills a guard for letting a fly fall in his glass of water. The god of anger places a curse on his son saying that he can only recover when a stranger falls in love with him and cares for him. He is taken out of the palace to live in a communal area. He only recovers when a stranger falls in love with him.</p>

Souls of Love	Ghanaian Movie	A medical doctor is left at the alter and he becomes mentally ill. He recovers when a rich young girl falls in love with him.
The beast	Ghanaian Movie	A very aggressive young man becomes obsessed by a doctor's daughter. He had killed his father as a child and served time in prison. He is exposed by his mother who is mentally ill and other friends. He eventually murders the doctor and his wife.
Village Destroyers	Nigerian Movie	Hatred and resentment of a village elder leads one elder to place a curse on the elder. He becomes vagrant and only recovers when his murdered wife destroys those who killed her and gives her daughter special powers.