



“Were kii soro bi eleyi”: Language, Therapy,
and Construction of
Mental Health in Nigerian Orthodox and
Unorthodox Psychiatric Homes

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1. Background of the study

- the inner-worlds of madness relies on the discourses that reflect both the medical and social situations of the mentally ill (Goffman, 1961).
- discourses that invoke madness reveal pre-existing (medical) condition and convey the societal meanings/ experiences of madness (Wilce, 2004: 422).
- anthropologists/ madness theorists have equally established the medical and social bases of mental illness (Foucault, 1972; Gutting, 2005)
- explained “the basis for the modern psychiatric conception of madness as mental illness” (Scull, 1990:54).
- described madness from the Classical Age as a perennial product of social sensibilities.
- contention: the mad were confined, separated, and monitored as moral deviators or subjects of socio-economic and religious circumstances.

- Nigeria: madness experience is explained from orthodox (medical) and unorthodox (socio-cultural) psychiatric practices.
- Conflict: orthodox practice is regarded as colonial distortion of unorthodox/indigenous eco-psychiatric practice (Faleye, 2017).
- orthodox psychiatric practice: based on the scientific knowledge of pathogens or “chemicals” in the brain;
- unorthodox/eco-psychiatric healing system: constructed on the knowledge systems and historical circumstances of the society (see Prins, 1989; Vaughan, 1994, Faleye, 2017).
- notions about mental illness in Nigeria stretch beyond orthodox/medical framings or meanings (Gureje, et al. 2005; Olugbile, et al. 2019).
- these notions complicate mental health care in Nigeria (Atilola and Olayiwola, 2013).
- people simultaneously seek help through both healing systems and are confronted with different diagnoses and treatment dilemmas.
- these systems (orthodox and unorthodox) construct differential meanings, narratives, treatments, and causes of mental illness.

2. Research gap and aim

- many studies concentrate on the socio-psychological or historical issues and attitudes relating to mental health patients, workers, caregivers and practices in these homes (Ishola and Akinniyi, 2019; Okpalauwaekwe, Mela and Oji, 2017; Abdumalik, Kola and Gureje, 2016; Onyemelukwe, 2016; Adewuya and Makanjuola, 2009; Agara, Makanjuola and Morakinyo, 2008; Olugbile, Zachariah, Kuyinu, Coker, Ojo, and Isichei, 2008, etc.)
- it is important to unpack how various aspects of psychiatric practices (diagnoses, treatment, therapy, drugs, etc.) are discursively represented or negotiated by psychiatrists, traditional healers, patients and their relatives in orthodox and unorthodox psychiatric homes;
- how these representations can offer specific positions for a more inclusive, cross-boundary, hybridized and context-sensitive professional mental health service in Nigeria.
- the study interrogates the conceptual boundaries and multiplex discourse constructions (social, religious, cultural, medical, etc.) that underlie differential or binary categorizations of narratives of mental illness, its symptoms and healing processes within the domains of orthodox and unorthodox psychiatric practices in Nigeria.

3. Research questions

- In what ways are mental illness diagnoses, symptoms treatments/healings, therapies, etc. discursively constructed or negotiated in orthodox and unorthodox psychiatric homes?
- In what ways do orthodox constructions of mental illness agree or disagree with the unorthodox healing system? That is, how does traditional knowledge of mental illness interact or with orthodox/Western medical knowledge?
- How do patients, their relatives, psychiatrists, traditional (herbalists) and religious healers frame their experiences of mental illness in these homes?
- What are the contextual nuances, beliefs and narratives that shape or condition the framing of such experiences?

4. Methodology and project design

- Setting: one orthodox psychiatric institution and seven unorthodox psychiatric institutions in southwestern Nigeria
- qualitative and ethnographic mixed methods:
 - personal interviews with traditional/religious healers, orthodox psychiatrists, patients and their relatives;
 - observation and tape-recording of everyday interactions among patients, their relatives and mental health workers during several visits to the selected psychiatric homes;
- allowed access to the contents of patients' illness experiences (Romme and Escher, 1994), their meanings, intersubjective capacities and how they relate to actual problematic experiences or issues that contributed to patients' mental health conditions (see Tucker, 2006: 63);
- interviews with mental health patients was backed by the theoretical position that humans (pathological and non-pathological) are accurate 'authors' of their experiences (Shotter, 1993)
- and people with mental health difficulties have the capacity to account for their experiences (Davis, 2005; Tucker, 2006: 64; see also Wallcraft, Schrank and Amering, 2009; Szmukler, 2009).

5. Analytical frameworks: Foucauldian discourse analysis and discursive psychology

- This study combines these approaches to take account the macro and micro discursive practices in the construction of mental health experiences.
- While Foucauldian discourse analysis focuses on the interrelatedness of discursive practices, social actions, and cultural understandings that give meanings to mental illness experiences, discursive psychology accounts for micro concerns, discursive activities, beliefs, emotions, attitudes, etc., in interactions about mental health (Edwards and Potter, 1992; Potter, 1996; Edwards, 1997).

5. Conclusion

- By exploring the experiences of traditional healers, psychiatrists, patients and their relatives about mental health conditions in these homes, the study provides the theoretical basis for a more critical and situated understanding of mental health discourses in Nigeria.

References

- Abdumalik, J., Kola, L., Gureje, O. (2016). Mental health system governance in Nigeria: challenges, opportunities and strategies for improvement. *Global Mental Health* 3, 1-11.
- Adewuya, A.O., Makanjuola, R. (2009). Preferred treatment for mental illness among southwestern Nigerians. *Psychiatric Services* 60(1), 121-124.
- Adewuya, A.O., Oguntade, A.A. (2007). Doctors' attitude towards people with mental illness in Western Nigeria. *Social Psychiatry and Psychiatric Epidemiology* 42, 931-936. DOI 10.1007/s00127-007-0246-4.
- Agara, A.J., Makanjuola, A.B., Morakinyo, O. (2008). Management of perceived mental health problems by spiritual healers: a Nigerian study. *African Journal of Psychiatry* 11, 113-118.
- Aina, O.F. (2004). Mental illness and cultural issues in West African films: implications for orthodox psychiatric practice. *Journal of Medical Ethics and Medical Humanities* 30, 23-23. doi: 10.1136/jmh.2003.000152.
- British Psychological Society (2000). *Recent advances in understanding mental illness and psychotic experiences*. Leicester: British Psychological Society.
- Davis, A. (2005). User involvement in mental health research and development. In D. Sallah & M. Clark (Eds.). *Research and development in mental health; theory, framework and models*. London: Elsevier Science Ltd.
- Edwards, D. (1997). *Discourse and cognition*. London: Sage Publications.
- Edwards, D. and Potter, J. 1992. *Discursive psychology*. London: Sage Publications.
- Falaye, A. O. (2017). Housing 'Lunatics' in Nigeria: a study in the history of eco-psychiatry and psychiatric epidemiology. *Universitatea Din Bucuresti, RJHS* 4(2): 131-152.
- Foucault, M. (1972). *L'Histoire de la folie*. Paris: Gallimard.
- Goffman, E. (1961). *Asylums: essays on the social situation of mental health patients and other inmates*. New York: Doubleday Anchor.
- Geekie, J. (2004). Listening to the voices we hear: clients' understandings of psychotic experiences. In J. Read, L. R. Mosher & R. P. Bentall (Eds.). *Models of Madness*. London: Routledge.
- Gureje, O., Lasebikan, V.O., Ephraim-Oluwanuga, O., Olley, B.O., Kola, L. (2005). Community study of knowledge of and attitude to mental illness in Nigeria. *British Journal of Psychiatry* 186, 436-441.
- Ishola, A.A., Akinniyi, R.J. (2019). Pattern of depression and psycho-social factors influencing mental distress among divorcees in Lagos State. *Mediterranean Journal of Clinical Psychology* 7(3), 1-14.

- Odejide, A.O., Oyewumi, L.K., Ohaeri, J.U. (1989). Psychiatry in Africa: an overview. *American Journal of Psychiatry* 146, 708-16.
- Okpalauwaekwe, U., Mela, M., Oji, C. (2017). Knowledge of and attitude to mental illnesses in Nigeria: a scoping review. *Integrative Journal of Global Health* 1(5), 1-14.
- Olugbile, O., Zachariah, M.P., Kuyinu, A., Coker, A., Ojo, O., Isichei, B. (2008). Yoruba world view and the nature of psychotic illness. *African Journal of Psychiatry*. 12: 149-156.
- Onyemelukwe, C. (2016). Stigma and mental health in Nigeria: some suggestions for law reform. *Journal of Law, Policy and Globalization* 55(3), 63-68.
- Potter, J. (1996). Discourse analysis and constructionist approaches: theoretical background. In: T.E. John Richardson (Ed.). *Handbook of Qualitative Research Methods for Psychology and the Social Science*. Leicester: BPS Books.
- Romme, M., and Escher, S. (1994). Hearing Voices. *British Medical Journal*, 309, 670.
- Shotter, J., Gergen, K. (1994). Series blurb. In: T.R. Sarbin & J.I. Kitsuse (Eds.) *Constructing the Social*. London: Sage.
- Tucker, I. (2006). Deterritorialising mental health: unfolding service user experience. Doctoral Thesis. Loughborough University. 1-258. <https://dspace.lboro.ac.uk/2134/5445>
- Vaughan, M. (1994). Healing and curing: issues in the social history and anthropology of medicine in Africa. *Social History and Medicine*. 283-295.
- Wilce, M.J., 2004. Language and Madness. In: A. Duranti (Ed.), *A Companion of Linguistic Anthropology*. Oxford: Blackwell. 414-430.

Research Time-Schedule

Activity

Transcription and grouping of data

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Formatting and submission

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