

**ADDIS ABABA UNIVERSITY**

**COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES**

**SCHOOL OF PSYCHOLOGY**

**The portrayal of Schizophrenia: A Content Analysis of Ethiopian Commercial movies**

**By: Abinet Ababu Teklemariam**

**A Thesis Submitted to the School of Psychology, Addis Ababa University in Partial  
Fulfillment of the Requirements  
for the Degree of Master of Arts Degree in Counseling Psychology**

**2021**

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES**  
**SCHOOL OF PSYCHOLOGY**

**The portrayal of Schizophrenia: A Content Analysis of Ethiopian Commercial movies**

**By: Abinet Ababu Teklemariam**

**Approval of the Board of Examiner:**

**1. Advisor**

Name\_\_\_\_\_Signature\_\_\_\_\_Date\_\_\_\_\_

**2. Internal Examiner**

Name\_\_\_\_\_Signature\_\_\_\_\_Date\_\_\_\_\_

**3. External Examiner**

Name\_\_\_\_\_Signature\_\_\_\_\_Date\_\_\_\_\_

## TABLE OF CONTENTS

TABLE OF CONTENTS.....	iii
LIST OF TABLES.....	v
ABSTRACT.....	vi
ACKNOWLEDGMENTS .....	vii
ABBREVIATIONS AND ACRONYMS.....	viii
CHAPTER ONE: INTRODUCTION.....	1
1.1. Background of the Study.....	1
1.2. Statement of the Problem .....	3
1.3. Research Questions .....	4
1.4. Objectives of the study.....	4
1.5. Significance of the study .....	4
1.6. Delimitation of the study.....	6
1.7. Operational definition of important terms.....	6
CHAPTER TWO: REVIEW OF RELATED LITERATURE.....	8
2.1. Introduction .....	8
2.2. Schizophrenia in Science.....	8
2.2.1. <i>Causes of Schizophrenia</i> .....	9
2.2.2. <i>Symptoms of Schizophrenia</i> .....	10
2.2.3. <i>Treatment of Schizophrenia</i> .....	12
2.3. Schizophrenia in the Movies .....	12
2.3.1. <i>Causes of Schizophrenia</i> .....	13
2.3.2. <i>Symptoms of Schizophrenia</i> .....	15
2.3.3. <i>Treatment</i> .....	15
2.3.4. <i>Schizophrenia Stereotypes</i> .....	17
2.4. Implications .....	19
2.6. Theoretical framework .....	20
CHAPTER THREE: RESEARCH METHODS AND PROCEDURE.....	21
3.1. Study design and setting .....	21
3.2. Defining the universe .....	21
3.3. Sample selection.....	22

3.4. Coding content.....	23
3.5. Data analysis.....	24
3.6. Validity and reliability.....	24
3.7. Ethical Consideration .....	25
CHAPTER FOUR: FINDINGS.....	27
4.1. Demographic characteristics of the characters with schizophrenia.....	27
4.3. Portrayed symptoms of schizophrenia in Ethiopian commercial movies.....	31
4.4. Portrayed treatments of schizophrenia in Ethiopian commercial movies .....	36
4.5. Portrayed stereotypes of schizophrenia in Ethiopian Commercial movies .....	40
CHAPTER FIVE: DISCUSSION.....	43
5.1. Summary of the Findings .....	43
5.2. Portrayed causes of Schizophrenia.....	43
5.3. Portrayed symptoms of schizophrenia .....	44
5.4. Portrayed treatments of schizophrenia .....	45
5.5. Portrayed stereotypes of schizophrenia.....	46
CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	48
6.1. Summary and conclusions .....	48
6.2. Recommendations .....	48
REFERENCES .....	51
Appendices.....	59
Appendix A: Movies reviewed in the study .....	59
Appendix B: Coding Guideline .....	62
Appendix C: Coding Sheet .....	64

## LIST OF TABLES

**Table 1:** Demographic Characteristics of the Characters

**Table 2 -** Portrayed causes, symptoms, treatments and stereotypes

## ABSTRACT

*This study investigated the portrayals of schizophrenia in Ethiopian commercial movies in a view to expose their depiction of the causes, symptoms, treatments, and stereotypes of schizophrenia. Movies produced in Amharic language, with at least one character with schizophrenia and released between 2008 and 2021 were analyzed. Two raters independently analyzed the causes, symptoms, treatments and stereotypes of schizophrenia using a coding guide and coding sheet. Of the 18 movies watched, six movies were selected fulfilling the criteria set a priori. The qualitative content analysis showed that Ethiopian commercial movies depicted traumatic life experiences as the main cause of schizophrenia. The symptoms were found to be primarily positive symptoms of schizophrenia including auditory hallucination, delusion and disorganized behavior and speech. The treatment was found to be a romantic support followed by a social support. The movies depicted people with schizophrenia as dirty, violent and crazy as major stereotypes. The findings of this study indicate that in Ethiopian Commercial movies there are half truths about the causes, symptoms, and treatments of schizophrenia.*

## ACKNOWLEDGMENTS

I would like to start by extending my heartfelt gratitude to my Advisor Dr. Kassahun Habtamu for his relentless patience, kindness, deep and critical insight in to this study.

My gratitude also goes to Samrawit for her support and encouragement. My friend Endale has been a vital part of this research coder.

Thank you my wife Haymanot Woldu and my children Athnatheos, Edna, Ezra, and Lelina for allowing me to spend countless hours reading, watching movies, writing and rewriting this thesis.

Above all my gratitude goes to Yahewh for orchestrating the entire “event” to equip me for the call he placed up on my life. (Soli Deo Gloria!)

## **ABBREVIATIONS AND ACRONYMS**

**EtMD** - Ethiopian Movie Data Base

**WHO** - World Health Organization

**ICD 10** - International Classification of Disease and Behavioral Disorders

***DSM-IV- TR*** - Diagnostic and Statistical Manual for Mental Disorders

**NIMH** - National Institute of Mental Health



## CHAPTER ONE: INTRODUCTION

### 1.1. Background of the Study

The indispensable role of commercial movies in the provision of mental health information is being recognized by researchers (Kadri & Sartorius, 2005), however their representation of chronic mental illnesses such as schizophrenia has been assaulted as inaccurate and stereotypic (Wahl, 1992; Stuart, 2003; Stout et al., 2004; Pirkis et al., 2005; Owen, 2012; Atilola & Olayiwola 2011; Chmielewski, 2013; Khadija & Folashade, 2019). According to western researchers of movie portrayals (Owen, 2012; Elsayed 2015), causes, symptoms and treatments of schizophrenia have been found to be rarely scientific. Despite the scientific consensus regarding the biological (genetic) of schizophrenia (Kahn, 2020) the movies emphasize the secondary psychosocial causes (i.e. traumatic life experience). According to their review of 63 Hollywood movies (Owen, 2012, Elsayed, 2015) the symptoms of schizophrenia are primarily hallucination, delusion, disorganized and bizarre behaviors this is far removed from the clinical prevalence of the negative symptoms. Scientific treatments begin with biomedical medicines and proceed to psychosocial supports but the movies depict psychosocial treatments as primary avenues for treatment of schizophrenia. On top of this people with schizophrenia are depicted as violent and dangerous (Levey & Howells, 1995; Putman, 2008; Owen, 2012), “Psychopaths”, “killers” and “slashers” (Chmielewski, 2013).

The African movies (i.e. Nollywood and Ghollywood) are not far removed from this criticism. According to several mental health researchers (Aina, 2004; Atilola & Olayiwola, 2011; Khadija & Folashade, 2019) inaccuracies and stereotypes still abound. In their review of movies the researchers concluded that the major causal and treatment factor of schizophrenia is Religiospiritual (Supernatural). According to these movies people acquire mental illness due to

curse, losing the favor of God/god, enchantment and magic, and the treatment is prayer and the utilization of spiritual objects for spiritual mediation. Similar authors affirm, the symptoms they portray are exaggerated positive symptoms. Negative stereotype such violence, physical description of being dirty and pejorative terms such as ‘crazy’ abound.

These findings can be summarized by the conclusion made by stout et al (2004):

*“While the body of research examining images of mental illness in media is limited, the findings of these researches are consistent. Content analysis indicates that mental illness is consistently misrepresented in media depiction through exaggeration and misinformation”* (p.558).

This scientifically inaccurate and negatively stereotypic movie representation has contributed to the discrimination and marginalization of people with schizophrenia. People with schizophrenia are one percent (Stepnicki et al., 2018) of 450 million mentally ill people (National Institute of Mental Health [NIMH], 2021). The global mental illness stigma ranges between 13.2% -22.1%, however the perceived stigma among people with schizophrenia is 62.6% (Tesfaw et al., 2020). Due to this prevalent stigma only 10% of people go to hospital and 13.5% among this meet clinical and social criteria of recovery; only 10% are able to hold an employment and form a family and they are 10-16 times more likely to take their own lives (Charlson et al., 2016; Charlson et al., 2018; Kahn, 2020; NIMH, 2021). The present study aspires to investigate the causes, symptoms, treatments and stereotypes of schizophrenia as portrayed in Ethiopian commercial movies.

## 1.2. Statement of the Problem

Even though the influence of Ethiopian Commercial movies is felt in the country and among the Diasporas, there have never been attempts to investigate their portrayals of mental illness. The Ethiopian film industry traces its inception to the introduction of the Cinema (*Seytan Bet 'The devil's House'*) by Emperor Menilik II in 1895. The first film produced in Ethiopia was '*Hirut Abatwa man new*' (1964) (Jedlowski, 2015). It was the after the Ethiopian Millennium (2008) the movie industry began to show signs of growth (Jedlowski, 2015). According to Jedlowski (2015), Ethiopian movies contain a social commentary about Ethiopian community. These movies are primarily produced by private production companies and are shown in several Cinema halls, theatres, Video Stores, You Tube and satellite Televisions.

Despite the existence of ample researches in the West and Africa on portrayal of mental illness such as schizophrenia, as far as the researcher's assessment is concerned, there are no researches that deal with portrayal of causes, symptoms, treatments and stereotypes of schizophrenia in Ethiopian commercial movies. This research aims to fill the gap by investigating individual characters selected from Ethiopian commercial movies produced in Amharic between 2008-2021 vis-à-vis scientific consensus.

If this issue is not investigated and proper recommendation made, it might incur serious consequences. First, the lack investigation of the portrayal of schizophrenia leaves the professionals as well as the movie producers in the darkness about one of the probable source of stigma. Second, those entities who are working to raise awareness of schizophrenia might not be able to see how the movie presentation of people with schizophrenia plays a role in their attempt to increase mental health literacy. Second, it obscures the urgency of the need to investigate how it influences the audience and the patients. Third, helps us highlight how inaccurate or accurate mental health information can be dispensed unintentionally or intentionally by commercial

movies. For this and several other reasons call for the investigation portrayal of schizophrenia in Ethiopian commercial movies.

### **1.3. Research Questions**

- What are causes of schizophrenia portrayed in Ethiopian commercial movies?
- What are symptoms of schizophrenia portrayed in Ethiopian commercial movies?
- What are treatments of schizophrenia portrayed in Ethiopian commercial movies?
- What are stereotypes of schizophrenia portrayed in Ethiopian Commercial movies?

### **1.4. Objectives of the study**

The overall objective of this research is to investigate the portrayals of causes, symptoms, and treatment of schizophrenia in Ethiopian commercial movies. This study intends to:

- Investigate causes of schizophrenia portrayed in Ethiopian commercial movies.
- Investigate symptoms of schizophrenia portrayed in Ethiopian commercial movies.
- Investigate treatments of schizophrenia portrayed in Ethiopian commercial movies.
- Investigate stereotypes of schizophrenia portrayed in Ethiopian commercial movies.

### **1.5. Significance of the study**

This research is significant to to people with schizophrenia, Counselors, movie professionals, policy makers as well as future researchers:

**The findings of this study will help people with schizophrenia.** Some of the patients might be wondering why they are stigmatized. There might be several problems but among them the movie representations play a significant role. Understanding the contribution of the movies depictions of themselves would help them provide empirical evidence to amplify their voice in support or critics. They might be empowered to encourage and challenge respective entities based on an empirical research.

**The findings of this study would help movie writers, producers and actors.** The findings might be able to serve as a point of reckoning for writers to reflecting on their portrayal of schizophrenia and encouraging them to anchor their finding with professional opinion and personal research. The producers might be able to evaluate the entire work in light of its accurate depiction of schizophrenia. The actors might take the proper precaution to study actual patient to pursue actual portrayal.

**This study will also help professionals** (i.e. Counselors and psychiatrists). It will enlighten them how people with schizophrenia are represented in the commercial movies and how that might have contributed to low level of mental health literacy and low turn out to the mental health institutions (Tesfaw et al.,2020), during the earlier episodes. However if the movie portrayal of causes, symptoms and treatments of schizophrenia is investigated they might have a tool to educate the patients and professionals by depicting the scientific understanding.

**The study would also help policymakers.** The government is required to have policies that address fringe portrayals of causes, symptoms and treatments of schizophrenia. There might be a need to educate relevant entities to watch out for violation of rights of people with schizophrenia.

**The study benefits future researchers.** As far as the researcher is concerned, in the discipline of counseling psychology, this study is pioneering in the examining the portrayal of Schizophrenia. This paves the way for others to expand this and explore portrayals other aspects (mental illness, Counselors, Counseling, e.t.c) and other media (Print, Social, Television Drama, documentaries e.t.c.). This research will also inspire other researcher to explore other disciplines from the vantage point of psychology and I encourage interdisciplinary dialogues on this subject matter.

## 1.6. Delimitation of the study

This study primarily focuses on Qualitative Content Analysis of Ethiopian commercial Movies in terms of their portrayal of causes, symptoms, treatments, and stereotypes of schizophrenia. Even though the researcher was able to collect 18 movies that deal with mental illness, only six movies that have individuals with schizophrenia selected based on criteria. These characters have at least two symptoms of schizophrenia and the movies are produced in Amharic, produced between the years 2008-2021.

Contrary to what is mentioned above this research is delimited in its scope. In the movies included in this study the primary targets of research are characters with schizophrenia identified based on the selection criteria, other characters will not be investigated by themselves but as they relate to the target characters. This research does not attempt to investigate the creative features of these movies, their influence on the audience and patients and their relationship to stigma; instead it exclusively focuses on portrayal of the causes, symptoms, treatments, and stereotypes of schizophrenia as represented by selected individual characters in Ethiopian Commercial movies.

## 1.7. Operational definition of important terms

**Schizophrenia:** a chronic mental illness that is manifested by positive symptoms such as delusion, hallucination, disorganized behavior/ speech and negative symptoms like flat affect, alogia, Anhedonia e.t.c.

**Commercial movies:** movies produced for the purpose of entertainment and profit and available through avenues like the cinema, theatre, YouTube, video stores.

**Portrayal:** an artistic depiction of individual characters mental illness (i.e. Schizophrenia) and the causes, symptoms, treatments and stereotypes displayed in their interaction with other character in the context of creative work (i.e. movie)

## CHAPTER TWO: REVIEW OF RELATED LITERATURE

### 2.1. Introduction

A methodical investigation of portrayals of schizophrenia requires us to view the disease from two perspectives. The first is the contemporary understanding of schizophrenia from the scientific perspective (Gaebel & Zielasek, 2015). The second is its portrayal in the movies by the writers and producers. It is the purpose of this chapter to lay out schizophrenia from these perspectives and delineate the research gap.

### 2.2. Schizophrenia in Science

Schizophrenia was first described in the late 19th century by Emil Kraepelin, who named it *dementia praecox* (Jabelnsky, 2010; Vandebos, 2015; Khan, 2020). In 1908, Eugene Bleuler renamed the disorder *schizophrenia* (Greek, “splitting of the mind”) to emphasize the cognitive disturbance that arises from this disease (Vandebos, 2015; Tamminga & Medoff, 2000; Vandebos, 2015, p.938). Dictionary of Psychology defines Schizophrenia as a “psychotic disorder characterized by disturbances in thinking (cognition), emotional responsiveness, and behavior...” (Vandebos, 2015, p.938). According to DSM–IV in the case schizophrenia:

*“[T] he characteristic disturbances must last for at least 6 months and include at least 1 month of active-phase symptoms comprising two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms (e.g., lack of emotional responsiveness, extreme apathy)” (American Psychiatric Association, 2000, p.298).*



### ***2.2.1. Causes of Schizophrenia***

The major causes of schizophrenia are biological and psychosocial (environmental) (Tamminga & Medoff, 2000; Jabelnsky, 2010; Gaebel & Zielasek, 2015; Stilo, 2019). After their review of literature from the past 5-10 years, Gaebel and Zielasek (2015) conclude that, “there will be no utterly new principles of schizophrenia concepts – but more and better evidence for the current Biopsychosocial conceptualization of all mental disorders, including schizophrenia, will emerge” (p.340). Let us unpack the literary evidence for this assertion.

**2.2.1.1. Biological Causes.** Since the 19<sup>th</sup> century, the development of the concept of schizophrenia (Gaebel & Zielasek, 2015) was like a disease caused by a malfunction in the brain connection. But later researchers focused on psychosis (Khan, 2020). As Tamminga and Medoff (2000) argue based on twins' study, the cause of schizophrenia is 50% genetic. The extensive review of contemporary researches increases the percentage to 80%- 90% (Khan, 2020). Therefore, in major literature reviews, biological causation is proven beyond a reasonable doubt.

The above mentioned researchers use a different hypothesis to describe the biological causes of schizophrenia. The first is the Dopamine Hypothesis (Jabelnsky, 2010; Khan, 2020) which refers to the disturbance of secretion of dopamine irresponsive neurotransmitters. This hypothesis is the root for the development of antipsychotic medicines (Conklin & Iacono, 2003). However, there are few kinds of research that affirm this hypothesis (Khan,2020). In addition to that, as Khan argues, these hypothesis accounts for positive symptoms but there the no evidence to its connection with the negative symptoms.

The next hypothesis asserts that schizophrenia is “set at birth” (Tamminga & Medoff, 2000; Conklin & Iacono, 2003; Stilo, 2019). Kahn (2020) elaborates that things like brain

volume and intelligence are highly heritable; they predetermine the vulnerability of the individual before birth. Even if the disease is set at birth it is manifested in the teenage years for the frontal cortex is not matured enough. Even if the position is popular the evidence is scant and the causal relationship is attributed to schizophrenia remotely (Conklin & Iacono, 2003).

**2.2.1.2. Psychosocial (environmental) Causes.** Even though the biological factors dominate as a cause of schizophrenia, but recent studies are shading light to the role of psychosocial (environmental) factors (Gaebel & Zielasek, 2015; Kahn, 2020). Psychosocial factors are factors that act alone or in collaboration with biological factors to increase the likelihood of the onset of Schizophrenia. These include but are not limited to “pregnancy and birth complications, childhood trauma, migration, social isolation, urbanicity, and substance abuse” (Stilo, 2019). Migration studies reviewed by Fearon and Morgan, (2006) add the factors that contributed to the increase in the likelihood of schizophrenia among the migrant community (e.g. unemployment, separation, difficulty in adjustment).

### ***2.2.2. Symptoms of Schizophrenia***

Symptoms are “any deviation from normal functioning that is considered indicative of physical or mental pathology” (Vandenbos, 2015, p. 1058). These symptoms are vital to discuss the scientific understanding of schizophrenia.

As important as symptoms are they are fiercely debated by the researchers (Azorin et al., 2014; Tamminga & Medoff, 2000; Jabelnsky, 2010; Khan, 2020). Researchers who assert the traditional symptoms claim that the main symptoms of schizophrenia are those manifested in clinical settings. This can be accessed through clinical examination and tests of the patient. The modernist opposes this approach as subjective and unrealistic given the cognitive challenges

caused by schizophrenia (Azorin et al., 2014; Jabelnsky, 2010). They stress that there needs to be a thorough laboratory examination that delivers an objective finding (Conklin & Iacono, 2003).

Both positions have their strengths and weaknesses. Traditional symptoms are available symptoms to diagnose the disease but they can be subjectivism. Given the comorbidity of the illness, the laboratory examination, though highly reliable, may increase the likelihood of misdiagnosis. Therefore, it is vital to use both approaches to come with proper diagnostic criteria.

The modern diagnostic manuals like DSM- IV-TR and *International Classification of Disease and Behavioral Disorders* (ICD10, World Health Organization [WHO].2016) seem to put this debate into account(Conklin & Iacono, 2003; Jabelnsky, 2010) as they reflect the above two perspectives. To that end, DSM- IV-TR provides operational diagnostic criteria and ICD 10 focuses on the interrelated taxonomies (Jabelnsky, 2010). The author highlights the achievements of the two manuals in reconciling the debating faction, “the reliability of psychiatrists’ diagnosis of schizophrenia and related disorders has been improved, at least in research settings structured interviews were used, incorporating explicit definitions, criteria, and decision rules” (p. 344)

The following symptoms of schizophrenia are the result of overlapping aspects of DSM– IV-TR and ICD 10. These symptoms must be detectable for at least 1-6 months to arrive at a valid diagnosis. The Positive symptoms (behaviors that are added) are Delusion and Hallucination, Disorganized speech, disorganized behavior. These are the most visible and are often the causes of hospitalization (DSM-IV-TR, 2000). The secondary symptoms are Negative

(the absence of behavior) symptoms. These are Affective flattening, Alogia, and Avolition (DSM –IV-TR, 2000).

### ***2.2.3. Treatment of Schizophrenia***

Treatment is “the administration of appropriate measures that are designed to relieve a pathological condition” (Vandenbos, 2015, p.1105).The purpose of treatment is to reduce the suffering of the patient and to improve functioning in cognitive and social area (Stepnicki et al., 2018). There is still a treatment gap indicating that only about half of all patients with schizophrenia receive treatment (Gaebel & Zielasek, 2015).

Biological medications are antipsychotic drugs used to block the brain dopamine receptors (D2 Receptors) and stabilize their effect on other neuron transmitters (Gaebel & Zielasek, 2015).The development began with introduction of chlorpromazine and climaxed to the new breed of anti psychotic drugs like clozapine. Their primary targets are the dopamine receptors which seem to remedy positive symptoms (Miyamoto et al., 2012). Their vital weakness was their inability alleviates the negative symptoms (Stepnicki et al., 2018).

After the severe symptoms of schizophrenia subsided, psychosocial treatments are given in connection with pharmacological treatments. Psychosocial treatments are skills that enable the patient to recognize the symptom, cope with them and pursue daily goal in life (Stepnicki et al, 2018). This includes behavioral skills training, cognitive-behavioral coping skills, rehabilitative activities, e.t.c (Bustillo et al, 2001).

### **2.3. Schizophrenia in the Movies**

Acting as a mental ill person has been the main enticement of awards, according to Hanley (2015) from 1929- 2009 10% of the Academy Award (Oscar) went to actors who played

a mentally ill character. However as a source of the much needed mental health information source are these entertainment movies(Owen, 2012; Aina, 2004; Chmielewski, 2013), they are not up to the task (Wahl, 1992; Stuart, 2003; Stout et al., 2004; Pirkis et al., 2005; Owen, 2012; Atilola & Olayiwola, 2011;Chmielewski, 2013;Khadija &Folashade, 2019). In this section, we attempt unpack the movie depiction causes, symptoms, treatment and stereotypes of schizophrenia.

### ***2.3.1. Causes of Schizophrenia***

Contrary to the scientific understanding, the western the movies depiction of Schizophrenia, points towards the psychosocial (environmental) causes in the movies (Owen, 2012). According to Patricia Owen review of 41 Holy wood movies the majority of the movies reflected psychosocial causation. The significance of biological causes seems untenable according to the Holy wood movies (Wahl, 1992; Owen, 2012). According to Owen, 31 movies did not state the causal factor explicitly but the psychosocial factor (i.e. traumatic event) is implicated in 10 movies. Another researcher on Box Office hits of Holy Wood movies agrees with Owen (Elsayed, 2015). According to Elsayed, out of 12movies he reviewed seven movies (58%) assert psychosocial causation of schizophrenia (Elsayed, 2015).The above two researches highlight the psychosocial causes (Owen, 2012; Elsayed, 2015) this different from the scientific findings. Therefore, the western movie depiction of the causes of schizophrenia revolves around biological, social and psychological causes.

Despite the shortage of researches on schizophrenia, the non western research on mental health seem to focus on psychosocial causation as that of the western researchers(Aina, 2004; Atilola & Olayiwola, 2011; Khadija & Folashade, 2019).A research on 25 Nigerian movies conducted by Aina (2004) found affliction from sorcery, witchcraft, and charms 15(60.0%);

overwhelming psychosocial stressors, six (24.0%).Curses from enemies and offended deities or gods, three (12.0 %) and Polysubstance dependence, one (4.0%)(Aina, 2004). Other Nigerian researchers, Khadija and Folashade (2019)found out that the primary cause of mental illness is Religious or Spiritual(religious, magical or spiritual).Out of 10 movies reviewed eight (61.5%) of them reflect magical powers possessed by individual as a causal explanation of Schizophrenia. The biological causes of mental illness are absent in majority of the movies (84.6 %) reviewed in Nigeria (Khadija & Folashade, 2019).

When we compare the western and African movies in terms of cause of mental illness the majority of the movies (especially African) promote the Religious or Spiritual at the expense of scientific view In Aina's research 74% (12 movies out of 25) assert Spiritual or Religious causes. Khadija and Folashade (2019) attribute the major cause of mental illness to similar cause. Contrary to this the above researches (Owen, 2012; Elsayed, 2015) incline more in to scientifically verified psychosocial cause of schizophrenia. Therefore, we can assert that in regards to the causation of schizophrenia the western and non western movies agree on scientifically psychosocial causes, but the non western movies go beyond to assert the Religious and the spiritual (Owen, 2012;Beachum, 2010; Aina, 2004, Khadija & Folashade, 2019).

There research was not able to get published research, article or book on movie portrayal of either on Mental illness or schizophrenia in Ethiopia. As far as the researchers' personal observation of movies is concerned; there is an increase towards psychosocial factors. The researchers have not seen any movie that attaches the causation schizophrenia with biology. The alternative causes seem to be popular among the ruler society the more educated concerned. Depending on the accessibility of information and educational background the majority will attribute illness like this to the Alternative causes.

### ***2.3.2. Symptoms of Schizophrenia***

According to Owen (2012), most characters in the movies displayed positive symptoms of schizophrenia such as delusions followed by auditory and visual hallucinations (Elsayed, 2015; Noll, 2007). Despite the exaggeration for artistic effect by showing patients with disorganized and strange behaviors and visual hallucination, they ignore the negative symptoms (Owen, 2012). According to Elsayed (2015), all movies (12) presented characters with hallucination and 10 movies with delusions. Characters in nine movies did not even experience negative symptoms. However, actual clinical work is dominated by negative symptoms (Owen, 2015).

As the other researchers focus on mental illness, the research was not able to extract specific information related to particular symptoms; however exaggerated positive symptoms have been reported by all researchers (Aina, 2004; Atilola & Olayiwola, 2011; Khadija & Folashade, 2019).

The researcher's observation of Ethiopian movies seems to concur with the exaggerated positive symptoms as described by Owen and Elsayed.

### ***2.3.3. Treatment***

The western perspective on treatment of schizophrenia is dominated by bio medical remedies. Owens (2012) found out that anti -psychotic medications are explicitly stated (55%) or implied in almost all the movies she reviewed. In stark contrast with Owen (2012) Elsayed noted the outlier depiction of movies prescribing medications only one movie (2015). In addition to this five patients underwent psychological (Elsayed, 2015), this is infrequent in Owens's research. The role of romantic partnership as treatment (Swaminath & Blinder, 2009;

Gabbard & Gabbard, 1999) was stated in 10 movies and this is not stated explicitly in Elsayed's research.

When we turn to African researches, Aina (2004) found that no treatment is explicitly stated or implied in 13 (52%) of the movies but in 12 (48%) reflect treatment. In ten cases (40%) dealt with Alternative forms of treatment and only two cases were handled via hospital care. In addition, sudden death from "spiritual attack" by these agents was shown in 35 (21.5%) of the films (Aina, 2004; Atilola & Olayiwola, 2011) assert that as the cause is primarily spiritual, the treatments are spiritual and are provided in a non conventional setting (Atilola & Olayiwola, 2011).

According to Khadija and Folashade (2019) Psychotherapeutic treatment was mentioned once (7.7%) and going to mental health professional being the highest. Generally in Nigerian movies the orthodox practice of mental illness represented in two (15.4%) and the alternative approaches scoring a staggering eight (61.5%). As these researchers describe the umbrella of this spiritual treatment "incantation, prayers, magical spells" (p.111) (30.7%) and magical objects (23.1%) is a dominant theme and herbs and visits to the religious centers are other alternatives (Khadija & Folashade, 2019).

As we compare the scientific and other perspectives (i.e. Religious or spiritual) treating mental illness, the scientific seems to be diminished in non Western movies. Contrary to this there is absence of considering the Religious or spiritual treatment for research in western movies.



### ***2.3.4. Schizophrenia Stereotypes***

Stereotypes are “a set of cognitive generalizations (e.g. beliefs, expectations) about the qualities and characteristics of the members of a group or social category” (Vandenbos, 2015,p.1031) these generalizations seem typical of the entertainment media particularly the movies (Wahl,1992;Pirkis et al., 2005; Stout et al., 2004; Beachum, 2010, Owen,2012; Elsayed, 2015). As expressed above the entire perspective concerning people with mental illness and particularly people with schizophrenia is categorized in two groups.

First of all patients with schizophrenia are generally depicted as unpredictable and often violent (Dinen, 1999). They are generally more violent compared to the general population (Walsh et al., 2004).According to western sources people with Schizophrenia generally portrayed as “dangerous, violent, and unpredictable”(Beachum, 2010; Stout et al., 2004).Violent behavior towards themselves or others, and nearly one-third of violent characters engaged in homicidal behavior. About one-fourth of characters committed suicide (Owen, 2012).

Next, they are weird and the dispensable part of society. According to Pirkis and et al. (2005), they are also depicted as people with mental illness are “Homicidal maniac”, “the rebellious free spirit”, “The enlightened member of the society”, “seductress”, “Narcissistic parasite” and the “lab rats” without rights and open to scientific observation. To the negative side people with Schizophrenia are described as not reliable, indolence and not to be trusted for work(Wahl, 1995; Chmielewski, 2013).However on the same note the western movies the schizophrenic person is genius or at least endowed a special gift (Owen, 2012). In many movies, patients with schizophrenia are perceived to be "genius or extraordinary creative ability" (Rosen & et al., 1997).Contrary to the movie depiction presents the mentally ill people vulnerable to violence against self and other. According to research conducted on patients of schizophrenia,

they are on the recipient end of violence (Teplin et al., 2007). Most of the violence that is prevalent among patients of schizophrenia is upon them, suicide rates are 16 times higher than the general population (Limosien et al., 2007).

The last but not the least stereotype is the pejorative language that is used to depict people with mental illness in the movies “crazy”, “mad”, “losing your mind”, “Psycho”, “deranged” and physically depicted as with dirty teeth, shabby hair and tattered cloth (Pirkis et al., 2005).

The African depiction of the mentally ill has been found to be different. For example, Nigerian movies don't depict the mentally ill as primarily violent (Atilola & Olayiwola, 2011; Khadija & Folashade, 2019). This is in stark contrast with the movies that depict people with schizophrenia as violent and killers (Wahl, 1992). In this regard the Nigerian movies seem to represent mentally ill people without a tendency to violence when provoked (Khadija & Folashade, 2019).

According to the researcher observation the Ethiopian context seems saturated with stereotypes. First, the mentally ill are violent. By default people run away from them assuming that they are dangerous. These seem to hold with those with positive symptoms. Second, they are considered to “dirty”. That means they do not keep their personal hygiene. Third, they are considered to be demon possessed. They are often called “Ebid (Crazy)”.

As observed above the western and non western depiction of people with schizophrenia seems to be steeped with stereotypes. The most violent images are portrayed in the western movies. In the non western movies they are depicted as possessed.

## 2.4. Implications

The scientific and movie depictions of schizophrenia are by far clarified to the mind of the researchers. The causation of schizophrenia though predominately biological there is a room for psychosocial causation. The Symptoms of schizophrenia include both the positive and negative symptoms as described in DSM and ICD. Treatment is the same as well there are biological antipsychotic and psychosocial treatments that are available. Though the research is continuing much is accomplished so far.

When it comes to movie depiction of schizophrenia, the findings seem to be significantly different from the clear depiction from the scientific perspective. The causation of schizophrenia in the western movies is mildly biological but primarily psychosocial factors. In a clear opposition to this the African movies depict the causes of schizophrenia to be tied to Religion or Spirituality. The symptoms in the two cases are the same but contrary to scientific findings movies emphasize the psychotic positive symptoms. This might be for the sake of dramatic effect. However in African movies the treatment is Religious or spiritual but in western movies scientific medication has an ample room. The role of significant other for the healing of the patient is highly emphasized in the western movies, these in a clear departure from the scientific depiction of the undeniable role of the antipsychotic medications. The one similarity that ties the two cultures together is stereotypes. Primarily people with schizophrenia and even other mentally ill people are grossly stereo typed as violent.

As we compare the scientific depiction of schizophrenia to the movie depiction of schizophrenia the difference is visible. As far as our literature review is concerned the cause, symptoms, treatment of schizophrenia and people with schizophrenia are not represented faithfully. Due to lack of sufficient research focused on portrayal of a particular illness like schizophrenia in the movies in the other world including Africa and Ethiopia, the research

aspires to fill that gap by investigating the portrayal of schizophrenia in Ethiopian commercial movies.

## **2.6. Theoretical framework**

This research is guided by Social cognitive theory of Albert Bandura which accounts for learning of a behavior through exposure to media portrayals (Rasit et al., 2015; Pajares et al., 2009). The theory was developed as a Social Learning Theory which asserts that learning occurs in the interaction between personal, social and environmental factor.

Albert Bandura in his 2001 article admits that “symbolic communication influences human thought, affect and action” (Bandura, 2001). In order that to happen through the media three factors come in to play. These are: Personal factor, behavioral and environmental factors (Bandura, 2001). The personal factors the cognitive, affective factors that help the individual learn from the media content the person is exposed to. The behavioral factors are responses the individual receives from its environment in terms of positive or negative reinforcement (Bandura, 2001). The environmental factors are factors that inhibit or enhance a behavior. This research uses social cognitive theory to ascertain the model (Pajares et al., 2009) provided by the portrayal of schizophrenia in Ethiopian commercial movies that creates the possibility of acquiring knowledge concerning the causes, symptoms, treatments, and stereotypes of schizophrenia.

## **CHAPTER THREE: RESEARCH METHODS AND PROCEDURE**

### **3.1. Study design and setting**

The research design used in this research is Qualitative Content analysis. Qualitative Content Analysis is a research method that allows us to investigating the occurrence of an art form (e.g. image, speech) in the chosen sample (Macnamara, 2005). Even though it was formulated to analyze a political propaganda during World War I, it has become an essential research method to study “portrayals of violence, racism and women in television programming as well as in films” (Macnamara, 2005, p. 1; Elo S et al., 2014).

The researcher found content analysis to be the preferred means of investigating portrayal of cause, symptoms, treatments and stereotypes of schizophrenia in Ethiopian commercial movies. This is because it is a content sensitive method, flexible as research design and it is not just counting occurrences of certain terms and action (Elo S et al., 2014). However the researcher is well aware of the limitations of this method. The most prominent one being “researcher bias” (Macnamara, 2005). It is the researcher’s inclination to embrace certain type of explanation without external confirmation. This can be remedied by recruiting a professional trained rater to verify reliability of the analysis via inters rater reliability.

### **3.2. Defining the universe**

Universe (or population) is “a theoretically defined, complete group of objects (people, nonhuman animals, institutions) from which a sample is drawn to obtain empirical observations and to which results can be generalized.” (Vandenbos, 2015, p.808). The universe of this research is commercially produced Ethiopian movies that depict a mentally ill character. An online search of Ethiopian Movie Data base (EtMD) and Websites, visiting several video shops,

talking to movie production studios, actors and movie fans and browsing You Tube channels resulted in 18 movies.

### 3.3. Sample selection

Sampling is “the procedure the researcher uses to gather people, places or things to study” (Kombo & Tromp, 2010). The study employed a non-random purposive sampling that “allows the researcher to use cases that have the required information with respect to the objectives of his or her study” (Mugenda & Mugenda, 2003, p.50). To that end the researcher devised the following criteria for inclusion and exclusion in and out of the sample:

- A. **Movies that are produced in Amharic.** As a language spoken by the majority of Ethiopian almost all movie production is accomplished in Amharic language. Therefore selecting Amharic movies would enable the researcher access several movies. In addition to that the researcher and his assistant are native Amharic speakers.
- B. **Movies that consists of at least one Character with schizophrenia that plays a significant role in the movie.** A significant role can be assessed by removing the characters from the movie and if the movie doesn't make sense without it significant, if not it is insignificant. In addition to significance that character has to fulfill criteria of schizophrenia. According to DSM –IV -TR (APA, 2000), the minimum diagnosis of schizophrenia is hallucination, delusion and tangible cognitive dysfunction. Based on this criterion movies that include at least one character with these symptoms were included and others were excluded.
- C. **Movies that were produced between 2008- 2021.** Movie production in Ethiopia begun in the early 19<sup>th</sup> century, however the expansion of the industry and the availability of movies through Video Disc, Television, latter on the internet and satellite television was

opened after the Ethiopian Millennium (2008). This makes movies more influential than previous ages of production. Not only that but the production rate and quality have increased dramatically. Therefore, this researcher finds selecting movies after the Ethiopian Millennium to date relevant to the subject of our study.

After watching 18 movies thoroughly six movies (Appendix A) were selected based on the above criteria and because they fulfill the sample requirement for the research to be viable (Kombo & Tromp, 2010).

### **3.3. Methods of data collection**

Method of data collection is the means of extracting data from the selected samples. (Kombo & Tromp, 2010). As the purpose of the research clearly states, this research aims to identify the portrayals of causes, symptoms, treatments, and stereotypes of schizophrenia in Ethiopian commercial movies. As the research is qualitative content analysis the major data collection instrument was a coding sheet (Appendix C). This coding sheet was developed based on the coding guide line (Appendix B) which in turn is based on the literature review. It consists of the demographic characteristics of individuals with schizophrenia and causes, symptoms, treat, treatments, and stereotypes of schizophrenia. The primary sources of information for these research are the six movies identified based on the above mentioned criteria (see section 3.2). And the secondary data was gleaned from the scientific literatures.

### **3.4. Coding content**

Coding is the process of extracting data from the sample in order to achieve the purpose if the research (Elo S et al., 2014; Mugenda & Mugenda, 2003). The data coding began by

providing training for the assistant rater and conducting a pilot coding. After pilot coding, the coding guide line and coding sheet were revised accordingly.

When the preparation was complete the independent coding began in light of the categories. After watching movies more than five times issues pertaining to the demographic description of the characters and causes, symptoms, treatments and stereotypes of schizophrenia were note carefully on individual coding sheet in narration and where necessary supporting original quotations were included. This required watching the explicit words actions and implicit relationships of the characters as well as significant others as it relates to the character with schizophrenia. This data was filled in to the coding sheet, the inter coder reliability calculated differences discussed and the data was organized and made ready for analysis.

### **3.5. Data analysis**

Data analysis is the process of identifying, organizing and investigating data. In this Qualitative content analysis, the data analysis method chosen was deductive data analysis. It is a a qualitative data analysis method used when “the structure of analysis is operationalized on the basis of previous knowledge...” (Elo S et al., 2004,P.109). Since our research has a clear cut research is based on previous knowledge that data analysis was conducted based on those categories. First, the raw data was collected and grouped from each coding sheets under respective categories (general descriptions, causes, symptoms, treatments and stereotypes). Then, the data was analyzed thematically, defensible inferences been made about the data and the findings were reported on the basis of the research questions

### **3.6. Validity and reliability**

The question of validity and reliability of a Qualitative Content Analysis is “s an evolving process, rather than simply a focus on the end product” (Syed & Nelson, 2015), however the



researcher has utilized various means of assuring validity and reliability of the research. According to Elo S et al (2004), there several ways of assuring the reliability of research findings. Some of the following has been clearly used in this research to ascertain the validity and the reliability of the research:

1. Succinctly described data analysis and findings
2. The ability of the categories to include the data
3. “defensible inference” (p.110)
4. An obvious connection between findings and data
5. Original quotation that support assertion

The other factor that further ascertains the reliability of this research is the use of intercoder reliability. Inter coder reliability can only be calculated by using a trained rater. After coding the data, if the inter coder reliability or Cohen’s Kappa (k) more than 0.7 the research is reliable (Neuendorf, 2002; Elo S et al., 2004; McNamara, 2005; Syed & Nelson, 2015). According to the researcher these two reinforcing factors strengthen the reliability of the research

### **3.7. Ethical Consideration**

Since the purpose of this research is to investigate the portrayal of schizophrenia in Ethiopian Commercial movies the following ethical guide line will be followed strictly:

1. This researcher takes full responsibility for the contribution and consequences of this research.
2. Utmost care will be taken to accurately represent their work in the process of this investigation.

3. The researcher will take the necessary care not to hurt the patients as well as those who portrayed the patients.

## CHAPTER FOUR: FINDINGS

The chapter presents the findings of the study in the thematic areas of the portrayal of schizophrenia in terms of causes, symptoms, treatments and stereotypes in Ethiopian commercial movies. Of the 18 movies viewed, six were included in the analysis based on the inclusion criteria. These movies were more than 9 hours in length altogether. All the movies were watched by the researcher and an assistant. The inter-rater reliability was found to be 91% and all the discrepancies were discussed and resolved through consensus.

### 4.1. Demographic characteristics of the characters with schizophrenia

In this study, six movies were reviewed: *Abro Abed* ('Co crazy!') (2012); *Sile Enat Lij* ('For the Sake of the Son of my mother!') (2014); *Haryet* (2015); *Aleme* (*My World*)(2015); *Yabdkulet* (*When I become crazy*) (2015); *Wedde Huala* ('Back Wards')(2018). Please see Appendix A for synopsis of these movies.

Of the characters with schizophrenia identified from the movies included in this study, four were male and two female. Four of the characters were young Adults (age 20 – 39 years) and three characters were middle aged (age 40 – 54 years). Four of the characters were found to be single, one character widowed and the other one was separated. As to their socioeconomic status, five of the characters were from a lower economic status and one from a higher socioeconomic status. Four of the characters played a minor role and two played a major role.

For details of the demographic characteristics of the characters in the movies included in this study, see Table 1.

**Table 1:** Demographic characteristics of the characters

<b>Title of the movie</b>	<b>Name of the character</b>	<b>Sex</b>	<b>Estimated age</b>	<b>Marital status</b>	<b>Socioeconomic status</b>	<b>Role in the movie</b>
<i>Abro Abed</i>	Erest	Female	20-39	Single	Low	Minor
<i>Sile Enat Lij</i>	Mekuanent	Male	40-54	Single	Low	Minor
<i>Haryet</i>	Habtamu	Male	40-54	Separated	Low	Minor
<i>Aleme</i>	Samson	Male	40-54	Widowed	High	Major
<i>Yabdkulet</i>	Fiori	Female	20-39	Single	Low	Major
<i>Wedde Huala</i>	Ewnetu	Male	20-39	Single	Low	Minor

#### **4.2. Portrayed causes of schizophrenia in Ethiopian commercial movies**

All the movies reviewed in this study portrayed traumatic life experiences as causes of schizophrenia. For instance, in *Aleme*, Samson's schizophrenia was caused by an accident at a construction site. As he was purchasing items from the ground floor of a building under construction, the construction Elevator fell on their car and killed his wife and child instantly. He lost consciousness. Even though he regained his consciousness at the hospital, he did not accept the reality of the death of his wife and child. In his denial, he started to live his normal life with two dolls – 'his wife' and 'his child'. The movies depicted narrator, "God" tells the story of Samson. He confirmed the cause of his illness the denial of the reality of the death of his wife and child. Then, 'God' the narrator of the entire movies said the following:

*Look! When I do what I like on my property, he insisted not to lose them. When he lost them for an accident, he is wandering in another world searching for a medicine to cure his loneliness. He by faith weakened himself but others call him crazy.*

The Narrator referred to Samson's Wife and Child as "my property". When Samson lost them through accident, it was God who did what he liked. Samson did not accept God's right. That led him to "wandering in another world searching" for medicine to cure his loneliness. Therefore, the cause of Samson's schizophrenia is his denial of the death of his family (at least from God's perspective).

In *Haryet*, Habtamu's schizophrenia was caused by "three" traumatic events. He often utters the "three" as he expressed this. Here is how he described it to Roman, who is his rescuer:

*After a tedious dispute, I was forced to leave my job and took clearance letter. My wife had hand in it that she welcomed me with a random argument..... [as I returned from bus station to my home] I heard a voice from the bed room. I couldn't believe my eyes. Thereafter, I got lost. I couldn't remember any other thing.*

The first factor was the loss of his job through the plot of his colleagues and his wife. The second factor was his wife's continuous nagging and the last one was catching her in the act of cheating. He summarized his experience as "I got lost. I could not remember anything". That was the onset of schizophrenia.

In *Abro Abed*, Erest described the onset of her schizophrenia in a similar way:

*I stayed there [Military Academy] for three years and I fell in to the trap which my friends prepared. They accused me of following a political ideology opposed to the ruling party and quoted an article I was banned indefinitely..... Then when I went home my mother was not alive. Since we don't have other family and relatives, the bandits and thieves looted our house and taken our land. Everything that happened was like a dream ...Then I met my father's friend, he gave me a flag my father took with him when he went*

*on mission to the war front. ... I started my journey laughing and crying. I don't remember what happened since then.*

Mekuanent's schizophrenia in *Sile Enat Lij* arose from an accident that led to the "perceived drowning" of his younger brother in a river. It was followed by his mother immediate death and the disappearance of his father.

In the movie *Wedde Huala*, the character Ewnetu attempted to reform the academic standing of the university of which he was a part of. He wanted to reform it from an institution that talks about what the Westerners do to an institution that integrates the indigenous knowledge and does something practical. He failed. That is what caused his schizophrenia. This is described by Maren a girl who knew the entire story:

*According to the community he is bewitched by the flesh of a Parrot. However the real story is that his father advised him not to be like the birds, that don't have their own language, and that just repeat what they told. If you do that you are a parrot. He tried everything to change the academics. He did not succeed. So he said Even if I did not succeed, I want to cry to the next generation, whether they understood it or not, not to be a parrot.*

There is an obvious thrust of the *Wedde Huala* that the current status of Ethiopian Universities in their reliance on an imported impractical knowledge than indigenous and practical knowledge. Ewnetu's failed attempt at reforming the University where he studied and became its professor was probably caused his schizophrenia. After an acceptance meeting with the university leadership, the old professor challenged the new professor and the leadership team to "Test everything but hold on to that which is good". When the met by the road and talk about the need for the reform and the sacrifice it

demands, the professor points to the mentally ill Ewnetu and uttered emphatically: “Here is Ewnetu!”. Professor Brook asserts, “*Is this Ewnetu?*” in disbelief. Later in the movie he said, “*I have arranged for Ewnetu’s treatment...*” accepting the mental illness.

Fiori’s onset of schizophrenia in the movie *Yabdkulet* is gradual. Having fallen in love with Nathan, she attempted many ways to grab his attention. However, she did not succeed. As she knew him as a psychiatric doctor, she had only one chance. Let us read the dialogue with her friend:

*Martha : Fiye, please don’t wear yourself out trying to get the one who is not available.*

*Fiori: I will get hold of him.*

*Martha: When will that be?...*

*Fiori: When I became crazy?*

After this incident, she shouted and fainted. Her friend went out to call Nathan who was their neighbor, he checked her pulse and he assured her that she is okay. Then, after a while she opened her eyes and said, “*I am crazy whose craziness helped me to be caroused by the hand of Nathan*”.

However, as she continued in her experiment of attracting Nathan’s attention she was admitted to the hospital. Even though she was close to him, he had gone abroad for further study. That led to her actual episode of schizophrenia followed by the negative symptoms.

#### **4.3. Portrayed symptoms of schizophrenia in Ethiopian commercial movies**

In the movies reviewed in this study positive symptoms were observed in the majority of characters and there was one character with predominantly negative symptoms.

## A. Auditory Hallucination

Auditory hallucination which was observed on the majority of the characters refers to the hearing of voices that do not have physical source. In the movie *Abro Abed*, Erest a character with schizophrenia had a significant episodes of auditory hallucination. She referred to these people that exclusively speak to her and give instruction to her as “they”. In the movie when she met Eyob with a woman, a man and his psychiatrist friend, she told them that they have been instructed by these people to leave. For example, she said Eyob’s psychiatrist friend, “*They have told you to return to your work. If not they will discipline you citing an article and number (አንቀጽ እና ቁጥር).*” In addition to that when she wanted him to eat biscuits (two times) she said, “*They don’t have a rule (Article) but have obliged you to eat!*”

The character Mekuanent in *Sile Enat Lij* always went to the river where the accident happened in his childhood. Whenever he went there he “talked” his “brothers”. “Brothers” are not actually two separate people: they are the childhood images of himself (Mekuanent) and his brother (Abush/Mewded/ Markon). One evening sitting by the riverside he said, “*Let me tell you a story. Once up one a time there was a mother... there was a bird.....there was an elephant....*” He talked with them as if he is making a conversation. At another time he brought clothes to the river and said “*I have brought you cloth. You wear these cloths. Abush wears this one. Mewded you will wear this when you go to school. Okay?*”. At another event, when he saw children playing football he talked to them as if they are his “brothers”. He shouted, “*Abush give the ball to Mewded ...pass the ball*”.

Samson (*Aleme*) had always “talked” to the two dolls which he perceived as his wife and his child. Hiwot, his psychiatrist, reported this to her colleague Biniyam as follows:



*He has accepted the dolls as his wife and his child. He is living his life. He carries them around. He talks to them and they respond to him.*

Though Hiwot claimed talking to him, she never heard of their voice but deduced from his line of conversation. In another incident in his house, Samson gossips about Hiwot to his “wife” (the doll) saying:

*How can a person [Hiwot] come to another person’s house and stays indefinitely? It is unpleasant! .... We have lost our privacy! It is unpleasant!*

Even the narrator in *Aleme*, “God” admitted Samson’s talk, “A person cannot defy the right of the owner to take away his property [God’s right to kill his wife and child], by talking to inanimate objects [dolls]”.

In the movie *Wedde Huala*, Ewnetu talked with two kinds of entities. First, he talked to “invisible” people like “the Musician (አዝማሪ)” :

*Tell him! Tell him! Get this [ a poem]*

*My country says no to this kind of people,[ ከንዱ ወዳንዱ አመላላሽ ወሬ፤*

*Who pass gossip from one to another. አትፈልግም ኢ ትዮጵያ ሃገሬ ]*

Not only had to people but he also talked to inanimate objects like Lake Tana. After he had expressed the water, cattle resources of Ethiopia, he lamented, “*Let me finish my Tana .... If we are morons what can they [the Foreigners] do?*”

## B. Delusion

Delusions are false beliefs about reality contrary to the empirical evidence. In *Haryet*, Roman attempted to pay a visit to Habtamu, however she got scared and run away leaving her shoes (one leg). When he found Roman's shoes, he examined it rather carefully and concluded:

*Did they come to attack me with this now? When all their trial of attacking me failed, they use woman's shoes? I will keep it here and I will see what else they will use. Nothing gonna happen!*

He perceived the situation as an attempt to bewitch him by them whom he called "the people". Based on the advice offered by psychiatrist doctors, Roman disguised herself as a mentally ill person and approached Habtamu. In one of their meeting at his place, he offered food and tried to hand feed her. When she tested the food, she vomited. As he saw her vomiting he encouraged her to continue and said "They *might have mixed it with poison. They want to kill us. Spit it out*". Even though all people are not portrayed to be out to attack him Habtamu said, "Do *not trust people!*" This is indicative of his delusion of persecutory type in that he perceived everybody intended to hurt him and particularly to poison him.

Samson from *Aleme* has lost his wife and child for an accident. However he believed as if they were are alive as the dolls.

This further expressed his attempt to carry his wife to a nearby pond and sit with her by its side and sang to her: He believed his wife is alive. In his belief that his child and wife are alive he talked, fed, slept with them. For example, he reasoned with his daughter ("the doll") as follows:

*Samson: .....She is a good person. Isn't She? ..... I also think she is a good doctor.*

*....She is good because ... She listens to all of us.*

Not only talking with them, he provided food and drank and slept with them.

This was also observed in *Sile Enat Lij*. Mekuanent believed that his “brothers” are alive. As mentioned briefly above, his conception of his brothers is different. First, they are himself (Mekuanent) and Mewded (also called Abush later Markon). Even though he witnessed the death of Mewded, he firmly believed he is still alive and living in the river. Second, his relationship with these two figures in the river was different. He not only talked with them and told them stories, but he also took food, cloth and shoes and threw it in the river.

#### **D. Disorganized Behavior and speech**

Disorganized behaviors are behaviors that are not related to normal life of a human being. In *Haryet*, Habtamu repeated the words “ *Three! Yes, I did right!* (ጎሽ እንኳን) ” several times accompanied by pointing his three fingers in horizontal direction. These words did not have meaning by themselves unless related to his “three causes” of schizophrenia. In *Abro Abed*, Erest uttered the word, “*Make me laugh!* (አስቀኝ) ” whenever she got Eyob alone. This is followed by giggling. She also had a way of pressuring people to leave by rotating her head and shivering her body. In addition to Habtamu and Erest, Ewentu in *Wedde Huala* had similar behavior and speech. He usually walked “backward” and he giggles “go back ward!”.

In another note, the case in point of a coherent disorganized speech is that of Mekuanent in *Sile Enat Lij*. As he attempted to tell a story to his “brothers” he said, “*Now, I will tell you a*

*story! Once upon a time there was a mother ...a bird ...there was an elephant....”* And also as he cooked bones to invite his “brothers” he said, “*Abush we will eat meat. Meat is a good animal.*”

#### **4.4. Portrayed treatments of schizophrenia in Ethiopian commercial movies**

In all of the movies reviewed in this study, except one, there was some kind of treatment portrayed. The major treatment avenue was found to be a romantic support, followed by social, religious, and biomedical help. Let us unpack them one by one.

##### **A. Romantic support**

In *Abro Abed*, *Haryet*, *Yabdkulet* and *Aleme*, romance was portrayed as an immediate and ultimate remedy. In *Abro Abed*, Eyob sacrificed everything to help Erest to get medical treatment. The psychiatrist friend of Eyob in his conversation with his siblings described Eyob’s sacrifice in his attempt Erest get a treatment as follows:

*He has abandoned his job. He had quarreled with you [his sister and brother]. He will also quarrel with me today. Finally, he will quarrel with himself. If you continue in your silence, no doubt that instead of offering help to Erest he will need your help. .*

In a similar manner Roman in *Haryet* pretended to be mentally ill to help Habtamu restart his medication and receive psychiatric help. She risked her relationship with her boyfriend (Kaleb), her sister and society to support him. Here is how she depicted her empathy to Habtamu to her boyfriend:

*Imagine someone you used to know in his health, a good looking guy, a genius guy, not anticipated being mentally ill and destitute. Isn't it sad when everything about him loses value and comes to nothing?*

Having learned Fiori's story (of loving him) from her dairy, Dr. Nathan (in *Yabedkulet*) took her to his house to take care of her. He also endangers his work because of unproportional time he spends with her. Here is how his boss confronted him about his unproportional time investment to help Fiori:

*Boss: The information I received endangers the trust this hospital in you [Dr. Nathan and his friend]*

*Dr. Nathan : What information made you lose trust?*

.....

*Boss : you are not at the office during working hours. Because of this the work of the hospital is affected.*

Hiwot in *Aleme*, traveled outside of the city to stay at Samson's Farm house to follow up on Samson and encourage Ato Hirpo. Here is her conversation:

*Hiwot: Gash Hirpo! There is no other person to consult about Samson's case. His case is different. It is impossible to help him with my profession.*

*Hirpo : I didn't understand my daughter?*

*Hiwot : His case has become beyond knowledge and science. .... Temporarily, we need to accept the dolls as he does.*

As it clearly depicted above ,the romantic support of character like Eyob, Roman, Hiwot, Dr. Nathan and their sacrifice was found to be the very first avenue of treatment in the majority of these movies.

## B. Social support

Social support is a type of treatment provided by people outside of people romantically attached to patients. These were found to be seen in four movies. The social support was primarily by the network created by those romantically attached to patients. In *Abro Abed* Eyob's sister Bitu was part of this social support. She visited her in the hospital, massaged Erest's leg, answered her questions about Eyob and she was instrumental in the financial provision for psychiatric treatment. In *Aleme* the social support came from Ato Hirpo. The narrator describes him among those who tried to wake Samson up from "*his day dream and show him the way.*"

He asked the priest to pray for Samson and sprinkle him with Holy water. He called Hiwot, encouraged her to stay with him and finally to be his life partner. He even confronted him to accept the reality of the death of his wife and Child.

In *Yabdkulet* the social support came primarily from her friend Martha. When she came from abroad and became aware of Fiori's mental illness, she offered to take her to her house. She helped her by providing physical exercise training to help with her movement, keeping her personal hygiene and did her make up as well as took her to her places to relax. Nathan's friend was also part of this social support group. The social support was provided by those who are not related biologically, however in *Sile Enat Lij* Mekuannet's support was from his blood brother. Markon came from Sweden to search for his brother. After he found him, he arranged for him to get a psychiatric help. When the psychiatric doctor encouraged him to help his brother, he went to the point of pretending to be mentally ill. In addition to that the help received from his friend Behailu was indispensable in finding the doctor and showing him around.

## C. Bio-medical treatment

In the majority of movies reviewed in this study the characters have received some kind of medication. Even though the type of medication provided for Erest is not clear she had received medication. In the case of Mekuanent , though he was not admitted to hospital for mental illness , it is implicitly stated that he received some kind of medication. In *Haryet* Roman succeeded in taking Habtamu to get a psychiatric medication and continue taking the medication despite his opposition by saying “It contracts my muscles”. In *Yabdkulet Fiori* was exposed to hospitalization and medication with the help of Dr. Nathan. Even though the kind of medicine was not explicitly stated, she was taking medication.

#### **D. Religious Support**

Half of the characters in the movies received some kind of religious support .The first one was Samson who received a prayer and a holy water from a priest which seemed to play an imminent role to his healing process. Here is a religious means of treatment expressed by “God”:

*When my children commit mistakes, I don't want to hurt them for I am not cruel.*

*Therefore, I have sent a heavenly medicine as a last resort.*

In *Abro Abed* we saw Eyob putting ‘a prayer book composed from psalms in the bible and prayer (ዳዊት)’ under Erest’s pillow and kissing the Bible. Immediately, Erest woke up. In *Haryet* despite the significant improvement due to bio-medical treatment, total healing occurred when Habtamu went to get holy water. There is no trace of spiritual treatment in the movies *Sile Enat Lij, Yabdkulet and Wede Huala*.

#### 4.5. Portrayed stereotypes of schizophrenia in Ethiopian Commercial movies

Stereotypes are negative generalizations about a certain group like people with schizophrenia. In this study, we found three types of stereotypes against people with schizophrenia.

##### A. Dirty

This stereotypic image was ingrained into the movies to depict the external appearance of a person with schizophrenia. In all the movies reviewed in this study, all characters except Samson were depicted as “dirty”. Almost all of them had shabby hair, tattered cloth, unclean hands and body. Here is how Roman describes Habtamu’s hair in *Haryet*:

*Roman: Your hair is much drained.*

*Habtamu: Tomorrow, I will treat it with some ointment.*

*Habtamu : I don't want. It is utterly dry!*

##### B. Violent

In Ethiopian commercial movies all characters with schizophrenia are thought to be “violent”. This was not explicitly stated in the movies. However, when we looked at the way people (except those romantically attached to them) responded, it was a clue to the way they thought. This did not diminish their actual violent actions.. In *Abro Abed* we saw Erest chasing people away from Eyob by shaking her head violently. In *Sile Enat lij* we saw Mekuanent hurting his brother Markon, a guard at the guest house. In *Haryet* Habtamu scared Roman when they met two times. In *Aleme* Samson tried to hurt himself by strangling his neck with a scarf. In



*Wedehuala* Ewentu chased Professor Brook. In *Yabdekulet* Fiori attempted to attack the nurse when she told her the news that Nathan has gone abroad:

*Fiori : Where is Dr. Nathan?*

*Sister : Yes?*

*Fiori : Where is Dr. Nathan?*

*Sister : He will come!*

*Fiori : (Shouts in a louder voice ) Nathan! (Tries to strangle the nurse and the guard hold her down)*

### **C. Crazy ('Ebid')**

There was one word used for people with schizophrenia and people associated with them. It is 'crazy' (እብድ). It was used in all the movies. It was frequently used with non- professionals. In *Haryet*, Kaleb's friend Surafel said: "*Come on! What is wrong with you guys? What can we do for the utter crazy? It is a country where the number of the crazies is greater than that of the healthy!*" There were words with singular occurrences. In *Yabdkulet* "Sicko" ('ድግድ') used several times against Fiori and another used against Habtamu "*Chelele*(ጭለለ)" ('went nuts').

So far we have discussed the causes, symptoms, treatments, and stereotypes in Ethiopian commercial movies and delineated the findings. Before we proceed to discuss the findings, let us put the summary of findings as follows.

**Table 2**–Summary of portrayed causes, symptoms, treatments and stereotypes of schizophrenia in Ethiopian movies

<b>Title of movie</b>	<b>Character's name</b>	<b>Cause</b>	<b>Symptoms</b>	<b>Treatments</b>	<b>Stereotypes</b>
<i>Wedde Huala</i>	Ewnetu	Traumatic life Experience	Auditory Hallucination Delusion Disorganized Speech Disorganized behavior	_____	Dirty 'Crazy' (ኢብድ) Violent
<i>Yabdkulet</i>	Fiori	Traumatic life Experience	Delusion Disorganized behavior Alogia Ahedonia Avolition	Romantic support Social support	'Crazy' (ኢብድ)
<i>Aleme</i>	Samson	Traumatic life Experience	Hallucination Delusion	Romantic support Social Support Psychiatric support Religious support	'Crazy' (ኢብድ) Violent
<i>Haryet</i>	Habtamu	Traumatic life Experience	Delusion Disorganized speech Disorganized behavior	Romantic support Social Support Psychiatric support Religious support	Dirty 'Crazy' (ኢብድ) Violent
<i>Sile Enat Lij</i>	Makuanent	Traumatic life Experience	Auditory Hallucination Delusion Disorganized speech Disorganized behavior	Social Support Psychiatric support Religious support	Dirty 'Crazy' (ኢብድ) Violent
<i>Abro Abed</i>	Erest		Delusion Auditory Hallucination Disorganized speech Disorganized Behavior	Romantic support Social Support Psychiatric support Religious support	Dirty 'Crazy' (ኢብድ) Violent

## **CHAPTER FIVE: DISCUSSION**

### **5.1. Summary of the Findings**

This study investigated the portrayal of the causes, symptoms and stereotypes of schizophrenia in Ethiopian commercial movies. All the movies included in the study portrayed traumatic life experiences as a primary cause of schizophrenia. The predominant manifestations of the illness depicted in the movies are hallucination (particularly auditory hallucination), delusion and disorganized behavior and speech. The major means of treatment is a social support and the major stereotypes are perceiving people with schizophrenia as dirty, violent, and crazy.

### **5.2. Portrayed causes of Schizophrenia**

The study found that the main cause of schizophrenia, as portrayed in Ethiopian commercial movies, was found to be traumatic life experience. Traumatic life experiences are psychosocial life experiences that overwhelmed the participant in the past. These include accidents, an intentional hurt from people and failed attempt at a project.

This finding is consistent with studies conducted in Western countries more than studies conducted in African countries. According to Owen (2012) among the 41 movies she reviewed 10 of them depicted the cause of schizophrenia to be traumatic life experiences. In Another study, which reviewed 12 Hollywood movies, 7 of them portrayed traumatic life experience to be the cause of Schizophrenia. In non-Western movies, schizophrenia is primarily caused by spiritual causes. According to Aina (2004) of 25 movies reviewed, 12 of them have spiritual causation and in another study out of ten movies reviewed, 8 of them found the cause of schizophrenia to be cause spiritual.

The Ethiopian and Western movies portray on the causality of schizophrenia vis-à-vis African studies are far from the scientific conclusion. According to the scientific consensus the

major causes of schizophrenia is primarily biological and secondarily psychosocial (Gaebel & Zielasek, 2015; Khan, 2020). This fact is not reflected in Western as well as non-Western movies.

As a very religious country, why is Ethiopia different in its conceptualization of schizophrenia in its movies? First, it might be the influence of Western movies which incline towards scientific conceptualization. Second, since the writers of the movies are perceived as academically advanced and probably have read sufficiently they might consider the scientific perspective more than the religious and spiritual one. Third, the spiritual perspective seems to be obvious and irrelevant to create a dramatic effect.

### **5.3. Portrayed symptoms of schizophrenia**

In this study, the majority of characters in the movies reviewed exhibited positive symptoms. The major positive symptoms portrayed in the movies are auditory hallucination, delusion and disorganized behavior and speech. There is only one exception in the movie *Yabdkulet* and the character Fiori. She exhibited all negative symptoms. This finding is similar to the findings of Western researchers. According to Owen (2012) the predominant symptoms are delusion, auditory hallucination and visual hallucination. Elsayed (2015) asserts that all the characters in the movies exhibited auditory hallucination and the majority exhibited delusion. As reflected in the causes of schizophrenia, there is an obvious similarity in the depiction of schizophrenia in Western and Ethiopian movies.

Even though the African movies concur with the above findings (Aina, 2004; Atilola & Olayiwola, 2011; Khadija & Folashade, 2019), the scientific finding contradicts with this finding for the dominant symptoms of schizophrenia are negative symptoms (Owen, 2012, Elsayed,

2015; Noll, 2007). The prevalence of the positive symptoms in Western, African as well as Ethiopian movies might be attributed to the dramatic effect it creates in the movies.

#### **5.4. Portrayed treatments of schizophrenia**

This study found out that the portrayed dominant means of treatment is romantic support followed by social support, bio medical support and religious support. Even if romantic support is emphasized by Western researches (Swaminath & Blinder, 2009; Gabbard & Gabbard, 1999), the empirical evidence seems to point to another direction. According to Owen (2012) in 41 movies she reviewed only in ten movies found romantic support to be relevant. In Elsayed (2015) there is no romantic support at all. This means the Western movies seem to prioritize bio-medical support, whereas Ethiopian movies depict romantic support at the highest level. In African movies the role of romantic support is negligible (Atilola Olayiwola, 2011; Khadija & Folashade, 2019).

The majority of the movies reviewed portrayed the significance of social support not less than the romantic support. The romantic support is the bridge that connects the patients to their social web of support. In Western and African movies the role of social support is negligible in terms of mental illness. However, in Ethiopian movies social support contributed to the recovery of patients in five movies.

To the surprise of the researcher, biomedical treatments were implicitly and explicitly stated in the majority of the movies. Owens (2012) found out that anti-psychotic medications are explicitly stated or implied in 23 of 41 movies she reviewed. Elsayed (2015) finds only one occurrence. In African movies reviewed by Aina (2004) only two people were hospitalized. This still shows that Ethiopian movies are closer to Western movies in their depiction of biomedical treatment.

Religious support or spiritual resources are found to be one of the means of treatment for people with schizophrenia as portrayed in the movies included in this study. In three movies, religious form of treatment is expressed. In the Western movies religious treatment is missing (Owen, 2012; Elsayed, 2015). The other three movies do not mention the use of religious support as a means of healing. In African movies religious support takes the preeminence. According to one research, of 25 movies reviewed 10 of them went to religious treatment (Aina,2004). In another research (Khadija & Folashade, 2019), 8 out of 10 movies reviewed reflected religious form of treatment.

In terms of religious support, Ethiopia seems to differ from its neighbors and the Westerners and stand by itself. The finding is quite contrary to the actual life of Ethiopians as discussed above and the depiction of African movies. In African movies the cause and treatment of mental illness come from religious means. In Nigerian movies, psychiatric help is represented in two movies (15.4%) and religious support is four times higher (61.5%). These treatments include incantation, prayers, and magical spells (Khadija & Folashade, 2019). Compared to the predominantly Western perspective; this seems to be closer to the reality in the Ethiopian context.

### **5.5. Portrayed stereotypes of schizophrenia**

In all movies reviewed in this study, most of the characters are found to be depicted as dirty, considered as violent and called crazy ('Ebid'). Almost all the characters depicted as "dirty". This was observed in five movies. Even though this might be considered as one of the signs of schizophrenia in most clinical setting, people with schizophrenia are not like this. This stereotype was confirmed by Western (Stout et al., 2004; Dinan, 1999; Pirkis et al., 2005;

Beachum, 2010; Atilola Olayiwola, 2011; Khadija & Folashade, 2019) and as well as African studies.

However, in the case of this study, people with schizophrenia are almost always considered as violent, and except one all acted violently. Similar to non-Western movie, this violence was perceived and provoked. In Western movies, the violence is not primarily against but oneself which is self-inflicted. There is similar occurrence in the movie *Aleme* in Samson's attempt to kill him-self.

The last stereotypic word was the word "crazy". It was used in almost all the movies reviewed. There is no difference between Western and African researches in this regard (Atilola & Olayiwola, 2011; Owen, 2012; Elsayed, 2015; Khadija & Folashade, 2019).

## **CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **6.1. Summary and conclusions**

This study aimed at investigating the portrayed causes, symptoms, treatments and stereotypes of schizophrenia in Ethiopian commercial movies. Qualitative content analysis was used to identify themes and sub-themes in line with the research questions. This study found that according to Ethiopian commercial movies, the main cause of schizophrenia is traumatic life experiences, the major symptoms of schizophrenia are auditory hallucination, delusion and disorganized behavior and speech. The most important treatment for people with schizophrenia was found to be a romantic support followed by a social support. All the movies reviewed portrayed people with schizophrenia as dirty, violent and crazy in terms of stereotypes.

### **6.2. Recommendations**

Based on the findings and conclusions, the researcher would like to make the following recommendations:

#### **A. To mental health Professionals**

As this study clearly highlighted a gap between in the movies and the science, there is need for mental health professionals to educate the public about the causes, symptoms and treatments of schizophrenia. According to the movies the main cause of schizophrenia are traumatic life experiences which are psychosocial by nature. Contrary to this the scientific conclusion is predominantly biological. When it comes to the symptoms positive symptoms dominate but the scientific finding points in the direction of negative symptoms.

As movies are important sources of mental health information for the general population, it should be the role of the mental health professional to be a voice of conscious to the depiction



of people with schizophrenia in the movies. The professional must watch the movies and provide a constructive criticism to the producers and the media to make the necessary correction and amendment. Not only that they need to provide consultation service.

### **B. Movie professionals**

As this study clearly shown there is a gap between the movie portrayal of schizophrenia and the scientific facts about this schizophrenia. Therefore, writers, directors, actors that depict people with schizophrenia need to consult mental health professionals about the writer's portrayal and the acting by an actor and its depiction in the movie. That will provide them with a necessary knowledge to portray people with schizophrenia as accurately as possible.

### **C. Governmental and Non Governmental Organization**

The Government and Nongovernmental organizations should be aware of the role of stereotypes in obscuring the real people with schizophrenia. As clearly indicated in this study, people with schizophrenia are painted to be with exaggerated positive symptoms, dirty, crazy and violent. However, the scientific evidence points that the most common symptoms of schizophrenia are negative symptoms such as: alogia, avolition, muting etc. Therefore having been aware of this, stereotype the governmental and nongovernmental organization need to provide information as well as platform to support these people.

### **D. To Researchers**

This study is a pioneer in the area of movie depiction of schizophrenia in Ethiopia; however other researchers need to take the initiative to expand to other types of mental illnesses and to other types of media plat forms apart from movies. This will create an avenue where by

constructive criticism and consultation is provided to the general population as well as for the professionals, the media, policy makers, Governmental and Nongovernmental organizations and other researchers.

## REFERENCES

- Abdulahi, H, Hailemariam, D, Kebede D. (2001). Burden of Disease in Butajira, Southern Ethiopia. *EMJ*, 39(4), 271-281.
- Aina, O F. (2004). Mental illness and cultural issues in West African films: implications for orthodox psychiatric practice. *Medical Humanities*, 30, 23-26.
- American Psychiatric Association (2000). Diagnostic and statistical manual of mental disordersText Revised, Washington, DC: APA.
- Azorin, J. M., Belzeaux, R., &Adida, M. (2014). Negative Symptoms in Schizophrenia: Where We have been and Where We are Heading. *CNS neuroscience & Therapeutics*, 20(9), 801–808. <https://doi.org/10.1111/cns.12292>
- Bandura, Albert (2001). Social Cognitive Theory of Mass Communication, *Media Psychology*, 3:3, 265-299, DOI: [10.1207/S1532785XMEP0303\\_03](https://doi.org/10.1207/S1532785XMEP0303_03)
- Beachum, Lauren. (2010). The Psychopathology of Cinema: How Mental Illness and Psychotherapy are Portrayed in Film. [Honors Projects. 56.] <http://scholarworks.gvsu.edu/honorsprojects/56>
- Bustillo J, Lauriello J, Horan W, Keith S. (2001).The psychosocial treatment of schizophrenia: an update. *American Journal of Psychiatry*,158(2),163-75. <https://doi.org10.1176/appi.ajp.158.2.163>. PMID: 11156795
- Charlson, F. J., Ferrari, A. J., Santomauro, D. F., Diminic, S., Stockings, E., Scott, J. G., McGrath, J. J., &Whiteford, H. A. (2018). Global Epidemiology and Burden of

- Schizophrenia: Findings From the Global Burden of Disease Study 2016. *Schizophrenia bulletin*, 44(6), 1195–1203. <https://doi.org/10.1093/schbul/sby058>
- Chmielewski, Kristen Elizabeth. (2013). Silver screen slashers and psychopaths: a content analysis of schizophrenia in recent film. [Master of Arts thesis, University of Iowa] <https://doi.org/10.17077/etd.zb463ow7>
- Conklin, Heather M., Iacono, William G. (2003). At Issue: Assessment of Schizophrenia: Getting Closer to the Cause, *Schizophrenia Bulletin*, 29(3), 405–412. <https://doi.org/10.1093/oxfordjournals.schbul.a007015>
- Dawud, Muhammed. (Director). (2018). *Wede Huala* [Film]. Red Fox pictures.
- Dinan, T. (1999). Schizophrenia: Illness, stigma and misconceptions. *Irish Journal of Psychological Medicine*, 16(1), 3-4. doi:10.1017/S0790966700004936
- Elsayed MA. (2015). Schizophrenia in Hollywood Movies. *J Mass Communicat Journalism*, 5, 256. <https://doi.org/10.4172/2165-7912.1000256>
- Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K, Kyngäs H. (2014). Qualitative Content Analysis: A Focus on Trustworthiness. *SAGE Open*. <https://doi.org/10.1177/2158244014522633>
- Fearon, Paul, Morgan, Craig. (2006). Environmental Factors in Schizophrenia: The Role of Migrant Studies, *Schizophrenia Bulletin*, 32(3), 405–408, <https://doi.org/10.1093/schbul/sbj076>
- Gabbard, G. O., & Gabbard, K. (1999). *Psychiatry and the cinema* (2nd ed.). American Psychiatric Association.

- Gaebel W, Zielasek J. (2015). Schizophrenia in 2020: Trends in diagnosis and therapy. *Psychiatry Clin Neurosci.* 69(11),661- 673. [https://doi.org/ 10.1111/pcn.12322](https://doi.org/10.1111/pcn.12322). Epub 2015 Jul 1. PMID: 26011091
- Gesese, M.(2010). *A semiotic critical discourse analysis of selected Amharic movies: with difference between 'Zumra' and 'SemayawiFereese'* (MA Thesis). <http://etd.aau.edu.et>
- Getachew,Birhan (Producer). (2015).*Haryet* [Film] .Bireman film production.
- Hanley, Erika. (2015) Perception of Mental Illness Based Upon its Portrayal in Film. *HIM 1990-2015*, 609. <https://stars.library.ucf.edu/honorstheses1990-2015/609>
- Jablensky A. (2010). The diagnostic concept of schizophrenia: its history, evolution, and future prospects. *Dialogues in clinical neuroscience*, 12(3), 271–287.<https://doi.org/10.31887/DCNS.2010.12.3/ajablensky>
- Jedlowski, Alessandro. (2015). Screening Ethiopia: A preliminary study of the history and contemporary developments of film production in Ethiopia. *Journal of African Cinemas.* *Journal of African Cinemas*, 7(2), 169-185. [https://doi.org/10.1386/jac.7.2.169\\_1](https://doi.org/10.1386/jac.7.2.169_1)
- Kadri, N., & Sartorius, N. (2005).The global fight against the stigma of schizophrenia. *PLoS medicine*, 2(7), e136.<https://doi.org/10.1371/journal.pmed.0020136>
- Kifle, Dagmawit.(Producer). (2015). *Aleme*[Film]. Sabisa Films.
- Kinfe, Tesfaye. (Director). (2012). *Abro Abed* [Film]. Harambe Movies.
- Kombo,Donald A. and Tromp Dleno L.A.(2010). *The proposal and thesis writing :An introduction.* Acts Press.

- Limosin, F., Loze, J. Y., Philippe, A., Casadebaig, F., & Rouillon, F. (2007). Ten-year prospective follow-up study of the mortality by suicide in schizophrenic patients. *Schizophrenia research*, 94(1-3), 23–28.  
<https://doi.org/10.1016/j.schres.2007.04.031>
- Levey, S., & Howells, K. (1995). Dangerousness, unpredictability and the fear of people with schizophrenia. *Journal of Forensic Psychiatry*, 6(1), 19–39. <https://doi.org/10.1080/09585189508409874>
- Macnamara, Jim. (2005). Media Content Analysis: Its Uses, Benefits and Best Practice Methodology. *Asia-Pacific Public Relations Journal*. 6.
- Miyamoto S, Miyake N, Jarskog LF, Fleischhacker WW, Lieberman JA. (2012) Pharmacological treatment of schizophrenia: a critical review of the pharmacology and clinical effects of current and future therapeutic agents. *Mol Psychiatry*. 17(12),1206-1227.  
<https://doi.org/10.1038/mp.2012.47>. Epub 2012 May 15. PMID: 22584864.
- Mugenda, Olive M.(2003). *Research methods: Quantitative &Qualitative*. Pauline.
- National Alliance on Mental Illness National Institute of Mental Health (2006). The numbers count: Mental disorders in America. Retrieved April 19. 2021, from [http://www.nimh.nih.gov/publicat/ numbers.cfm](http://www.nimh.nih.gov/publicat/numbers.cfm).
- Noll R: *The Encyclopedia of Schizophrenia and Other Psychotic Disorders*. New York, Facts on File.

- Owen PR.( 2012). Portrayals of schizophrenia by entertainment media: a content analysis of contemporary movies. *Psychiatr Serv.* 63(7),655-659.  
<https://doi.org/10.1176/appi.ps.201100371>. PMID: 22555313.
- Pajares, F.M., Prestin, A., Chen, J., & Nabi, R.L. (2009). Social Cognitive Theory and Mass Media Effects.
- Putman S. (2008). Mental illness: diagnostic title or derogatory term? (Attitudes towards mental illness) Developing a learning resource for use within a clinical call centre. A systematic literature review on attitudes towards mental illness. *JPsychiatrMent Health Nurs.* 15(8), 684-93. <https://doi.org/10.1111/j.1365-2850.2008.01288>.
- Rasit, R.M., Hamjah, S.H., Tibek, S., Sham, F., Ashaari, M.F., Samsudin, M., & Ismail, A. (2015). Educating Film Audience Through Social Cognitive Theory Reciprocal Model. *Procedia - Social and Behavioral Sciences*, 174, 1234-1241.
- Rosen, A., Walter, G., Politis, T., & Shortland, M. (1997). From shunned to shining: doctors, madness and psychiatry in Australian and New Zealand cinema. *The Medical journal of Australia*, 167(11-12), 640–644. <https://doi.org/10.5694/j.1326-5377.1997.tb138920.x>
- Solomon, M., Azale, T., Meherte, A.Asfaw G.& Ayano G. (2018). Perceptions of the causes of schizophrenia and associated factors by the Holy Trinity Theological College students in Ethiopia. *Ann Gen Psychiatry*, 17, 43. <https://doi.org/10.1186/s12991-018-0213-3>
- Solomon, Ermias . (Diretctor). (2015). *yabdkulet* [Film]. Mekonen Film production.
- Soares-Weiser, K., Maayan, N., Bergman, H., Davenport, C., Kirkham, A. J., Grabowski, S., & Adams, C. E. (2015). First rank symptoms for schizophrenia.[*The Cochrane database of systematic reviews*], 1(1), CD010653.<https://doi.org/10.1002/14651858.CD010653.pub2>

- Souraya, S., Hanlon, C. & Asher, L. (2018). Involvement of people with schizophrenia in decision-making in rural Ethiopia: a qualitative study. *Global Health*. 14, 85. <https://doi.org/10.1186/s12992-018-0403-4>
- Stepnicki P, Kondej M, Kaczor AA.( 2018). Current Concepts and Treatments of Schizophrenia. *Molecules*. 23(8),2087. <https://doi.org/10.3390/molecules23082087>. PMID: 30127324; PMCID: PMC6222385.
- Stilo, S. A., & Murray, R. M. (2019). Non-Genetic Factors in Schizophrenia. *Current psychiatry reports*, 21(10), 100. <https://doi.org/10.1007/s11920-019-1091-3>
- Stout, P. A., Villegas, J., & Jennings, N. A. (2004). Images of Mental Illness in the Media: Identifying Gaps in the Research. *Schizophrenia Bulletin*, 30(3), 543–561. <https://doi.org/10.1093/oxfordjournals.schbul.a007099>
- Stuart H. (2003). Violence and mental illness: an overview. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 2(2), 121–124.
- Swaminath, G., & Bhide, A. (2009). 'Cinemadness': In search of sanity in films. *Indian journal of psychiatry*, 51(4), 244–246. <https://doi.org/10.4103/0019-5545.58287>
- Syed, M., & Nelson, S. C. (2015). Guidelines for Establishing Reliability When Coding Narrative Data. *Emerging Adulthood*, 3(6), 375–387. <https://doi.org/10.1177/2167696815587648>
- Tamminga, C. A., & Medoff, D. R. (2000). The biology of schizophrenia. *Dialogues in clinical neuroscience*, 2(4), 339–348. <https://doi.org/10.31887/DCNS.2000.2.4/ctamminga>



- Teplin, L. A., McClelland, G. M., Abram, K. M., & Weiner, D. A. (2005). Crime victimization in adults with severe mental illness: comparison with the National Crime Victimization Survey. *Archives of general psychiatry*, 62(8), 911–921.  
<https://doi.org/10.1001/archpsyc.62.8.911>
- Tesfaw, G., Kibru, B. & Ayano, G. (2020). Prevalence and factors associated with higher levels of perceived stigma among people with schizophrenia Addis Ababa, Ethiopia. *Int J Ment Health Syst* 14, 19. <https://doi.org/10.1186/s13033-020-00348-9>
- Teshome, Muluken. (Director). (2014). *Sile Enat Lij* [Film]. Yohannis Yibra film production.
- VandenBos, G. R., & American Psychological Association. (2007). *APA dictionary of psychology*. American Psychological Association.
- Wahl OF. (2003). News Media Portrayal of Mental Illness: Implications for Public Policy. *American Behavioral Scientist*, 46(12), 1594-1600. <https://doi.org/10.1177/0002764203254615>
- Wahl, O., Wood, A., Zaveri, P., Drapalski, A., & Mann, B. (2003). Mental Illness Depiction in Children's Films. *Journal of Community Psychology*, 31(6), 553–560. <https://doi.org/10.1002/jcop.10072>
- Walsh, E., Gilvarry, C., Samele, C., Harvey, K., Manley, C., Tattan, T., Tyrer, P., Creed, F., Murray, R., Fahy, T., & UK700 Group (2004). Predicting violence in schizophrenia: a prospective study. *Schizophrenia research*, 67(2-3), 247–252.  
[https://doi.org/10.1016/S0920-9964\(03\)00091-4](https://doi.org/10.1016/S0920-9964(03)00091-4)

World Health Organization. (2004). ICD-10 : international statistical classification of diseases and related health problems : tenth revision, 2nd ed. World Health Organization. <https://apps.who.int/iris/handle/10665/42980>

## Appendices

### Appendix A: Movies reviewed in the study

**Title:** *Abro Abed* ('Co crazy!') (2012)

**Duration:** 89 Minutes



*Eyob* a young professional, who lives with his brother and sister meets a young mentally ill lady, *Erest* accidentally. This unusual encounter changes in to a chase and catch encounter. *Erest* follows him on a daily basis asking him “*asiqegn* (Make me laugh!). As time goes by *Eyob* gets curious about this lady. He sacrifices his parent’s house, his relationship with his two siblings and loses his job to get her treatment. The story takes a surprising twist as *Erest* gets healed and starts to peruse her childhood dream and *Eyob* becomes mentally ill

*Abro Abed*. [Online Image] <https://yageru.com>

**Title:** *Sile Enat Lij* ('For the sake the Son of my mother!')(2014) Duration: 82 Minutes



In happy and lively family of two siblings, happens an accident that led to subsequent drowning of the youngest child *Mewded* aka *Abush*. That leads, to subsequent death of their mother and disappearance of the father.

After several decades *Mewded* (later named “*Markon*”) who survived the accident, comes back from abroad looking for his *Mekunanent*. He finds him mentally ill. In his quest to help his brother he pretends to be mentally ill. After several twists and turns he through the help of *Tsion* , his friend, and a psychiatrist succeed in helping his brother.

*Sile Enat Lij*. [Online Image] <https://yageru.com>

**Title:** *Haryet* (2015)

**Length:** 106 Minutes



*Roman* comes from abroad to complete her thesis in Ethiopia and learns about the mental illness of her childhood friend, *Habtamu*. Despite her romantic relationship with Biruk, she does everything she can and beyond to help him. At the advice of a psychiatrist friend she even becomes like him to help restart his medication. Her newly found success was totally destroyed as her 'selfish' fiancée chooses to interview with the help of her sister. Habtamu gains his sanity back through other means and reunites with Roman for life.

*Haryet*. [Online Image] <https://yageru.com>

**Title:** *Aleme* ('My World')(2015)

**Duration:** 94 minutes



This is a story told by 'God' about a stubborn person who refused to live with the reality of death. *Samson*, an Architect, loses his wife and child to a construction site accident. Even though the evidence of his loss is obvious, he continues to live his life as if nothing happened. He replaces them with two dolls. It is a movie where Hiwot and a father figure Ato Hirpo's heart-wrenching sacrifice to bring him back to the reality. They finally succeed with the help of the narrator ('God').

*Aleme*. [Online Image] <https://yageru.com>

**Title:** *Yabdkulet* (“When I become crazy”) (2015)

**Duration:** 93 Minutes



*Yabdkulet* (“the day I became crazy!”) is a story of young girl, *Fiori*, who falls in love with a psychiatric doctor. She fakes mental illness to gain his attention. However, as the illusions of getting him fades when moved abroad for further studies; she ends up being mentally ill. The movie details how her dairy discovered by Dr. Nathan ends up brining her dreams back to hear dream though she has to fight with a nurse who pursues the Dr. Nathan.

*Yabdkulet*. [Online Image] <https://yageru.com>

**Title:** *Wedde Huala* (‘Back Wards’)(2018)

**Duration:** 114 Minutes



Professor Brook’s arrival to the university was an undercover mission of steal Ethiopian indigenous knowledge. His encounter with a young beautiful witty girl Maren, his professor and stinging comment from his mentally ill Excompetitor, Ewentu, persuade him to change his mind.

*Wedde Huala*. [Online Image] <https://yageru.com>

## Appendix B: Coding Guideline: Movie portrayals of schizophrenia

The purpose of this research is *to investigate the portrayal of causes, symptoms, treatments and stereotypes of schizophrenia in Ethiopian commercial movies*. This Guideline is prepared to define and describe the variables in this research. Please code the explicit and implicit content as detailed as you can. If there is an outstanding matter that requires attendance from the researcher, please put it in the “**Note**” section at the end of the coding sheet.

- I. **Description of the Movie:** “Commercial movies” are movies produced for the purpose of entertainment and profit and available through sources such as YouTube, and Video Stores. Code as follows:
  - A. **Title:** Write in Amharic and English.
  - B. **Production Year:** Write year of production.
  - C. **Duration:** Howlong does the movie run on the screen? (in minutes)
  - D. **Name of the Character(s) with Schizophrenia:** Write the name of the character as stated in the movie. If you find more than one character, please use code 01 for the first character, 02 for the second character e.t.c. Please use the same “Description of the Movie” A-C.
  - E. **Role of the Character with Schizophrenia :**
    01. Major Character (the protagonist, if removed renders the story meaningless)
    02. Minor Character (any other character)
  
- II. **Demographic Characteristics:** These are codes used to describe the general characteristics of the movie characters with schizophrenia in the movie. It includes the following items :
  - A. **Gender:**
    01. Male or
    02. Female
  
  - B. **Age:**
    01. Young Adult, 20-39 years old
    02. Middle-Age Adult, 40-54 years old
    03. Mature Adult, 55-64 years old
    04. Senior Adult, > 65 years old
    05. Does not apply
    06. Cannot tell
  
  - C. **Marital status:**
    01. Single
    02. Married
    03. Separated
    04. Divorced
    05. Remarried

06. Widowed

**D. Socioeconomic status:**

01. **Upper class:** Well-to-do, high-level job or no job, not dependent on monthly income to live.
02. **Middle class:** Works for a living, has all necessities and some luxuries.
03. **Lower class-** Does not have all necessities, does not possess luxuries, may be unemployed, and/or on public assistance.
04. **Does not apply**
05. **Cannot tell**

**III. Portrayal of Schizophrenia in the Movies**

- A. Cause(s) of Schizophrenia:** Biopsychosocial, alternative other unspecified causes that result in schizophrenia (Vandenbos, 2015, P.165). In our case “cause(s)” is hinted in the movie.
- B. Symptom(s) of Schizophrenia:** “[A]ny deviation from normal functioning that is considered indicative of physical or mental pathology” (Vandenbos, 2015, P. 1058).
- C. Treatment(s) of Schizophrenia:** “[T]he administration of appropriate measures that are designed to relieve a pathological condition” (Vandenbos, 2015, P.1105).
- D. Stereotypes:** “[A] set of cognitive generalizations (e.g., beliefs, expectations) about the qualities and characteristics of the members of a group or social category.” (Vandenbos, 2015, P.1031). Focus on the following :

**N.B :** After completing the coding make sure that you insert your name at the top of the page and put your signature at the bottom.

## Appendix C: Coding Sheet

Coder's Name \_\_\_\_\_

### I. Description of the Movie:

<b>Title:</b>	
<b>Production Year:</b>	
<b>Duration:</b>	
<b>Name of the Character with Schizophrenia:</b>	
<b>Role of the Character with Schizophrenia :</b>	

### II. Demographic Characteristics:

Items	01	02	03	04	05	06
<b>Gender</b>						
<b>Age</b>						
<b>Marital status</b>						
<b>Socioeconomic status</b>						

### III. Portrayal of Schizophrenia in the movies:

**A. Please code the Cause(s) of Schizophrenia as depicted in the movie.**

**B. Please code Symptom(s) of Schizophrenia as depicted in the movie.**

**C. Please describe Treatment(s) of Schizophrenia as depicted in the movie.**

**D. Please describe Stereotypes of schizophrenia as depicted in the movie.**

Coder's Signature: \_\_\_\_\_