

Educational Drama And Mental Health Promotion In Nigeria: A Proposal

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Abstract: Global arts practice have shown that mental health professionals tapped into visual arts and music to treat developmental disabilities and a variety of mental issues. In North Central Nigeria drama technique as a psychotherapeutic practice does not exist in mental health facilities World Health Organization (WHO) reported poor status of mental health care in Nigeria due to lack of facilities, un-affordability among others. Increasing mental health issues, resulting from insurgency attacks, communal clashes, herdsmen carnage, road accidents and flood, gave rise to various Internally Displaced Person (IDP) camps vis-à-vis their psychological implication. Need for availability of educational drama therapy technique becomes highly imperative. The paper discusses educational drama in psychotherapeutic sessions at different therapy levels. Improvisational approach shall be utilized.

I. INTRODUCTION

The functional relationships between education, literature and society in general, and the particular relationships between playmaking and society take for granted the continuum of synergy in the application of drama/playmaking to health issues worldwide. In Nigeria and in the Northern part of the country particularly, “in both rural and urban settings, drama can be an effective means of health promotion. Projects on women’s health, care for people living with AIDS, and AIDS prevention, show the usefulness of this medium for community action programmes” (<https://www.ncbi.nlm.nih.gov/pubmed/8820146>). However, the paradox of mental health care status in Nigeria as reported by the World Health Organization (WHO), calls for concern in the use of the educational drama approach. WHO has reported that there is considerable neglect of mental health issues in Nigeria, especially in the northern part of the country. The existing mental health policy document in Nigeria was formulated in 1991. It was the first policy addressing mental health issues and its components include advocacy, promotion, prevention, treatment and rehabilitation. Since its formulation, no revision has taken place and no formal assessment of its implementation has been conducted. Though lists of essential medicines exist, such drugs are not always available at the

health centre. No desk exists in the ministries at any level for mental health issues and only four percent of government expenditures on health is earmarked for mental health (*WHO-AIM Report on Mental Health issues in Nigeria: 2006*). This report by WHO is indicative of the fact that mental health care, prevention of post-traumatic-stress-disorder, depression, psychosis, neurosis, schizophrenia, and other mental issues have long been obscured in Nigeria, particularly in the North Central Zone where causative factors of mental disorder are rampant, as a result of incessant attacks by insurgents and herdsmen, communal clashes, floods and road accidents.

In this context, the need for affordable and accessible mental care service in the North Central part of Nigeria is imperative to the development of its contemporary society. To achieve this objective, the writers propose the concept and practice of Educational Drama Therapy as a technique for affordable and accessible mental health care promotion in north central Nigeria, drawing from Theatre for Development (TFD) experiences in the Benue valley where post-traumatic-stress-disorder occasioned by communal clashes, flood, insurgencies such as Boko Haram and herdsmen fracas featured prominently. It is believed that this discourse on educational drama therapy will open a new vista in the synergy between educational drama and health generally and between, theatre, the performing arts and mental health

promotion within the development matrix of contemporary Nigeria.

II. INTERNALLY DISPLACED PERSONS IN NORTHERN NIGERIA

Internally displaced persons (IDP) in North Central Nigeria exist in their quantum. Suspected herdsmen attacks on homes and villages and clashes between them and farmers over destroyed farm lands and crops are, among other factors, contributing to the growing number of refugees and IDP camps in North Central Nigeria, particularly Benue State. While the herdsmen complain that their cows are either rustled or killed, villagers have cried out that their daughters and wives are raped by the herdsmen and the subsequent fracas that follows most often leads to more refuges and an increase in the number of IDP camps scattered all over the region. Repraisal attacks between the Tiv people of Benue and Fulani herdsmen have led to the setting up of over twelve IDP camps, with some of them housing over one thousand people.

Natural disasters such as flood and drought have also contributed to the growing numbers of refugees in North Central Nigeria and the subsequent increase in the number and size of IDP camps in the region. The flood in Makurdi, and Lokoja between July and August 2017, are good examples. The International Market in Makurdi hosted people displaced by the flood caused by just a day's heavy rainfall.

Refugees in all the IDP camps share some common characteristics. Most of them are women, some of whom are pregnant, sick or old. Children are equally many in number. Most of these children, boys and girls, drop out of school and fall among the groups most frequently taken advantage of by camp officers who have direct or indirect dealings with the IDPs. Young boys and men, particularly those who are breadwinners, civil servants, traders, traditional rulers etc are among those forced out of their homes and faced with the life in the IDP camps.

Based on experiences drawn from previous TFD exercises conducted in the Benue valley by the second authors of this paper, most of the IDPs are confronted with various health challenges including post-traumatic stress disorder (PTSD) and depression which are the main focus of this discussion. Other mental health issues such as schizophrenia, psychosis, neurosis, etc, associated with inmates of IDP camps have not been identified among inmates of IDP camps in the Benue valley, and by extension, in the entire north central region.

III. POST-TRAUMATIC STRESS DISORDER (PTSD) AND DEPRESSION

PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This "fight-or-flight" response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms

naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger (www.medicnewstoday.com).

IV. SIGNS AND SYMPTOMS

Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Some experiences, like the sudden, unexpected death of a loved one, particularly during invasion or disaster, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterwards. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic and re-experiencing may occur.

Re-experiencing symptoms may cause problems in a person's everyday routine. The symptoms can start from the person's own thoughts and feelings; words, objects or situations that are reminders of the events can equally trigger re-experiencing symptoms. Re-experiencing takes its toll when it results to avoidance syndrome. Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, a farmer who has been attacked in the farm by suspected herdsmen may avoid coming close to that farm, even avoid farming generally. Such persons are likely to develop arousal and reactivity symptoms which can make them feel stressed and angry at the slightest provocation.

It is natural to have some of these symptoms after dangerous events. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder (ASD). When the symptoms last more than a month, seriously affect one's ability to function, and are not due to substance use, medical illness or anything except the event itself, they might be PTSD. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders. Children with this disorder may develop disruptive, disrespectful, or destructive behaviors. In fact, most often they have thoughts of revenge.

Depressive disorder (depression) is an illness that involves the body, mood, and thoughts. It interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him/her and in fact, everybody around him/her.

A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months or years. IDPs who are depressed are persistently sad and anxious, and pessimistic. They easily develop feelings of guilt, worthlessness and hopelessness. They experience loss of interest in things that normally give the average person pleasure and are easily fatigued. They are slow in decision making, lose concentration easily, are very restless and highly

irritable. Above all they are prone to suicide attempts (www.medicaneastoday.com).

V. EDUCATIONAL DRAMA THERAPY

Educational Drama therapy has been defined as a treatment approach that provides a theatrical platform for people in therapy to express their feelings, solve problems, and achieve therapeutic goals. It involves the use of educational drama techniques to facilitate personal growth and promote health. It is a form of expressive or creative arts therapy that exists in a variety of forms which are applicable to individuals, couples, families and various groups (<http://en.m.wikipedia.org/wiki/drama-therapy>). A variety of educational drama therapy forms include: play creating through improvisation, story telling, fables to explore problems related to the events or issues affecting the group or individuals, role playing, puppetry, songs, dances etc.

Educational/Drama Therapy has at its main focus the internal use of healing aspects. It is a method of working and playing that uses action methods to facilitate creativity, imagination, insight and growth (British Association of Drama Therapists). It is further defined as "an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in a relationship, expand and find flexibility between life roles, and perform the change they wish to have and see in the world (North American Therapy Association).

VI. EDUCATIONAL DRAMA THERAPY AND ACTING

Based on the cathartic nature of role interpretation in representational style of acting, "drama itself tends to promote good mental health....", (www.goodtherapy.org/learn) However, educational drama therapy consists of more than just acting. Educational drama therapy consists of two elements: the dramatic and the therapeutic elements. On the one hand, the terms of spontaneous creativity using drama-based techniques, and on the other hand, the therapeutic element which provides for the emotional needs of the identifiable individual or group enacted through role simulation. Like other forms of therapy in the visual and performing arts, educational drama therapy incorporates expressive arts forms and serves as a springboard for deeper and more meaningful work with participants (www.goodtherapy.org/learn...).

In this regard, improvisation centres around the peoples culture; language, music, dance, idioms, story telling and their flora and fauna. Educational drama therapy takes cognizance of the fact that traditional stress therapies exist in their quantum, and a lot depends on the dramatist's dexterity to dig into this rich achieves of knowledge to create a plausible drama that is capable of providing the desired tranquilizing effect. Organizing a therapeutic drama calls for a theatre practitioner and a trained educationist who are schooled in the area of development theatre and who are capable of creating a synergy between traditional and modern approaches to play

creating and production. The next section therefore takes us through a proposed educational drama session for IDPs.

VII. PROPOSED EDUCATIONAL DRAMA THERAPY SESSION WITH IDPS

Educational Drama therapy draws its strength from the principle of participatory dramaturgy which submits that the drama maker is just a facilitator; and that the audience plays multiples roles. The audience is an active creator, director, actor and critic all at the same time. The educator/dramatist is likened to a mentor who makes comments and highlights challenges, and unlike the conventional teacher who dishes out facts and figures, he moderates, guides and leads the group to make decisions that have values.

The first significant step in a therapy session in the IDP camp therefore is to re-create the circumstances that led the IDPs to flee their community. An ice breaker is required to put the IDPs in the proper frame of mind to discuss and talk about their past. Popular traditional songs, dances and even riddles and jokes could be very handy here. The popular *Oh! My home* song, known to most Nigerians could be handy here.

Oh! My home – twice
Oh! My home – twice
When shall I see my home
When shall I see my native land
I will never forget my home.

This song and similar ones are capable of providing the necessary tranquilizing atmosphere needed to put the IDPs in the right frame of mind to discuss their predicament amicably. That apart, it builds trust, confidence and fraternity between the IDPs and the drama team. One or two members of the IDPs are mandated to take note of key points made. Involving IDPs in handling important assignments from the beginning of the process is necessary for purposes of ownership of the outcome of the programmes. Still working at the plenary, main points noted are collated, analysed and synthesized. With the assistance of the dramatist educator/facilitator, a story line, rooted in the people's culture through songs, dances, story telling etc is developed, and IDPs are asked to volunteer themselves as actors and actresses. However, care should be taken to rely on type casting as much as possible since this in itself will facilitate spontaneity and quick responses, which are key ingredients of the improvisational approach being used.

Though particular attention is given to those involved in the rehearsal, other IDPs who are available should be encouraged to participate in the process as they could be helpful in filling the missing gaps which are likely to emerge. In this type of rehearsal, nothing is permanent as endlessness is one of its key characteristics. People willingly re-enact the gory situation that led to their exit from their community and the predicament they face thereafter. When the story line is fully packaged into a piece of improvisational drama, a day and time is fixed on which major stakeholders are invited. As many of the IDPs as possible should be encouraged to attend the production. Government officials, civil society organizations, the military and para-military officers, religious and community leaders, traditional rulers, head teachers, principals etc should not just be invited but seriously encouraged to attend the performance.

The performance itself should be held in the round, in any available open space. Costumes, make-ups, lighting and other stage technicalities should be de-emphasized as much as possible. The content of the production rather than aesthetics is central to this type of therapy drama. The drama is prone to interruptions from members of the audience moved to make their contributions before the play is brought to an end. The dramatist facilitator should however ensure that the production is not derailed.

The improvisational play is done in episodes to create room for discussions, interjections and cross fertilization of ideas. At the end of the production, members of the audience, particularly the IDPs, are allowed to discuss freely and possibly come up with suggestions that will make them less depressed. A plan of action is put in place for further discussion and here lies the efficacy of educational drama therapy. Within the prevailing ambiance, committees could be formed to bring more light and happiness to the depressed IDPs. Such committees could include social committee which will be mandated to build on the gains of this therapy drama and organize other social activities that are capable of making life more rewarding, bright and promising in the camp; rehabilitation committee which will focus on re-settlement; and education and drama committee which could be set up to make educational drama one of the major activities of the camp. While educators in the team draw up useful and penetrating questions from contents of suggested drama skits, the dramatist work on the improvisational skills of the participants. Together, they strive to set up educational drama clubs within the camp with the sole objective of making the programme sustainable. With all these put in place, post-traumatic disorder and stress which make IDPs unpredictable and laden with shock and physical ailments like headaches and weakness will be significantly reduced.

VIII. CONCLUSION

The paper has proposed and demonstrated the efficacy of educational drama therapy in response to the issue of mental health care to Nigerians, particularly those in the IDP camps scattered all over the North Central States of Nigeria. In this regard, the participatory therapy technique in psychotherapy, apart from being accessible and affordable, is creative, innovative and explorative. Educational drama therapy has long been in existence elsewhere around the world, especially

in the United Kingdom (UK), United States of America (USA), and South America. Its practice in these places has led to the evolution of various associations of drama and creative arts therapy. Unfortunately, however, Nigeria is yet to embrace the practice of educational drama therapy, let alone the formation of drama therapy associations. Perhaps, this paper will serve as the 'coming of godot' to Nigerian medical practice. Time has come for Nigerian medical practitioners to collaborate with the artists, particularly dramatists and educators, to at least test run the use of the educational drama approach for therapeutic purposes. This paper will be useful to the Federal Ministry of Health in its quest for affordable, accessible, and sustainable mental health promotion. In line with the thinking of the World Federation for Mental Health therefore, this paper envisions a North Central Nigeria where mental health is a priority for all people, enhanced through public policies and programs (<http://www.wfmh.com>).

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