

Full Length Research Paper

Social support as a panacea for mental illness: A study of Nigerian immigrants in Braamfontein, Johannesburg

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Accepted 15 November, 2014

This paper synthesizes some literatures in the field of Public Health and Migration as well as fieldworks on Nigerian immigrants in Braamfontein, Johannesburg. Some of the existing literatures support the view that social contacts tend to reduce post-traumatic stress disorder (PTSD) in refugees, and identified unemployment, lack of access to health care, lack of basic amenities and 'poverty' as the major determinants of physical and mental health of refugees in the host communities. But, less/no attention is given to the mental illness of economic migrants in their host countries. This paper shows the study of Nigerian immigrants in South Africa with mental illness due to unemployment, distress, lack of accommodation, inaccessibility to good health care and in all, segregation from the Nigerian community. This paper argues that social support tend to reduce mental illness in a person (whether immigrant or native) if only if an individual reciprocates as a member of such group. This study applied ethnographic fieldwork, participant observation and semi-structured interviews to collect data among fifteen Nigerian immigrants (males) in Braamfontein in order to show the positive influence of social networks as well as the negative influence of what is this study refer to as "self social alienation" among members of this group in relation to mental illness.

Key words: Mental illness, post traumatic stress disorder, Nigerian immigrants, social contacts, self social alienation.

INTRODUCTION

The shift of South Africa from apartheid system to democratic system of government brought about the mass entry of foreigners particularly black foreigners from different African countries including Nigeria, into South African societies. Majority of the first group of Nigerian immigrants in South Africa came either to work or study. Consequently, the number increases during 1990s due to the acute unemployment, political turmoil and religious crises in Nigeria and majority of these migrants are single males (Morris, 1998, 2001). 1.5 to 2.5 million immigrants are said to be living in Gauteng Province and majority of them are from SADC region and Nigeria (Landau, 2010). Many studies have been carried out in this region about forced migrants particularly refugees but little/no research has been done on economic migrants such as Nigerian immigrants.

Many scholars have written about humanitarian assistance and social support for refugees and other

forced migrants because of their traumatic experiences in pre-migration and post-migration periods (Keyes, 2000; Englund, 1998; Lie, 2002; Liz, 2006; Menjivar, 2002) but little has been said about other kind of migrants such as economic migrants that could also need such assistance in their host countries. Lie (2002) argues that social supports could lead to decrease in PTSD condition of refugees and asylum seekers if given proper attention. Similarly, Weine et al. (1998) in their study of Bosnian refugees in the United States found a decrease in the PTSD of Bosnian refugees after a year of arrival in the United States and this was in connection with "social stability, acculturation processes, and participation in therapeutic activities" (563). Consequently, Jerusalem et al. (1995) are of the view that there would be a notable turn down of ill health in migrants that received social supports irrespective of their condition. Although different literatures agreed on the importance of „social support'

but some of them fail to recognize individual decision to reciprocate such assistance.

METHODS

This study used qualitative research methods such as ethnographic fieldworks, participant observations and semi-structured interviews to collect data among fifteen Nigerian immigrants in Braamfontein about their livelihoods and mental states. All the informants of this study are men from age twenty and above. Ten of the informants of this study are unemployed with no good accommodation, three own shops where they sell food or groceries, while the remaining two are working as security guards. These people have different experiences and different interpretation of their situation as it affects their physical and mental state. Some of them complained of „migraine, pains and sleeplessness' as the symptoms of their regular thinking about their family back home, unemployment, and their precarious living conditions in South Africa.

Majority of the informants used for this study sleep in Nigerians shops and often eat the leftovers (if there is any) of those Nigerians that have restaurants while the remaining others stay in a shared but often congested apartments. This set of immigrants are not refugees and thereby getting no aid from any local or international organization except from the leftover they eat from Nigerian restaurants and the sense of belonging they share with the Nigerian community.

DISCUSSION

Some of the informant different experiences are given as follows:

Mr. Jaccusi states:

"I used to have this sharp pain in my head because I always think about my family and future but this people (Nigerian group) has shown me love and I am better than before...there is no barrier among the working class and those that are not working because we believe the problem of one is the problem of all..."

Mr. Jaccusi (27yrs) comes from South-Western part of Nigeria and holds a diploma certificate in business studies from a Polytechnic in Nigeria. He came to South Africa a year ago with the intention of crossing to Europe but he stayed back when the journey did not work out as planned. He is unemployed, and often sleeps in a Nigerian restaurant. Mr. Jaccusi informed me after an in-depth discussion that he ought to have gone back to Nigeria but he cannot because he is afraid of what people would say, and the shame it would bring upon his family. I observed that Mr. Jaccusi always complain about pains especially headache and I thought the cause of such continuous pains was because he has no accommodation but he maintains that the major cause of his pains is the fact that he feels guilty always that he has disappointed his family back home. The earlier statement shows that despite his precarious living conditions, the Nigerian community has really helped him. For instance,

he used to be homeless but now he sleeps in one of the Nigerian restaurants and often eats leftovers.

Mr. Lobola:

"...what I heard was not what I met in South Africa and I nearly run mad because I thought I had failed myself and my family back home...you know at a time, people told me to stop speaking to myself but I never observed this...I think it was one of those period when I had nobody around me and the stress was much for me...I am better now because of the love from my brothers..."

Mr. Lobola (25 years) comes from Eastern part of Nigeria and holds a high school leaving certificate. He came to South Africa three years ago for greener pastures but was disappointed because he is still struggling to make it. He thought he would start job immediately and earn big income when he got to South Africa. He confided in me that the major cause of his stress and pains is that he often thinks about the money his family invested in his migration with the expectation of getting returns as soon as possible. He is one of those that sleep in the Nigerian restaurants at Braamfontein. Mr. Tunds states that:

"I was stressed in my first year in this country and I had severe headache but my pain is minimized now because I am now working as a security..."

Mr. Tunds (27 years) is from south-western part of Nigeria. He holds higher diploma certificate in Accounting and came to South Africa two years ago for greener pastures. He came to earn big income in order to help his family back home. He informed me that he used to have severe headache and pains due to the fear of uncertain future in South Africa. He claimed that the acute headache and pains have reduced since he started working. He got the job through the help of Nigerian community in Johannesburg. He also maintains that sense of belonging to Nigerian community has also helped him because the group always discusses peoples' challenges during meetings and how such problems can be solved.

Mr. Charles:

"...I still feel the sharp pains and headache now but not like before when I have no place to sleep and nothing to eat...the Nigerian community here has really helped us and to some extent I am now better..."

Mr. Charles (29 years) is from eastern part of Nigeria has no formal education. He learnt technical skills before he came to seek greener pastures in South Africa eight months ago. He informed me that some of the money he used for his migration to South Africa was borrowed by

his parents with the believe that he would pay back within short period of time when he gets to South Africa. Another motive behind his migration is to help his family that stays in rural area. He maintains that his acute pains and headaches was as a result of his deep thinking about his inability to fulfill his promises to his family and the terms of the money his parents borrowed for his migration. He claims he feels better now because he now works as a security guard but still sleeping in a Nigerian restaurant in order to save some money to pay his family debt at home country. Mr. Chinedu also informed me that:

"I used to have severe headaches and I nearly lost my senses but my association with the Nigerian community here has really helped me..."

Mr. Chinedu (25 years) is from eastern part of Nigeria and holds a diploma certificate in management from Nigeria. He came to South Africa a year ago in order to better his life and family at home country. He informed me that he started sleeping in brothels in Hilbrow two months after he got to South Africa with the hope of getting a job. He was left with nothing after six months which he said affected his livelihoods. He claims that his continuous thinking about how to help his family at home combined with his precarious livelihoods in South Africa nearly affected his mental state completely. He complained of migraine and pains. He came to Braamfontein with the help of one of the members of Nigerian group that accommodated him in a congested flat. He said he is better now because he can discuss his problems with a group that is ready to help anytime and he hopes to get a good job soon.

Mr. Elo states that:

"...I never knew things were going to be this hard for me in South Africa. I had an impression that I would make it very fast when I get to South Africa but that's not the story now...I cannot sleep again and often feel serious pain in my head as if I was going to die soon because I cannot stop thinking about my family in Nigeria..."

Mr. Elo (30 years) comes from eastern part of Nigeria and holds a degree in estate management from a Nigerian university. He came to South Africa two years ago for a better life but things did not work out as expected. Elo complained about how his inability to help his family back home has been giving him sleepless night. As the first child of the family, he feels he has disappointed his family because he promised to help the family as soon as he gets here but he is still trying to stand on his feet in South Africa. He confided in me that his family land was sold to support him to migrate with the hope that he will help his family as soon as he is settled.

From the foregoing, majority of the informants

agreed that their precarious living conditions and inability to help their family back home has been the major cause of their pains and migraine. During this study, I observed that a particular group of Nigerians often come to one of the restaurants to have meetings with these people and other Nigerians in the area to discuss their challenges. I cannot put the whole informants comments in this paper but what is interesting here is that this set of immigrants (economic migrants) also feel what the refugees feel and ease it with social supports.

An exception was the case of a Nigerian man (name withheld) who was mentally sound when he came to South Africa and was doing well. But a sudden change in his livelihood made him exclude himself from his friends and the entire Nigerian community in Braamfontein, and he kept things to himself as if everything was okay with him. Within months, he started sleeping outside and within a short period of time his physical appearance and distortion in his speech showed that he had become mentally ill. There was nothing anyone could do to help him because they believed he isolated himself from the Nigerian community when he was doing well. I monitored the case and spoke with the Nigerian community that we should show him love before we conclude about his mental state that it could be distress rather than the general belief that his illness was a spiritual problem. We started showing him love by giving him money to eat, clothes and shoes. After doing this for about two month, this man started recognizing almost everybody by name and he could come to you for help as well as making intelligible contribution to discussions. Recently, I promised to give him something when next we see and when this guy saw me, he asked me exactly what I promised him and what I was doing when I promised him. I was shocked because I could not believe the accuracy of his memory and statements unlike before. Although, his outward look has not changed totally but he is certainly better than before and I think he feels secure now to a reasonable degree with people around him and he makes his livelihood from them. Similarly, Englund (1998) shows in his study of Mozambican refugees in Malawi the impact of social group supports during the healing (spirit exorcism) process of someone who is possessed and inflicted with mental illness.

Conclusion

Although the fieldworks and interviews conducted constitute the bulk of data used for this paper, the presentation of case studies in this paper shows that it is not only refugees and asylum seekers particularly women and children that are going through traumatic situations, men also do. This paper also shows that social support can only have a positive impact on individual's well-being and mental health, if and only if such person can relate to it with a sense of belonging. It is on this note that this

paper argues that social supports could be a panacea for physical and mental ill-health but could not be effected where there is self social alienation.

ACKNOWLEDGEMENTS

The author is grateful to the journal's anonymous reviewers and Nigerian immigrants that participated in this study. He is also grateful to Barrister John-Mark Iyi for his comments on the initial draft of this paper.

KEY POINTS

This paper shows that although there is generalized claim that social contacts tend to reduce PTSD but not without the positive reciprocation of the individual or people involved.

This paper also show that some migrants other than refugees or displaced people also experience Post Traumatic Stress Disorder in their host countries and this is often given less/no attention in Public Health.

Unlike most of the literature on mental health, this paper shows that it is not only women and children that are going through traumatic situations or experiences, men also do but the place of men in Public Health is less pronounced in Southern African region and somewhere else.

REFERENCES

- Englund H (1998). Death, Trauma and Ritual: Mozambican Refugees in Malawi. *Soc. Sci. Med.*, 46(9): 1165-1174.
- Jerusalem M, Kaniasty K, Lehman DR, Turmbull GJ (1995). Individual and community stress: Integration of approaches at different levels. In: Hobfoll SE, DE Vries MW, eds. *Extreme stress and communities: impact and intervention*. Dordrecht: Kluwer Academic Publishers, pp. 105-129.
- Keyes E (2000). Mental Health Status in Refugees: An Integrative Review of Current Research. *Issues Mental Health Nurs.*, 21: 397-410.
- Landau LB (2010). *Forced Migration Studies Programme Press Release*, May, 2010. www.migration.za.
- Lie B (2002). A 3 year follow-up study of psychosocial functioning and general symptoms in settled refugees. *Acta Psychiatr Scand.*, 106: 415-425.
- Liz T (2006). Social capital and mental health of women living in informal settlements in Durman, South Africa, and Lusaka, Zambia., in *Social Capital and Mental Health*, (Eds) London: Mikaziek and Hapham T, Jessica Kingsley.
- Menjivar C (2002). The ties that heal: Guatemalan Immigrant women's networks and medical treatment. *Int. Migr. Rev.*, 36(2): 437-466.
- Morris A (1998). „Our fellow Africans make our lives hell“: The lives of Congolese and Nigerians living in Johannesburg. *Ethn. Racial Stud.*, 21(6): 1117-1136.
- Morris A (2001). *Bleakness and Light*. Johannesburg: Witwatersrand University Press.
- Weine SM, Vojvoda MD, Becker DF, McGlashan TH, Hodzic EH, Laub D, Hyman L, Sawyer M, Lazrove S (1998). PTSD Symptoms in Bosnian refugees 1 year after resettlement in the United States. *Am. J. Psychiatr.*, 155: 562-564.