

4-2020

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Recommended Citation

Afariwaa, Rockling, "The Abodamfo: Ghana's Marginalization of their 'other'" (2020). *Student Writing*. 42. https://commons.vccs.edu/student_writing/42

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The Abodamfo: Ghana's Marginalization of their 'other'

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ENG 210: Advanced composition

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March 6, 2020

Abstract

Traditional practices and thinking of most Ghanaians, has kept them from accepting and adapting to the social needs of their mentally ill population. The mentally ill are no longer accused of being witches, hung, or killed, and although the way people perceive and react to the mentally ill, in general, has evolved since the periods of Sigmund Freud, other forms of persecution against them exist in today's societies. These persecutions are in the form of stigmatization, discrimination, and marginalization. Through Individual stigmatization and structural stigmatizations of mentally ill people in Ghana, by the societies and communities in which they are found, many mentally ill people face abuse in prisons, on the streets or in under-resourced psychiatric hospitals because of Ghana's lack of adequate mental health finances. Not a lot of solutions are available to solve a problem that is primarily rooted in the way that Ghanaian's think. However, solutions that can be considered as a start to solve Ghana's traditional ideas about the causes and treatments of mental illness begins with educating the people of Ghana on mental illness and establishing laws that will deter the media, companies and justice system from participating in structural discrimination or individual discrimination since both types of discrimination leads self-stigmatization.

keywords: mental illness, Ghana, structural stigmatization, Individual stigmatization, self-stigmatization, media

Ghana's Marginalization of Mentally Ill Population: The Abodamfo

In every city or town in Ghana, West Africa, it is not unusual to find some people who are in tattered dirty clothes, with bushy unkept hair, roaming the streets in the scourging sun or rainy weather, both day and night. These people eat food from dirty gutters or trash cans, and sometimes, they can be seen talking to themselves without anyone paying mind to their cry for social inclusion. These people are what the majority of the Ghanaian population calls the “abodamfo,” in the Twi language, which translates into English as “mad people.” Growing up, my mom warned me to stay away from them whenever I saw them; “cross to the other side of the street when you see them approaching,” she said. The words of my mother and many other mothers in Ghana are a reflection of the level of discrimination, stigmatization, and ostracization that the mentally disordered population in Ghana face as a result of traditional beliefs of Ghanaians, and the various negative ways that the media portray and inform the public about mentally disordered individuals. Mentally ill persons in Ghana, who have been diagnosed, are found on the streets, in limited numbers of psychiatric hospitals, or in prisons where unfavorable conditions subject them to abuse in the form of individual stigmatization and structural stigmatization, both harmful and unjust; there is the need for Ghanaians to be educated on the effects of this, and if possible, new laws have to be made to improve the acceptance of the mentally ill as members of society in Ghana.

Individual Stigmatization

Individual persons form opinions and thoughts about everything and anything; mental illness is not an exception. Opinions that people have towards mental illness is what Brake et al. (2011) characterize as individual discrimination and stigmatization (para.6). Individual

stigmatization has the potential to strain relationships between people with mental illness, their families, friends and romantic partners in Ghana because of longstanding traditional beliefs regarding the causes of mental illness. Being mentally ill in Ghana ““ [...] is as if you don't exist [...] like they are isolating me as not being human beings anymore,”” these are the words of Korankye - a 32-year-old Ghanaian who was diagnosed with Schizophrenia (Gyamfi et al., 2018, p.372). Korankye is not wrong in his thinking because family members isolate their mentally ill brothers, sisters, mothers, fathers, sons, daughters, and any other family with a diagnosis of mental illness in Ghana. They reject them by refusing to accept them back in their homes after they are discharged from hospitals because of the fear that negative attitudes will be shown to the family if they were to be seen with their mentally ill relative at home. This ideology stems from long-established traditions that Ghanaians hold about the causes of mental illness, and it is the main reason why some of Ghana's mentally ill population are left to roam the streets of Accra, Kumasi, Cape Coast and other cities and towns in Ghana.

To a typical Ghanaian, demons, spirits, curses and ancestry powers cause people to “go mad” if they do wrong things. Alex- another Schizophrenic patient – also reports that his wife continued to show a malevolent attitude towards him after he was discharged from the psychiatric hospital, and eventually, his wife left him (Gyamfi et al., 2018, p.372). A lot of people who are mentally ill can keep it together if they know that a family member, friend or loved one is by their side. However, If anything impacts the tendency of mentally ill individuals to commit self-harm - suicide - it is their rejection by loved ones because it becomes the breaking point. There is the need for Ghanaians to be reconditioned on the causes of mental illness.

How to Get Rid of Individual Stigmatization

Through a study that was conducted on some mentally ill people in Ghana, the “abodamfo’s” ideas about solutions to individual stigmatization was brought out. One solution that was suggested by some of the patients in the study is that group homes should be set up for individuals whose family members close their doors to them after they have been discharged from psychiatric hospitals (Gyamfi et al., 2018, p.374). According to Brake et al. (2011), there is a special Vagrant Ward for patients who have been rejected by their families (para. 15). The extra space that discharged patients take up could be more useful for accommodating other mentally ill persons that need immediate treatment if families get involved in treatments of their mentally ill by being more accepting of them. Nonetheless, responsibility cannot be forced on anyone; hence, getting families involved in the treatment of their mentally ill family members will be difficult considering the ideals that Ghanaian societies hold regarding the causes of mental illness.

Structural Stigmatization

Even if individual stigmatization and discrimination are controlled, the mentally ill still have to deal with discrimination at work because of structural discrimination and stigmatization. Alex -mentioned above- had to face discrimination at work also. His discharge from the hospital was also accompanied by a decrease in salary, which was a result of his boss regarding him incompetent for the position he held before his diagnosis (Gyamfi et al., 2018, p.372). Several other mentally ill individuals have to deal with structural stigmatization and discrimination, which is defined by Brake et al. (2011) as the negative effects of inherent injustices in social, political, or legal structures of society (para.6). Again, this is evident in almost any other country in the world, however, underdeveloped countries such as Ghana

experience it the most because of low economic standards and negative publicity caused by the media, which further adds to the marginalization of the mentally ill.

The Role of Media in Structural Marginalization

Like all other things, the media is significant to the stigmatization of mentally disordered individuals in Ghanaian societies. The most predominant method that the media does this is through the choice of words that reporters and journalists include in their descriptive reports of people with mental disorders. Mfoafo-M'Carthy et al. (2016) noticed in their article “Mental illness and stigma: a 10-year review of portrayal through print media in Ghana (2003–2012)” that Ghana’s major print media, *The Ghanaian Times* and the *Daily Graphics* use derogatory words to characterize the mentally disordered population in Ghana. For example, an article published by the Daily Graphics on March 27, 2009, by Dr. Osei is titled “The Abodam Virus” and it states:

Most of us (about 40 percentage of the population) are either psychologically unbalanced, psychiatrically challenged or gone completely bananas and plantain pieces. Looking around, it seems that in a varying degree nearly the entire population is truly gone cuckoo, loony, badly cracked, maniacal, moonstruck and tuned off from sanity (para.13).

The use of words like, “idiot,” “lunatic,” “mad,” “crazy,” “psycho,” “maniac,” and “insane,” in the media’ reports of the mentally ill population is common in Ghana. The effect of the use of these negative words to describe mentally disordered minority is that misconceptions about the condition, causes, and treatments of mental disorders are instilled in people’s minds, which strengthens traditional explanations that Ghanaians attribute to mental illnesses.

Changing the way, the Media Portray the Mentally Ill

Another solution that was given by the mentally ill who participated in the study as an attempt to solve structural stigmatization is the need for the government to establish legal means that would prevent individuals from openly and purposefully discriminating against them (Gyamfi et al., 2018, 374). Legal actions such as the issuing fines and lawsuits to companies that discriminate against people with mental illness, like in the case of Alex, will deter work bosses and the media from indulging in this type of discrimination. They also suggested that financial support should be given to mentally ill individuals who are discharged but are jobless, to start their small businesses. Also, Mfoafo-M'Carthy et al. (2016) suggest that with the amount of influence that the media has, it could be used in a more effective way through training (para.1). If media journalists are trained to be more respectful, sensitive, and empathetic in how they present the ideals of diagnosed mentally ill persons, the media could positively educate the public on mental health and illness as well (Mfoafo-M'Carthy et al., para.1).

Inadequate Resource Allocation; Another Source of Structural Discrimination

According to Mfoafo- M'Carthy et al. (2016), the negative exposure that the mentally ill experience from the media accounts for the unresponsive nature of care issued at mental health institutions and the government's unwillingness to invest in mental health services (para. 2). The World Health Organization estimates that 80% of people in underdeveloped countries do not receive any treatment for even serious mental health illness; Ghana is one of those countries (Gyamfi et al., 2018, p.368). With a population of over 25 million, there are only 12 psychiatrists and 3 major psychiatric hospitals in the whole country (Arias et.al., 2016, para.3). There are other community-based health care centers, but the three major ones - Accra Psychiatric Hospital, Pantang Hospital, and Ankaful Hospital - provide the majority of mental health care services (Arias et al., 2016, para 5). There are about 650,000 people in Ghana that have a mental

disorder of some sort, which means that with only 12 psychiatrists, the three mental health hospitals are understaffed and congested (Brake et al., 2011, para.7). For instance, the Accra Psychiatric hospital has 800 beds available, but it accommodates over 1,200 patients (Brake et al., 2011, para.8). In contrast, due to lack of health care workers, the Ankaful and Pantang hospitals have a capacity of 500 beds, but they only accommodate 300 and 450 patients respectfully (Brake 2011, para.8). Inadequate mental health facilities and personnel, as well as the poor conditions of most of the available mental health facilities, add to the exclusion of the mentally ill populace in Ghana, by conveying a negative message that their needs are not important, therefore, improvements should be made.

Improving the Quality and Quantity of Mental Health Service

To improve the quality and quantity of mental health services in Ghana there is the need for the country to increase the number of psychiatrists and the number of psychiatric hospitals. In regard to increasing the number of psychiatrists in Ghana, many people do not even know what psychiatry is or that it is a field of medicine. Raising awareness on the existence of psychiatry as a subject, field of study, and career option can be done by incorporating mental health into the school curriculum. There have been many changes in the educational syllabus in Ghana. A while ago, history, geography, and literature were incorporated into the curriculum of students in primary school up to high school level in Ghana (“How is the,” 2014”). The reason for this, according to the advocators of that change, was to prepare students for high school and tertiary levels of education (“Ghana” 2019). Psychology can also be added to the curriculum to arouse the interests of students to pursue a career in psychology and psychiatry. Arias et.al. also insists that incentives should be created to encourage people who develop an interest in pursuing the study of psychiatry (2016, para.8). Incentives could include scholarships, internships, and awards

similar to those given to individuals who are in other science-related fields because getting funds to even go to college in Ghana is a challenge for some people not to mention attending medical school. Raising this type of awareness will reduce the amount of abuse that the mentally ill face in the understaffed and overpopulated mental health facilities in Ghana.

Challenges to Increasing the Number of Psychiatrists and Psychiatric Hospitals

Considering that it is not long ago that a change in the syllabus took place in Ghana, the Educational Service of Ghana will face some backlash from students, parents, and teachers when it eventually adds psychology to the school curriculum. Even if psychology is added and it is accepted by the Ghanaian population, the Research on Humanities and Social Sciences speculates that the inability to implement the curriculum or problems in translating its intentions into practice will be a failure (“Moving from,” 2017, p.1). Moreover, there is always the question of whether Ghana has the money to sponsor the training of new psychiatrists as well. It would be a good idea to establish donation platforms so that the public make contributions to help those students that want to go to medical school and become a psychiatrist. The same could be done for building more mental health facilities if the government of Ghana does not have the money for that in their budgets as well.

Marginalization through Imprisonment

Inadequate mental health facilities make prisons the alternative for placing the mentally disordered in Ghana. Uju Agomoh (2008) insists that the mentally disordered population in undeveloped countries are placed in systems rather than in the psychiatric hospitals where they belong, and in effect, they suffer human rights abuse because of issues with their process of detention and the conditions of prisons (p. 267). Agomoh (2008) emphasizes on the discrimination against civil lunatics; those mentally ill who have not been charged with any

criminal offense, but they are on remand (p. 267). Mentally ill persons are perceived as dangerous and likely to engage in violent crimes; hence, they are sent to prisons over low-level or non-violent crimes (Agomoh, 2008, p.267). Agomoh (2008) explains that cause of this is an overly ambitious justice system, and it contributes to the marginalization and maltreatment of people with mental disorders by sending them to prison (p.267). Not surprisingly, those sent to prisons face similar consequences of abuse as those in the under-resourced psychiatric hospitals because of lack of beds, medication, and over-crowdedness (Agomoh, 2008, p.271). Putting mentally disordered persons in prison with the expectation that they come out cured is inaccurate.

Proposed Solutions to Tackle the Imprisonment of the Mentally Ill

Agomoh does not state the problem without offering his solutions to combat the tendency of under-developed countries to send mentally disordered individuals to prison. He gives multiple ways that this problem could be attempted to be solved. First, he insists that prisoners labeled as either “civil lunatics” or “criminal lunatics” should be released from prisons and transferred to appropriate health facilities (Agomoh, 2008, p.285). This is what he terms the decongesting of the justice systems. Secondly, he insists that laws should be put in place to deter the re-imprisonment of the mentally ill after they have been released from prisons (Agomoh, 2008, p.285). De-congesting prisons of people with mental illness, who have committed no or unserious offenses crime, will ensure that they receive the needed medication for their treatment once they are transferred to the appropriate mental health facilities.

Potential Challenges to Decongesting Prisons and Jails

Ghana’s economy and finances will pose a challenge in the decongestion process of prisons. The country does not have money reserves in their budgets that can be used to do what

Agomoh suggests. There is the need to decongest prisons and jails in Ghana, however, something would have to be done about the insufficient number of psychiatric hospitals that the country currently has. The two ways that this can be done are by either building more mental health facilities or improving the conditions that most of the current psychiatric hospitals are in. Otherwise, moving the mentally ill from prisons into poorly equipped psychiatric hospitals will be senseless. With the low budgetary in Ghana, fundraisers and donations are the best route to take in improving those conditions.

Self- Stigmatization of Mentally Ill

The consequences of individual stigmatization and structural stigmatization on people with mental illness in Ghana is that it creates a self-stigma. The following statement was made by Korankye another participant in the study: “I can see that they do not want me to be there with them again, so I thought it wise that I will not go there” (Gyamfi et al., 2018, p.373). The words of Korankye illustrates how people with mental illness adopt and internalize the same stereotypes and perceptions that society has about people mentally ill individuals (Gyamfi et al., 2018, p.368). Self- stigma creates anticipated stigma: anxiety about being stigmatized during social interactions. Alex, from the study, also explains that what he fears most is the possibility of being recognized by people when he goes out, and this fear is the reason why Korankye prefers “... to be alone so that no one points fingers at [him] ... that will hurt [him] again” (Gyamfi et al., 2018, p. 373). The effect of self- stigmatization is that people will rather hide their illness and refuse to seek medical assistance, or they end up harming themselves as well. Since self-stigma is the direct influence of individual and structural stigma, if those are checked through the means mentioned in the preceding paragraphs, self-stigma will be checked as well.

Conclusion

Mental illness is not exclusive to Ghana alone; the stigmatization of mentally ill individuals is a global issue. The emphasis on the economic, social, and political differences in Ghana, as compared to the rest of the world, makes patients and individuals with mental illness in Ghana, experience different and more apparent forms of discrimination, stigmatization, and isolation. For one thing, the “abodamfo’s” are not left to roam or wander the streets of America, Britain, or any other country that is far more developed than Ghana. This is because family members, friends and even strangers of individuals with mental illness in more developed countries are well informed about the causes, treatment, and how to interact with them. Similarly, other countries have the money and finances to provide infrastructure and medical service to their mentally ill population, hence the possibility of the mentally ill being subject to abuse in prayer camps or psychiatric hospitals is low as compared to Ghana. The major parallel that exists in the unjust treatment of mentally ill across continents is their institutionalization in prisons. To combat individual stigma, structural stigma and self-stigma in Ghana, the people of Ghana ultimately have to restructure their traditional way of thinking about mental illness and establish non-discriminatory laws to protect the mentally ill minority from loss of jobs, or harmful representation by the media, which will prove to be a challenge. Overall, the effects of stigmatization and discrimination of the mentally ill population in Ghana and the rest of the world is not fair, and they should not be treated as second class humans.

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