

The African Belief System and the Patient's Choice of Treatment from Existing Health Models: The Case of Ghana

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Abstract

This paper presents a narrative review including a case study of the African Belief System. A strong belief in supernatural powers is deeply rooted in the African culture. In Ghana, there is a spiritual involvement in the treatment of illness and healthcare. The new health model in the African culture therefore can be considered to be the Biopsychosocial(s) model-with the s representing spiritual practice-compared to the biopsychosocial model in Western culture. The case study on dissociative amnesia illustrates that Africans consider spiritual causes of illness when a diagnosis of an illness is very challenging. The causes of mental health conditions in particular seem challenging to Africans, and therefore are easily attributed to spiritual powers. The spiritual belief in African clients should not be rejected but should be used by caregivers to guide and facilitate clients' recovery from illness. The spiritual belief provides hope. Therefore when combined with Western treatment, this belief can quicken illness recovery.

Keywords: Spiritual belief; Spiritual; African; Traditional culture; Biopsychosocial; Treatment methods; Mental health

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Introduction

By way of free will, humans choose among various options based on many factors. Some of these factors include their spiritual beliefs, preferences, knowledge and perceptions [1]. Choosing treatment modalities are also influenced by our free will. In Africa, the spiritual belief is a major determinant of choice of treatment [2]. The African Belief System seems to originate from the Creation history where the Almighty God created the universe and the first man [3]. This belief is strongly held by indigenous Africans [4,5] and it has been passed from generation to generation. The spiritual belief is therefore part of an African. You cannot stop the African from believing in supernatural powers. The continued existence of spiritual belief among Africans suggests heritability of this belief. The explanation, however, for this continuous spiritual belief among Africans is the fact that it is transferred from one generation to another through parenting and upbringing of children. Therefore, a young person in Africa grows up with belief in a Supreme God. A popular local proverb in Ghanaian Akan language "Obi nkyere akwadaa Nyame" which means nobody teaches the child the existence of God' [6] confirms the continuation of beliefs across generations". As children in Africa grow to exhibit this spiritual belief and the belief continues to run

across generations, spiritual belief in Africa can be described as behaviour genetics. There are different kinds of beliefs-the belief in the Almighty God and belief in other spirits [4-8]. In Ghana, most herbalists prepare their herbs on the basis of spiritual belief. The elite African who has adequate knowledge about the scientific cause of illness also incorporates spiritual factors when dealing with illnesses [9]. The current Western model, the biopsychosocial model, is used to explain health and illness. It considers health as including physical, mental, emotional and social factors [10]. For the African, however, wellbeing is not just about the healthy functioning of the body system through proper healthcare and lifestyle, but well-being goes beyond scientific causes to include spiritual involvement [4,8]. The modification of the biopsychosocial model to include spiritual factors [11] is best suited in the African culture.

What is the African Belief System?

The African Belief is the strong hope in Spiritual powers. The word "Spiritual" as seen in the aspects of the Biopsychosocial (s) approach to healthcare and illness [11] is based on beliefs which can be connected to the history and culture of Africa [4]. The behaviour of Africans is motivated by what they believe, and

what they believe is based on what they experience. Although western medicine and health care systems have been introduced in Africa, many African countries still rely on traditional health care [2,12-14].

Healthcare Consultations in Ghana

Africans decide on the kind of treatment they want in accordance with the illness and cause associated with the illness. A patient in Ghana has various existing treatment models to choose from at his/her disposal. A few of the current health models with their practitioners include the following:

- a. Physical health hospitals and clinics-services provided by physicians;
- b. Mental health hospitals and clinics-services provided by mental health professionals including psychiatrists, clinical psychologists. Clinical counsellors and social workers;
- c. Psychological clinics-services provided by clinical psychologists, clinical counsellors and social workers;
- d. Herbal Clinics-provides treatment with tested local herbs processed into herbal medicines;
- e. Traditional herbal centres-herbalists provide treatment with local herbs and spiritual guidance;
- f. Spiritual centres- services provided by priests and spiritual healers.

Within the Spiritual consultations, there are three components in practice in Ghana. These include: (a) Orthodox churches, (b) Charismatic churches, (c). Shrines including Spiritual Herbalists. Orthodox Church practices usually include solemn prayers to the Almighty God with less emphasis on warding off evil spirits whereas Charismatic Church practices utilises a harsh approach of loud prayers to Almighty God and more emphasis on deliverance and warding off evil spirits. The Charismatic church practices also involve frequent fasting (going without food) and all-night prayers (staying through the night to pray). It appears that almost all Africans believe in the Almighty God and worship through the Churches-either Orthodox or Charismatic. Shrines and Spiritual Centres usually focus on warding off evil spirits through the powers of lesser spirits.

Criteria for Choosing Treatment Modalities

The choice of the treatment modalities by the patient is not associated with the proximity nor with the cost of treatment, but, rather it seems to be related to the patient's or the family's concept of the aetiology of the illness which is based on the spiritual belief [2,15]. If the patient believes that his/her mental health disorder is due to sin against God, the choice of treatment would be Orthodox Church practices; if the cause of illness is due to demonic influence (satanic) then the choice would be the Charismatic Church practices; and if he/she believes that the cause is witches, a curse from the "juju/voodoo", the wrong doing against the ancestral spirits, etc. the Shrine is consulted.

A typical case study on dissociative amnesia in Ghana

The data was obtained with consent from a client at a psychological clinic [9]. A client loses her memory as a result of shock from a broken relationship. From assessment, it was revealed that client has dissociative amnesia.

What then is dissociative amnesia and how can it be explained as a mental health condition other than a spiritual attack?

Dissociative amnesia is a psychological disorder characterised by abnormal memory functioning whereas there is no structural brain damage or a known neurological cause. It results from the effect of stress or psychological trauma on the brain, but no indication of any physiological cause. It is often considered to be similar to the clinical condition known as repressed memory syndrome. Dissociative amnesia is described as an act of self-preservation resulting from severe anxiety or shock. With this condition, unpleasant or unwanted or psychologically dangerous memories are repressed or blocked from entering the consciousness [16]. Normal autobiographical memory processing is blocked by an imbalance of stress hormones such as glucocorticoid in the brain, particularly in the region of the limbic system involved with memory processing [16,17].

A Case Study of a Client

Informed consent was obtained from the client before including this case study in the paper.

Initial assessment

The client was in acute dissociative amnesia state and could not respond to psychological test. Therefore, the standard clinical interview was conducted to take information from the family who accompanied the client to the clinic.

A 36-year old woman who is highly educated and from elite family, experienced dissociative amnesia as a result of shock from a break-up of a love relationship. Two weeks before wedding, the client learned that her fiancée had gotten married to another person. Upon hearing this at the office, she fainted. Within the week she showed the following symptoms: She could not remember her name, the name of her fiancée; could not remember family members and co-workers. She experienced complete loss of self-identity information and deterioration in her work commitment.

Parents of this client believed in Western medical treatment but as they did not understand the condition, they attributed this to spiritual attack, saying that the condition is due to the co-workers' envy of the client's success. The Parents of the client, however, first visited the medical center for treatment. A Magnetic Resonance Imaging (MRI) examination was conducted and the results proved that there was no physical damage to the brain. The medical examination which showed negative results consolidated the strong belief of the client's family, that her condition was spiritual attack. Based on the medical results indicating no physical cause, parents of the client consulted the Charismatic church for treatment. The spiritual intervention,

however, did not alleviate the symptoms of the client and they decided to visit the medical center again. The medical center also could not help until finally there was a referral to see a Clinical Health Psychologist. She was finally diagnosed and successfully treated with a psychological intervention. Consultation with the Clinical Health Psychologist provided scientific and psychological causes of the condition. This was helpful in the psychological treatment because the initial consultation at the medical center did not provide any diagnosis when the MRI results showed no physical damage to the brain.

Choice of treatment in mental health

In the area of mental health, it has been noted that in Ghana the health seeking behaviours of clients are mostly focused on the Charismatic and Orthodox churches, followed by the Shrine consultation, including the traditional herbal treatments where some of the practitioners combine shrine and herbal treatment approaches [2,15]. The Western medical practices including psychiatry and psychology seem to be less patronized by Ghanaian clients [9]. Mental health issues are less understood by Ghanaians and Africans, and therefore very often their causes are associated with spiritual factors.

Discussion

The above client's case illustrates the effect of the African Belief System on the choice of treatment in Ghana. In the case study examined, the lack of an explanation for the client's illness prompted the family to seek spiritual care, based on their existing spiritual beliefs. Though the family had strong spiritual beliefs, if the medical center had identified a physical cause of the condition, the family would have complied with Western treatment. In Ghana, situations that are challenging to explain are generally attributed to spiritual causes [15]. Spiritual beliefs seem to influence Ghanaians and Africans when choosing treatment modalities for their illnesses. Based on the spiritual belief in Ghana, the treatment choices in order of preference include: 1. Herbal treatment followed by 2. Spiritual treatment: The least preferred treatment choice is the Western medical practice. Even when Africans utilise the services of Western hospitals and clinics, they do the spiritual consultations concurrently. Therefore, many Ghanaians combine Spiritual treatment (through prayers and meditation to God, or lesser gods including juju/voodoo) with the Western medical treatment.

The belief in spiritual involvement in illness and healthcare is independent of educational level [9]. In the case study presented, caregivers of elite family attributed dissociative amnesia to spiritual causes. Massive health education on scientific causes of illness has not eradicated the spiritual health beliefs in Africa. The belief is even more prominent with mental health conditions [2,9]. A plausible explanation for this strong belief about spiritual causes of mental illness is that research into mental illness is quite recent in Africa. As there is a strong spiritual belief in Africans [4], any situation or event which is not clearly understood is attributed to spiritual explanations [7,15]. In Ghana, the first treatment of choice in seeking treatment for mental illness is the Spiritual practice, followed by the Traditional Herbal practice

[2]. People consult mental health hospitals and clinics when spiritual and herbal treatments do not eradicate symptoms. The least preferred treatment choice in mental health is the Western medical practice including psychiatry and psychological treatment [9].

The belief, however, has an advantage in illness treatment. In Ghana, spirituality has been found to help people cope with a wide range of illnesses and stressful situations [17]. In over 45 studies examining relationships between spirituality and meaning and purpose in people with illness, 42 of the studies (93%) reported significantly positive relationships [17].

Spiritual beliefs help in illness management, in that this belief provides hope. It is therefore likely that cognitive stressors of negative thoughts associated with the illness condition can be eradicated. Plante [18] studies have shown that worries generated by chronic illness can slow the illness recovery process. For example, some patients with chronic medical conditions do not adhere to treatment as a result of a lack of hope [9]. The belief can provide hope in medical treatment, and help the client to adhere to the medical or psychological therapies until these treatments achieve their effects.

Recommendations for Clinicians in Ghana

The belief is very strong in Africa. Health education on scientific causes of illness cannot eliminate spiritual belief in Africans, especially about the Belief in the Creator, Almighty God. The Spiritual Belief in Africans should be embraced by Clinicians in Africa. Clinicians utilising the Western medical practice in hospitals and clinics, should accept the belief of African clients and utilise these beliefs to increase their compliance and adherence to scientific medical treatment. Clinicians should strengthen spiritual beliefs of clients who already exhibit these spiritual beliefs and direct them to use the belief positively to improve their illness and healthcare. Also, the belief can be guided by clinicians to help in illness recovery; for example, a client can be directed to modify spiritual practices (such as fasting) until he/she recovers from illness. Spiritual healers should be acknowledged in the healthcare practice in Africa. The Spiritual healers should be trained to understand basic medical conditions in order for them to modify spiritual practices to the needs of the client; for example suspending clients' fasting when they are ill.

Conclusion

There is increased knowledge on scientific causes of illness. Majority of Ghanaians therefore consult medical care for their physical health conditions. However, despite the consultation of Western hospitals and clinics, Ghanaians seem to also rely on supernatural beliefs for healthcare and illness recovery. From the case study, the lack of explanation for the client's illness prompted the family to seek spiritual care, based on their existing beliefs. In Ghana, situations that are challenging to explain are attributed to spiritual causes and that is their belief system [7,15]. Spiritual belief, therefore, should be explored during assessment and diagnosis of a client in order to reduce the delays in seeking medical treatment. These delays result from the doubts associated with whether the condition is spiritual or medical.

Consent

Written informed consent was obtained from the client in the case study.

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