“Insanity is from home”

The expression of mental health challenges in Akan

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This paper examines selected expressions relating to the articulation of mental health challenges in three Akan speaking communities in Ghana, in the context of considering that language is reflective of human thought, and that human cultural practices and behavior emanate from people's underlying appreciation of particular issues. Expressions of mental health challenges were extracted from a total of 37 one-on-one interviews and 12 focus group discussions. We note that the expressions used fall into 3 categories: idioms and proverbs, non-figurative language and code mixed utterances. Overall, indirection permeates all the categories. Furthermore, our observation is that the expressions provide an indication of the manifestations and perceived causes of the illnesses, which are familial, spiritual or biomedical. There is a strong tendency towards an expectation of communal support for the mentally ill. An appreciation of the languages and cultures of local communities provides the basis for appropriate diagnosis, effective management of mental illness and efficient public health education.

Keywords: Akan, Ghana, idioms, indirection, mental health, proverbs

1. Introduction

This study examines expressions used in describing mental health challenges in Akan speaking communities in Ghana. We also analyze what speech discloses of community perceptions of the causes of mental illness. Proceeding from the assumption that language is reflective of human thought, and human cultural and behavioral practices emanate from people's underlying appreciation of particular issues, we consider such a study critical. It has long been argued that language embodies the point of view of a group of people in as much as it influences their thought (Gyekye, 1996). Thus a study of linguistic expressions relating to mental illness should provide a basis for the appreciation of the

thought of particular communities concerning these particular conditions and how the people who suffer from them are likely to be treated in the community. Previous research such as Fosu (1981) and Obeng, C. S. (2004) have examined how Akans classify diseases and how the identified cause(s) affect(s) their choices of where and how to seek healthcare. Others, like Obeng, S. G. (2008), have investigated how people suffering from stigmatized communicable diseases use linguistic and pragmatic strategies to share their stories and achieve some therapeutic gains. In this study however, we interrogate the nexus between language, cultural practices and mental health. We examine how people's views of mental illnesses, as expressed through various linguistic forms, may influence the management of these illnesses and those suffering from them.

Read and Doku (2012) observe that generally there is a paucity of both quantitative and qualitative research on mental health in Ghana. They recommend that epidemiological studies in mental health in Ghana be done by local researchers and mental health workers, including social scientists, since research work done by foreigners is sometimes influenced by their own cultural biases. We take this challenge further and suggest that since there is a correlation between verbal behavior and traditional/communal practices and norms, it is important that local expressions relating to the description of mental ill health are critically examined. Local (mis)conceptions about mental health challenges can then be appreciated and appropriate remedies pursued.

Ghana, with a population of approximately 25 million people, is a truly multilingual society. It has 81 living languages; 13 of these are considered institutional, 46 developing and 15 vigorous while 7 are labeled as "in trouble" (Lewis et al., 2015). In spite of the relatively high number of languages whose use is documented in various domains across the length and breadth of the country, Akan and English are considered languages of wide communication (Lewis et al., 2015). As a result of the country's British colonial heritage, English is the defacto official language in Ghana. It is the language used for government business within the executive, legislature and judiciary. Also, in the formal private sector, English is the language of transaction. Generally, beyond the initial years of primary education (and sometimes right from kindergarten), English is the medium of instruction. The Ghanaian language involved in this study, Akan, is indigenous to 5 (Ashanti, Brong Ahafo, Central, Eastern and Western) out of the 10 regions in

the country.¹ It is spoken as an additional language in many parts of the remaining 5 regions. According to the last official census (Ghana Statistical Service, 2012), an estimated 47.5% of the population speak it as their mother tongue, and Obeng S. G. (2005) reports that nearly two-thirds of the population use it as a medium of communication. Akan is widely used in many parts of the country for socio-economic, cultural and religious purposes. For example, in the capital Accra, (which has Ga as its indigenous language) radio and television stations that broadcast in Akan seem to enjoy huge popularity among listeners and viewers respectively. In a country with a literacy rate of 61%, clearly, an indigenous language like Akan plays a critical role in the socio-economic as well as political and religious lives of the inhabitants.

Given that education delivery in Ghana is predominately in English and in principle exclusively in English beyond the first three years of primary education, health practitioners are often proficient in the English language, but may not necessarily be proficient and or competent in the indigenous languages of the communities in which they practice. Communities, whose inhabitants may not be (highly) literate, and hence cannot write, read or understand simple statements in English, may not be able to effectively communicate in English during medical interviews or consultations and hence may not benefit fully from the available healthcare. Healthcare providers are therefore sometimes compelled to communicate in local languages even though they are not trained to use those languages in professional settings.

In order to ensure appropriate diagnosis and proper management of mentally ill persons, within our institutions (health, religious, etc.) as well as in our homes and communities, it is important that both health practitioners and lay community members have a solid appreciation of our local communities' views of mental illness as expressed through the respective local languages. This requires a systematic linguistic study of the expressions of mental health challenges in our local communities. It is against this background that we find this study timely.

¹ . The issue as to whether Akan is indigenous to parts of the Volta region (as suggested by a reviewer) is not uncontested. There are groups of people in the Volta region, such as the Avatimes, who are considered Akan by origin and culture and indeed bear Akan names such as Osei, Asem, Bediako, etc. Such people do not speak Akan as their first language (even though they usually speak it as an additional language); the languages (Siyase, Siya, etc) they speak are considered as a mixture of Akan, Ewe and other languages which they have probably come into contact with over time and history. They have therefore developed an identity of their own without having to subsume it under the umbrella of Akan (P.C. Yvonne Agbetsoamedo; Paul Agbedor).

2. Previous studies

Most of the literature on mental health from African sources have examined the causes of mental illnesses. People have different perceptions of the causes of mental illnesses. A summation of the causes of mental illnesses garnered from a number of studies, including Cockerham (1981), Razali et al. (1996), Ellis & Collings (1997), Agara et al. (2008), Quintanilla (2010), and Bagasra & Mackenem (2014), is that they are a result of magic, the evil eye, witches, curses, evil/diabolical possession, genetics, or complications of physical illnesses. They may also be the product of a person's sins or a manifestation of an external spiritual force, like ancestral spirits, who are thought to take possession of a person who is believed to have transgressed certain norms or to have offended the spirits (Ellis & Collings, 1997).

Agara et al. (2008), for instance, in their study of the role of spiritual healers in the management of mental health challenges in Nigeria, captured and highlighted the perception of the spiritual healers as follows: "[a]ll human problems are caused by enemies, or as a result of sinning against God or witchcraft or ancestors. It could also be inflicted on him to test his faith in God" (p.155).

Outside the domain of these spiritual healers, Adebowala & Ogunlesi (1999) note that among caregivers and patients in many clinics in Nigeria, mental illnesses are more likely to be given 'supernatural' rather than 'psychosocial' explanations. In contrast to this preponderance of spiritual attribution, Hugo et al. (2003), show that in South Africa, members of the general public will often ascribe mental illnesses to stresses or the lack of willpower but will rarely consider them as resulting from biological sources.

Obeng, C. S. (2004), contrary to the popular belief that traditional societies attribute illnesses to spiritual causes only, submits that Akans demonstrate, through their practices, that they have a bipartite concept of illness. They therefore ascribe either physical or spiritual causes to illnesses found in their communities. In this regard, Fosu (1981) maintains that among the Akans, specifically among the people of Brekuso, illnesses are believed to be caused by natural agents, supernatural agents or both. He adds that apart from the fact that ascribing a cause to an illness is the most important aspect of therapy, it also helps predict healthcare seeking behavior and the kind of facility that will be utilized.

In a study conducted by Ofori-Atta et al. (2010), using stakeholders from 5 regions of Ghana, it was shown that mental illnesses are perceived to be caused largely by the inherent vulnerability of an individual (which includes characterizations of gender) and witchcraft. Women are thought to be more likely to develop mental illnesses because they are less likely to deal adequately

with difficult situations such as harsh economic conditions and relationships. They are also thought to be more involved in witchcraft and most of the calamities human beings encounter are ascribed to them. Hence, they are more likely to suffer severe punishments, such as mental illness. Quintanilla (2010) explains that women are comparatively more commonly regarded as witches because of their biological makeup. Women are considered more powerful witches because they have two organs that are believed to produce pathogenic images and which are thus regarded as two sources of evil – the uterus and the spleen. Therefore, mental health challenges like hysteria among women are seen as their punishment for practicing witchcraft.

As indicated earlier, the perception of the causes of mental illnesses is likely to inform the kind of care that is sought by patients, their families and the community as a whole. It is noteworthy that in some communities, even outside Ghana, the belief in the supernatural causes of mental illnesses is usually not significantly associated with variables such as age, gender, level of education or occupation of the patients (Razali et al., 1996). Razali et al. (1996) aver that among the Malays, the number of patients who believe their mental illnesses are attributable to supernatural causes is significantly higher. As a result, more of them would rather consult Malay traditional healers than orthodox practitioners.

A study by Read et al. (2009) in rural Ghana shows that spiritual intervention is sought for mental illness by some people simply because mental illness is thought of as a spiritual disorder. The study reveals that in many of these spiritual centers where treatment is sought, sufferers of mental illnesses are subjected to harsh treatment and their human rights are disregarded because of the religious and socio-cultural beliefs of the indigenes regarding the causes of the disorder. An example of such methods is beating the patient. According to traditional healers, beating makes patients controllable, and patients are beaten in order to "drive out the evil spirit" which they claim is responsible for the illness (Agara et al., 2008, p.118). Often the patients are beaten while in chains or handcuffs. Some of the spiritual healers also endanger the lives of patients by forcing them to engage in prolonged fasting (Makanjuola et al., 2000, and Roberts, 2001). The traditional healers, by their practices, also expose the patients to diseases such as HIV/AIDS and hepatitis by using unsterilized needles and other sharp objects to make scarification marks on their bodies (Agara et al., 2008).

As demonstrated by Makanjuola et al. (2000) in their study in Kwara State, Nigeria, these healers are usually reluctant to refer patients to hospitals or psychiatrists because of their disbelief in the efficacy of the treatment offered in hospitals or by psychiatrists for mental disorders. Alternatively, they simply keep patients for monetary or material gains.

People's expression of their belief about mental illness is a reflection of their understanding of the disease and this may have implications for stigmatization,

health seeking behavior and the support they offer to the mentally ill. The understanding, interpretation and treatment of mental illnesses vary depending on the cultural setting.

Ellis & Collings (1997) opine that there is a general tendency among the people of the Pacific, especially the Island-born, to prefer traditional approaches of treating a person who is mentally ill to the methods of the Western health system, which they often view in a negative way. They add that the mental illness of a family member is usually concealed from members of the public, because the family may feel ashamed as the whole family carries the stigma associated with the mentally ill. The treatment process thus engages the head of the family, the church clergy or special traditional healers who deal with the spiritual world, conducting rites to placate the spirit and restore the individual and family as a whole to a neutral state. Despite the attempts to avoid the western health system, if the condition of the patient gets to a point the family finds threatening, they tend to resort to formal clinical treatment, by which time due to loss of treatment time, the illness may be harder to treat.

Chiu (2000) asserts that the socio-cultural background of a person may be a factor that exerts a significant etiological effect. He reports that in China, people living in rural areas like the Huayin, more frequently ascribe mental illnesses to (evil) possession, than people living in urban areas like Nanjing, and thus, they seek the help of religious healers. Similarly, his research also shows that in a rural community of South Korea, most psychotic patients were treated by shamanistic therapies.² This form of treatment is, according to him, “reflective of the fact that the rural communities view spiritual intervention as a common and important alternative to standard medical treatment” (Chiu, 2000, p.12). Chiu (ibid) proposes that the difference in preference is as a result of differences in sociocultural points of view.

Similar to the studies of Ellis & Collings (1997) and Chiu (2000), Quinn (2007) in his study of beliefs and community responses to mental illnesses in Ghana, observes that in many cases, people in rural settings tend to dwell greatly on culturally specific explanations in connection to mental illnesses. By this, the rural folks are generally more receptive and supportive of people with mental

² Shamanism is a healing process that focuses on spiritual causes of sicknesses and diseases rather than the physical symptoms. Thus, healing is sought on the spiritual level. The healing process involves a shaman, a person who serves as an active mediator between members of the spiritual world and the physical world in order to bring cures of various kinds of sicknesses and diseases on their communities (see Money 2001). It is practiced in Asia among Tibetans, Mongolians, Koreans, Japanese, North and South Americans, as well as Zulus and Xhosas of South Africa.

illnesses.³ Support, which is in various forms, (e.g., emotional and social), depends on the understanding of the disease and the stigma associated with it. In line with Quinn's view, Barke et al. (2011) suggest that urban dwellers and people with higher levels of education tend to associate mental illnesses with biological/ psychological attributions.

The studies discussed above show that, it is important that research on mental illnesses takes into consideration the cultural setting of the people being studied. Research tools such as questionnaires need to be modified to reflect the cultural milieu in which the study is being conducted. A standard questionnaire designed for use in the UK, which was modified for use in rural Ghana, was tested in a study among postnatal women in Kintampo, a town in the Brong Ahafo region of Ghana. All the questionnaires used in the study had to be translated into one of the Twi dialects of Akan and the questions modified to a culturally acceptable/congruent form to elicit the responses suitable for scoring on the questionnaire. The purpose was to determine whether or not the postnatal women were mentally ill (Weobong et al., 2009). This study could not have been successful if the standardized questionnaires were not translated into culturally accepted forms, as it would not have been reflective of acceptable cultural norms. Thus, mental health workers who may become oblivious to the cultural nuances of the languages within their work communities since they are trained in English, run the risk of misunderstanding patients and hence possibly misdiagnosing them. There is also a great possibility that they might fail to offer an appropriate solution or their advice will be ignored. Chang & Tobiasen (2000) stress that mental health service providers must be able to communicate with patients in ways that they can understand in order to provide effective services. Hence, there is a need for mental health service providers to be adequately equipped with the skills to interpret, appreciate, and negotiate linguistic differences.

3. Methods

The data for this study were collected from 3 Akan speaking communities: Kumasi, Koforidua and Cape Coast in the Ashanti, Eastern and Central regions of Ghana respectively. The 3 communities were selected because as part of the larger study, we required Akan communities with either psychiatric hospitals or psychiatric units in hospitals, to allow us to study the discourses within the

³ In expressing their support and concern to ill relatives, family members may send the patients to healing centers, where they may be abused (beaten) as part of the treatment processes.

medical settings as well. Thus the study sites were all urban communities. Ethical clearance for the study was sought from the Ghana Health Service Ethical Review Committee. Participants were recruited after informed consent was sought including consent to audiotape focus group discussions and interviews. We purposively selected for initial participants people who were well versed in the Akan language, understood the Akan culture and could potentially represented the views of the Akan community. For each community, the leaders such as chiefs and local assembly members were approached first and their permission asked to gain access into the community. Their help was also solicited in identifying optimum initial participants. Snowballing was then used to identify subsequent participants to ensure the recruitment of people who were thought to be sufficiently conversant with the language, culture and norms of the Akan community.

Our research assistants engaged in in-depth interviews with the participants from the respective Akan communities. The in-depth interviews were unstructured. Additionally, there were focus group discussions (FGDs) involving community members of varying ages and sexes. Participants were selected using the same strategy as for the in-depth interviews. FGDs were conducted separately for persons between 18 and 40 years and those above 40. A little over half (56.3%) of the participants in the 40 and below FGD had secondary education, 18% had basic or primary education and a quarter (25.7%) had tertiary education. For those above 40 nearly half (48%) had tertiary education, 17% had secondary education and 35% had basic or primary education. Males constituted approximately 56% of the participants for the FGDs. Each FGD had a moderator who used a FGD discussion guide to conduct the discussion. Participants were asked to talk about Akan expressions related to various aspects of mental illness such as its causes and manifestations. Altogether, there were 12 focus group discussions and 37 in depth interviews. The breakdown of participants for the individual communities is as follows:

Table1. Summary of community interactions

	Kumasi	Koforidua	Cape Coast	Total
Interviews	11	18	8	37
Focus Groups	4	4	4	12

After consent was sought from participants, the interviews and focus group discussions were audiotaped. The purpose of both the interviews and the focus group discussions was to elicit expressions which described mental health challenges and their manifestations.

The data were orthographically transcribed and idiomatic translations provided. The transcriptions and translations were checked by a senior research assistant and subsequently analyzed manually for expressions relating to mental health. Forty-seven (47) proverbs and idioms were collected from the communities. Additionally, we collected a total of 13 proverbs, relating to mental health challenges, from Appiah et al.'s (2007) extensive collection of Akan proverbs. These involved proverbs which make explicit mention of *dam/adammɔ* ‘madness/ insanity’ or *ɔbɔdamfoɔ* ‘mad person/a lunatic’.

The proverbs and idioms that were identified were further explicated based on the (near) native speaker competences of the researchers and their prolonged contact with members of the Akan speech communities. This was done through two brainstorming sessions. Thereafter, the meaning of the proverbs and idioms were verified with two language consultants.⁴ The consultants were interviewed on different days. Each interview lasted approximately 1 hour 30 minutes. The responses gathered during our interactions with the consultants in addition to the earlier brainstorming sessions formed the basis for the explanations presented in this study. The data was also analyzed for the perceived causes of mental illness expressed by the participants through their speech.

4. Expressions of mental health challenges in Akan

As we earlier indicated, the expressions that we identified which relate to mental health challenges can be put into 3 main categories: (1) idioms and proverbs, (2) non-figurative language and (3) code-mixed utterances.

4.1 Idioms and proverbs

Since many of the expressions we collected involved idioms and proverbs, we find it appropriate to provide a characterization of these before we discuss some of the specific expressions we gathered.

Idioms are not easy to define, as noted by Sag & Wasow (1994). This is because there are a number of criteria that need to be taken into consideration since idioms are “characterized by a number of distinct properties: semantic,

⁴ . Both language consultants are over 60 years of age. They are well versed in the language and have had lengthy engagements with the language communities. They hold MPhil degrees in Akan. They are retired teachers of the Akan language and examiners for the West African Examinations Council. They have in addition authored some Akan textbooks which are used in the teaching of Akan at the basic and secondary levels, and are involved in translations of varied texts involving Akan and English.

syntactic, poetical, discursive, and rhetorical” (Sag & Wasow, 1994, pp.492–493). These properties, as listed by Sag & Wasow, include the following:

- Conventionality: The meaning of an idiom cannot be predicted, at least not entirely, on the basis of the meanings of its individual components.
- Inflexibility: The syntactic and semantic frames of idioms tend to be rigid.
- Figuration: Idioms characteristically involve figurations such as metaphors, metonymies, hyperboles.
- Proverbiality: “Idioms are typically used to describe– and implicitly, to explain – a recurrent situation of particular social interest” (p.493). Generally, it is considered that expressions which present as entire sentences and reflect universal truths are proverbs.
- Informality: Idioms tend to be used more often in informal or colloquial settings; it is their use is typical of popular speech and oral culture.
- Affect: The use of idioms suggests a certain evaluative or affective stance towards the proposition expressed by the particular idiom. Situations that are regarded as neutral typically do not attract the use of idioms.

Durkheim (1933) defines a proverb as “a condensed statement of a collective idea or sentiment relative to a determined category of objects” (p.170–171). In recognizing the collective and communal nature of the proverb, he suggests that “every thought tends towards an expression adequate to it, if it is common to a certain number of individuals, it necessarily ends by being enclosed in a formula that is equally common to them”. What this means is that proverbs are representative of societal thought. The whole society takes ownership of it, and often there is little room for individual innovation. Note however that Yankah (1989) explains that even though proverbs represent collective societal thoughts, the Akan, and proverb speaking Africans in general, perceive that proverbs are tools at the service of the speaker and they may be applied, molded, or transformed to augment the aesthetics of speech. This suggests that the meaning of a proverb may be reconstructed in order to make it appropriate for the particular context in which it is being used. He added that “[a]mong the Akan, Ga, and Ewe of Ghana, for example, the equivalents of the proverb, *abe*, or *ebe*, do not refer to the so-called short, concise, oft-quoted expressions only. They may also refer to illustrative anecdotes, parables, or a series of utterances from which a moral could be drawn, and these do not have to be short and fixed” (Yankah, 1989, p.327). In our study, however, we focus on prototypical short witty utterances.

Idioms and proverbs tend to be formulaic (see Corrigan et al., 2009, p.xiv). They are “preferred choices for expressing certain meanings”. Obeng, S. G. (1996) adds that speakers use proverbs in interactions for different purposes.

One of such purpose is to say something gently, in a veiled way. Thus proverbs provide a means by which difficult and face-threatening societal issues are captured. He suggests that the nature of face-to-face interactions is such that they are potentially face-threatening, especially when difficult issues arise. There is therefore the need to adopt certain verbal strategies during such encounters in order to manage or avoid tense situations. In such instances, the nature of a proverb as impersonal and as a cultural truism makes it an appropriate communicative strategy. Asante (2002) proposes that (Akan) proverbs are "often an expression of some fact of life deduced from careful observation" (p.4). These views are reinforced by Dancygier & Sweetser's (2014) suggestion that figurative language should not just be considered as 'decorative additions' to language, but rather as a core part of the linguistic structure of languages (p.2). As a result, these expressions provide potent and pervasive means of expressing one's thought.⁵

In the view of Twumasi (2005), the social norms of many traditional societies can be well identified in some definite speech forms that they associate with, such as proverbs. These proverbs serve as storehouses of guides to social action. As a result, some traditional medical practitioners have made it their duty to often interpret the proverbs to their clients (patients) during counselling sessions. Similarly, Opoku (1997) states that "proverbs are encapsulations of the accumulated wisdom and experiences of past generations of the Akans and they constitute an authentic mirror of the mind and philosophy of the Akan people" (p. xviii). It is therefore important for health service providers to appreciate and understand such proverbs and idioms as one of the means of understanding the points of view of their clients and the community in which they are embedded.

We will discuss a number of these proverbs and idioms, from our data, which provide an indication of society's views of mental illnesses in Ghana. We recognize that even though these expressions are not always used in the context of mental illnesses (because of the wide applicability of proverbs in particular), the occurrence of words like lunatic/madness/insanity in these proverbs provides an indication of the views held by members of the speech communities regarding such challenges.

The first proverb that we cite hints that Akan communities may recognize the chronicity of mental illnesses; that these illnesses cannot be completely cured.

⁵ . Dancygier & Sweetser's (2014) study relates mainly to metaphor, metonymy and irony. There is no doubt however that proverbs contain elements of the aforementioned.

Such an idea may have implications for how persons who have ever been diagnosed with mental illnesses are subsequently treated in our communities.⁶

- (1) *ɔbɔdamfoɔ se ne dam kɔ a, na ɛnye deɛ ɔde hunahuna mmɔfra.*

‘If a lunatic says s/he has been cured of the lunacy, many a time traces of the lunacy that is capable of being used to frighten children persist.’

(If a person decides to desist from a well formed habit, many a time, traces of the habit, at least enough to frighten children, remain).

The view captured by the proverb in (1) can lead to stigmatization of the mentally ill in the communities. This proverb can be linked to Coppock & Dunn’s (2010, p.11) assertion that “[t]he rhetorical acceptance of these people into the community was not matched by the reality of their status within it – their ‘otherness’ dictated that they only had a token place in the real world”. In other words, people are always careful when dealing with persons who are known to have suffered from mental illnesses in the past. They are mindful that they may not be totally cured and that they could exhibit symptoms of the disease at the least trigger. Thus, if you are around somebody who has ever been mentally ill, you take pains to avoid provoking the person. On a rather positive note, this proverb could serve as a basis for health education to help people appreciate the chronicity of some mental illnesses, thereby eliciting support for the people who suffer from them. If the society as a whole appreciates that mental illnesses may not be completely cured but can be successfully managed and people with mental illnesses can lead normal lives when on appropriate treatment, the outcomes for such persons will be improved.

In (2), we are given an indication that being mentally ill is a derogatory situation and it is only befitting of certain (low) categories of people in society; a person of royal blood cannot be mentally ill.

- (2) *ɔdehyee bɔ dam a, yɛfrɛ no asaborɔ.*

‘If a royal goes mad, we call it drunkenness.’

(A lunatic royal personage is viewed as a drunk; not as a real lunatic).

⁶ The examples we provide in this paper are mostly in the Asante/Akyem dialects of Akan. Our data mostly consist of Asante, Akyem and Fante utterances. We did not identify any instances of Akuapem sentences. We note that some of the proverbs and idioms recurred in the various dialects; we chose, in many instances, to use the dominant Asante versions, however, we have included a few Fante examples to reflect the dialectal diversity of the study areas. Where an example is in Fante it is so marked (Fa.) at the end of the sentence.

As a result, if such a predicament befalls a person of royal blood, the society has to find more politically correct ways of talking about and handling the situation. If a mad man is ridiculed, his whole family loses status. Thus, when talking about a royal who has been inflicted by mental illness, the expressions used must be highly mitigated.

- (3) *Damfoɔ nni wo fie a, wo se bɔdamfoɔ yi ho yɛ sere.*

'You describe a mad person as hilarious, if you do not have a mad person in your family or at home.'

(A mad person is someone to laugh at, if s/he is not your relation).

The proverb in (3) suggests, if mental illness has not been experienced within the confines of your home, you do not feel the severity of the situation and can thus treat it lightly. However, the proverb may be used to caution members of the Akan community to avoid mocking mad people. We should rather sympathize with them and give them the communal support they need. Indeed, it suggests that the social ramifications of mental illnesses affect the whole family rather than just the individual who is suffering from the disease. Thus the impulse towards a collectiveness management of such illnesses is heightened (see Ellis & Collings, 1997). A related idea is expressed in (4).

- (4) *ɛnyɛ wo biribi ne damfoɔ a ɔhram a, wo se boaa ereba.*

'If you are not related to a mad person, when s/he yawns, you say it is coming.'

(You make fun of a mad person if s/he is not your relative)

Considering the highly extended form of the Akan family, it is likely that everyone may have either a close or a distant relative who suffers from some form of mental illness. Thus the caution in (4) as well as (3) is intended to admonish people to desist from unnecessarily teasing of people with such conditions.

The next proverb (5), which we cite here and from which we derive our title, gives a hint of what may be considered as the root cause of mental illnesses/madness.

- (5) *Bɛɔdam firi fie./Obi bɛɔdam a, na ɛfiri fie.*

'When a person becomes mad, the cause is from the home.'

(Insanity is from home).

What is communicated by this proverb is that insanity originates from home. This could be interpreted in three ways. First, it may suggest that insanity is hereditary. Second, within an appropriate context, it could be interpreted as someone or some people within one's (close or extended) family is/are the spiritual cause of one's lunacy. The word *fie* 'home' in Akan ethnopragmatically refers to the source of witchcraft and the capability of such spiritual powers to bedevil and/or bewitch an individual causing him/her to become a lunatic. The

Akans believe that a person who is not a relative of yours cannot successfully bewitch you without the aid of members of your family. Hence to them, any form of tragedy that befalls a person is caused directly or indirectly by his/her own relatives. Third, it could communicate the meaning that the symptoms of insanity are first noticed at home before the condition becomes obvious publicly, suggesting the critical role of close family in identifying and managing mental illnesses.

In (6), the loss of social function of the mentally ill person is indicated. His/her behavior is unpredictable and therefore the affected individual cannot be expected to effectively fulfill the expected family and social responsibilities. Thus, the expected social function of such a person has to be taken over by the family and the larger community. This is in consonance with the communal nature of the Akan society, and by extension many African societies. Akan (and African) communitarianism has long been attested (see Cobbah, 1987; Wiredu, 1990; Gyekye, 1995, 2003; Agyekum, 2004, 2010a), and we see this manifested in the management of mentally ill patients.

(6) *Bɔdamfo wo ba a, ɔwo no ma amansan.* Fa.

‘When a lunatic gives birth, the child belongs to the society’

(When a lunatic gives birth, the society takes custody of the child).

This proverb can also serve as a basis for strengthening the point, during health education, that a lot of social support is needed by a person who is mentally ill.

(7), can be literally interpreted as once a mentally ill person gets violent, it will take more than one person to restrain them.

(7) *Baako nkyere damfoɔ.*

‘One person does not apprehend a lunatic.’

(The responsibility of caring for a lunatic is communal).

This idea may be behind the chaining and handcuffing of some mental health patients in certain facilities (Makanjoula, 2000; Roberts, 2001; Agara et al., 2008). It results from the view that it is difficult for any individual to restrain a mentally ill person. Therefore, it may be necessary in certain instances to apply a bit more force in the attempt to restrain them. The mentally ill are often considered people possessed by a supernatural spirit, making them extraordinarily strong. Physically, some of them are very untidy and indecent. In the view of Sorsdahl et al. (2012), “[c]ompared to an average person, those with a mental disorder are viewed as being more unpredictable, tense and dangerous, worthless, delicate, slow, weak, dirty, and foolish” (p.169). They therefore become people who are dreaded and cannot be apprehended by just one person. The proverb in (7) suggests that restraining a lunatic is a collective effort. In context and by extension, this proverb reinforces the collective responsibility of the family and

the society towards the mentally ill. Effectively, an individual cannot be solely responsible for the upkeep of the mentally ill.

The proverbs in (6) and (7) suggest that the consequences of lunacy are borne by the entire community. This further suggests the need for community members to observe and help in identifying cases of lunacy in order to assist such persons and their families. In so doing the bond of communalism or collectivism is deepened.

Our point here is that the views of society concerning mental illnesses, including their origin, can be suitably captured in such witty collective communal sayings. The collective nature of proverbs plus its assumed anonymity allows for them to be used as a potent means of expressing views about what would otherwise have been considered a difficult communicative situation (Obeng, 1994).

In describing the situation of mental incapacity, a number of idioms were identified in our data. The first set of idioms we consider (Examples (8) to (11)) involves the Akan word for mind (thought, intentions) *adwene*.⁷ When these expressions are used, the mental illness referred to is not deemed to be very severe but the deeds of the person described this way indicate that s/he is not in a sound frame of mind. The abnormal behavior of the person suggests that attention should be paid to him/her.

- (8) *N'adwene n-ye.*

His/Her'mind NEG-good

'His/her thoughts/intentions are not good.'

(S/he is crazy)

- (9) *N'adwene mu/ho a-ka.*

His/Her'mind inside/body PERF-touch

'His thoughts/actions/intentions are defective.'

(S/he is crazy)

- (10) *N'adwene n-nyi fie. Fa.*

His/Her'mind NEG-be home

'His/her thoughts/intentions are not home.'

(S/he is scatter-brain; or His/her thoughts/ intentions are inconsistent with those of a well-bred properly socialized individual/S/he is insane).

- (11) *N'adwene no a-di kyin-hyia.*

His/Her'mind DEF PERF-eat roam-meet

⁷ As suggested by one reviewer, we have provided the interlinear glosses for the idioms in (8–13). This is intended to provide readers first with the literal meanings before the metaphorical renditions are considered.

‘His/her mind has dethreaded.’

(His/her mind is not functioning as it should).

As with the proverbs, not every instantiation of the idioms above refers to a situation involving mental illnesses. The context is critical in determining the reference to a mental ill-health situation. It is instructive to note that a significant number of these idioms involve the use of *adwen(e)* ‘mind’.

In their use of idioms in reference to mental illnesses, Akan speakers, employ metonymy. According to Kövecses & Radden (1988, p.39), “[m]etonymy is a cognitive process in which one conceptual entity, the vehicle, provides mental access to another conceptual entity, the target, within the same domain...”. Considering the “conceptual proximity” (see Evans & Green 2006) between the two entities, the mind is used in metonymic reference to the entire human being. The underlying assumption may be that if the mind is healthy, the human being should generally function normally. Linking the mind to mental illnesses could indicate the people’s view of the origin of the mental illnesses they seek to describe, a point that we will return to in Section 5. It is important to recall, at this point, Sag & Wasow’s (1994) suggestion that the use of idioms is indicative of a certain evaluative stance towards the proposition expressed by the idiom. Agyekum (2010b) suggests that Akans resort to the use of euphemisms such as these idioms when talking about mental illnesses because they believe that even the mention of the illness in a direct manner could result in the speaker acquiring the illness through the agency of certain supernatural forces. Certainly, the availability of these idioms offers a euphemistic escape for the speakers who feel obliged to talk about mental illness.

Note, however, that not all the idioms recorded in our database involve the word *adwene* ‘mind’, as can be seen in Examples (12) and (13).

(12) *Ne safoa a-yera.*

His/Her key PERF-lose

‘His/her key is missing.’

(S/he is insane).

(13) *Ne tsir mu ahoma a-tsew. Fa.*

His/Her head inside thread PERF-tear

‘The thread in his/her head is torn.’

(S/he has gone bonkers).

It is thought that the *key* to normal human behavior and function is the mind and so if one’s “key is missing” there is a malfunctioning of the brain which results in abnormal human behavior. The idiom in (13) indicates that there is some knowledge about the connection between some malfunction of the brain and mental illness even though the users of this idiom may not fully know the

anatomy and function of the different parts of the brain. The use of *ahoma* ‘thread/wire’ in an expression about mental illness may provide some indication of the existence of some traditional knowledge about neural connections which influence mental ill health. We recommend an exploration of such traditional knowledge systems as we seek to understand traditional views about mental illnesses.

- (14) *Ne tsir e-si famu. Fa.*
His/Her head PERF-stand ground
‘His/her head is turned upside down.’

Example (14) is a Fante example indicating the malfunctioning of the head of a mentally ill person. We note that the difficult situation of talking about mental illness lends itself to a preponderance of idioms in such contexts.

We find the list of characteristics of idioms provided by Sag & Wasow (1994) mentioned earlier to be relevant in the Akan idioms identified. The choice to use idioms in talking about mental illness indicates the (negative) evaluative stance that Akan speakers take towards such illness. In accordance with Sag & Wasow’s (1994) identification of the conventionality of idioms, we note that the meanings of the idioms cannot be predicted based on the “meanings of the individual components” (p.492). One does not have the option of varying the syntax or the semantic frames of these expressions, which is an attestation of their rigidity. However, contrary to Sag & Wasow’s claim about the informality of the registers in which idioms are used, we note that the use of Akan idioms about mental illnesses is not restricted to informal settings, even though it is true that the Akan culture is largely an oral one.

4.2 Non-figurative language

Not all the expressions involved in communicating views about mental health can be categorized as proverbs or idioms. We note one expression that is devoid of figuration as in (15):

- (15) *Yare bɔne.*
‘Bad sickness.’
(Fatal/stigmatized disease)

Yare bɔne ‘bad sickness’ (15) is not particularly idiomatized to mean mental illness; it could refer to any fatal and or stigmatized disease such as cancer, HIV/AIDS and leprosy. It is only within the appropriate context that *yare bɔne* ‘bad sickness’ will specifically refer to mental illness. It is worth noting that even where there is an absence of obvious figuration, directness in speech is still avoided due to the face threat involved and the possible communal

disintegration resulting from the use of more direct expressions (Obeng, 2003). Thus speakers resort to various indirect means of talking about mental illnesses.

4.3 Code mixing as an avoidance strategy

Wolff (2000, p.317) describes code-mixing as “any instance of interchanging usage of two or more languages within the same conversation or discourse by the same multilingual speaker” According to Bamiro (2006), code-mixing involves lexical transfers from one language to another during conversational interactions. The use of code-mixing as an avoidance strategy has been attested in the literature. Scholars like Honna (1995), Mukenge and Chimbarange (2012) and Bindura et al. (2013) have reported that code-mixing is a communicative strategy that is used to avoid referring directly to expressions that have negative connotations or expressions that breach societal norms.

Honna (1995) opines that “a function of code-switching is that it is a means of circumventing terms which have a negative connotation” (p.53). In consonance with the observation of these scholars, we note that the speakers we investigated resorted to the use of code-mixing as a strategy which appears to be intended to mitigate the face threat inherent in talking about mental health challenges as seen in Examples (16) to (18).

- (16) *N’adwene nye clear/normal.*
‘His/her mind/thoughts is/are not clear/normal.’
- (17) *Ne wires atɔɔkye.*
‘His/Her wires have touched.’
- (18) *Ne wires ate/asnaapo.*
‘His/Her wires have torn/snapped.’

The use of words and phrases from another language is adopted as a euphemistic strategy to talk about a difficult and uncomfortable social situation. Wires ‘tearing’ or ‘snapping’ emphasizes the point made earlier about mind/brain abnormalities or malfunctioning as an assumed cause of mental illness. An example of this is what happens in seizure disorders (or epilepsy) where there is abnormal excitation of the neurons in the brain. Epilepsy was formerly thought to be a mental illness and is still managed in Ghana largely by psychiatrists because the general population continues to perceive it as a mental disorder.

5. Perceived causes of mental illnesses

The study showed the multi-tier concept that participants used in describing the causes of mental illness. Apart from the established biological and psychosocial causes, some communities believe that there are spiritual causes for some mental illnesses. This view is not confined to Ghana and has been found by studies done among adults in a rural community in Northern Nigeria and mentally ill patients in Malaysia, (Razali et al., 1996; Kabir et al., 2004). An analysis of West African films (films produced in West Africa for a West African audience) also found that mental illnesses were portrayed largely as diseases with spiritual origins (Aina, 2004). This has implications for health seeking behavior regarding treatment, and when the health practitioners who are managing such cases fail to consider this when offering care, they may not meet the expectations of their clients (Sorsdahl et al., 2009; Opare-Henaku, 2013).

From the expressions gathered from the communities, we are able to characterize the perceived causes of mental illnesses there into three main groups: familial, spiritual and biomedical.

5.1 Familial

The heritability of mental illness is evidenced by the proverb that can be translated as 'insanity is from home' (Example (5)). Home implies the members of one's household which in Ghana normally includes biological parents, siblings and other close relatives. It is believed that if any of these close relatives has/had a mental illness, it could be inherited by other members of the family. This is one of the reasons why in traditional Akan communities, the cultural practice of investigating the family backgrounds of would-be couples was highly valued. It was intended to prevent recurrence of mental illnesses in the biological children expected from the union. The idea of the heritability of mental illnesses is in line with scientific research that shows that a person with especially first degree relatives with mental illness is more likely to also develop the same illness (Agerbo et al., 2002). One participant describes the cause of mental illness as follows:

- (19) *Dee me dee me nim ne se, eye a na bebre ka se obi wo ho a yewo no a, na nya saa yaree no....*

'As for me, what I know is that a lot of people say that some people acquire the illness through birth....'

The environment within a particular family may also contribute to the development of mental illness. Anti-social behavior on the part of some family members can lead to mental illness in others. The establishment of social codes

that maintain bonds in the family is necessary because there is often the need for members to appreciate their interdependence on one another (Gyekye, 1996; Twumasi, 2005). This is in line with current medical evidence supporting the view that mental illnesses can be caused by an individual's genetic make-up, and environmental factors such as upbringing, and how one is taught to deal with the stresses of life. In other words, issues relating to nature and nurture.

5.2 Spiritual

It is a widely held view in Akan communities that illnesses, including mental ones, which may provoke denigration of the family, may be spiritually caused (See also Razali et al., 1996; Kabir et al., 2004; Opare-Henaku, 2013). This is illustrated in the example below where a participant explains what she thinks may be the cause of a friend's mental illness:

- (20) *Wɔse wɔkɔ baabi ma yɛka kyereɛ wɔn sɛ, obi na ɔmaa no aduane na ɔde saa adeɛ no fra maa no, nti ɔmo yeye yeye ho nnoɔma a nti ewɔ mu a, ɔmo totɔ totɔ anointing oil yi a aba yi bi, nti ewɔ mu a na ɛkɔ. ɔmo totɔ oil no bi deɛ a ade no mma a, sɛ esa na sɛ ɔmo nyaa sika nkɔtɔ bi a na asan aba.*

'They said they went somewhere and were told someone gave her the disease through food, so they performed some rituals, once in a while they buy some of these anointing oils, so sometimes it goes. When they buy the oil she doesn't get the attack but once it is finished and there is no money to buy, it comes.'

Another respondent had this to say about the possible cause of the mental illness of his neighbor;

- (21) *eye honhom mu yareɛ, nso yeyee yee yee nso, yede akyini bebreɛ nso yeanya ano aduro.*

'It is a spiritual illness, no matter how we tried yet we have not found a solution to it.'

The cause of one's illness may be attributed to a family member (see Example (5)) or a close associate such as a work colleague. If a person who is allegedly an evil member is spiteful or envious of the successes or progress of the affected person, s/he may place a curse on that person in order to destroy him/her. This is illustrated in the statement below:

(22) *Obi nso wo ho a adwuma mu na yeato saa yaree no ama no.*

'For some, it (the illness) is bought for them at their work places.'⁸

In some other cases, the disease may be understood as a consequence of an offence committed by the person suffering from the mental illness.

(23) *Obi nso tumi kodi bone bi na yeato saa yaree no ama no....*

'Some also engage in bad deeds which brings the illness upon them...'

Sometimes the offended person may consult an oracle, invoke the evil spirits or make some utterances to harm the offender as a way of retaliating. In situations where a mental illness is as a result of an offense, the offended person may be called and forgiveness asked for, so that s/he can reverse the curse and grant the victim sanity (See Twumasi, 2005).

5.3 Biomedical

The biomedical approach to mental illnesses recognizes them as diseases of the brain/mind which can be managed with pharmacological therapy. In this study, some of the code-mixed utterances and idioms cited earlier clearly show that within these Akan communities, some mental illnesses are thought to originate from the malfunctioning of the brain/mind. Opare-Henaku (2013) suggests that "mental illness is an impairment in the mind or thought" (p.43). Reference to dysfunction of 'wires' or 'threads' (in the head) in the Examples (16–18) may suggest that among some people the cause of some mental illnesses is perceived to be biomedical. Factors that may lead to mental illnesses include the use of illegal drugs, stress due to bad or traumatic experiences, head injury and others. The following illustrate some people's perceptions of the possible causes of the mental illness suffered by people they knew:

(24) *Dam ankasa ye animguase dee. Ena nipa no megyae no anaa se meso ne mu no enam dee emaa no bɔɔ dam so. Fa no se obi de nnuro bone nom asi n'ani so ara, yeka ara ɔntie, nnuro bone no nso wonom kɔ baabi a, awofoɔ biara pe se ne ba twe ne ho firi wo ho because yese wo ho abeye hu, wobetumi apira obi.*

'Madness is a shameful disease. As to whether I can help or not will depend on the cause of the madness. Let us take a scenario where one is hooked on drugs and is unyielding to advice, when you do drugs, at some point, no parent wants

⁸ In the Akan community, the process of 'buying' an illness for someone involves an offended person consulting an oracle and requesting that the offender be inflicted by some particular disease. This will usually involve the payment of a fee.

his/her ward to associate with you because you are seen as a threat and can hurt someone.'

The extract in (24) exemplifies the point that attitudes towards the mentally ill depend on perceptions of their causes. If the perceived cause happens to be one that the society frowns on, then the ill person may not get much support in seeking treatment.

The narration in (25) demonstrates how people perceive traumatic experiences as a possible cause of mental illness.

- (25) *Menim obi wɔ yen kurom hɔ, Asante Mampong Nkwanta, na ɔtuu kwan kɔɔ Nigeria anaa aborɔkyire, emu baako, na ɔyɛɛ yie pa ara na ɔtɔɔ kaa nti ɔde baɛɛ no na n'abusuafoɔ tɔnn kaa no, nti eyɛ sa ara no ɛfaa n'adwene mu....*
 'I know one person in my home town, Asante Mampong Nkwanta, he travelled to either Nigeria or overseas, he was successful and bought a car which he brought home, but it was sold by his relatives. As a result, it affected his mind....'

The narrator states that the traumatic experience of the person mentioned in (25) actually affected the brain and the listener is left to infer that the changed brain led to mental illness.

Although some people may attribute mental illnesses to a single cause, it should be stated that in certain cases people expressed the view that a number of factors cause mental illnesses. The extract in (26) sums up the possible multiple causes of mental illnesses.

- (26) *Adwene mu yareɛ enam akwan ahodoɔ pii so na ɛba, obi wɔ hɔ a na obi na aye no saa. Obi nso wɔ hɔ a na ɛfiri abusua no mu. Abusua a ɔda mu no bi ana ɛdam wɔ fie hɔ enti ɔbenyini no na aka no. Obi nso wɔ hɔ a na wayɛ obi biribi na ahye no enti onipa no tumi to no aduro. ɔnka nkyɛɛ no sɛ ɔnku no ɔsɛ ɔmmɔ no dam..... Enti adwene mu yadɛɛ no enam kwan ahodoɔ pii so, gye mmaako mmaako na yɛde woo won. Na etumi yɛ sunsum mu.*

'Mental illness has several causes. For some, they are people cursed by other people. For others, it is a familial disease. The disease might be in his family so when he grows up he gets it. Someone can offend another and the person may curse him. He wouldn't tell him (i.e., the oracle) to kill him (the offender), but will say make him mad..... So we can see that mental illness has several causes and it is just a few people that are born with it. It can also be spiritual.'

6. Conclusion

The study aimed at examining expressions used in describing mental health challenges among Akan speaking communities and analyzing what the members of these communities perceive to be the causes of mental illnesses. Examining these expressions, we draw out the nexus between language and cultural practices and mental health as an attempt to explicate a context, the understanding of which is more likely to lead to appropriate diagnoses and proper management of mentally ill persons. The expressions relating to mental health challenges that we identified were grouped into 3 categories: (1) idioms and proverbs, (2) non-figurative language and (3) code-mixed utterances. We notice that mental illnesses are mainly viewed as difficult societal situations that people feel uncomfortable to talk about. Thus in talking about these, Akans resort to a number of indirect verbal strategies, which include the use of proverbs and idioms. In addition, code-mixing is resorted to as a euphemistic strategy. Generally, using indirection is the norm when talking about mental health challenges in Ghana.

Also the expressions used in talking about mental health challenges provide an indication of the perceived causes of such illness, their nature as well as management strategies. We note that the perceived causes may be familial, spiritual or biomedical (or a combination of these) and this may ultimately have an effect on people's health seeking behavior. Such perceived causes were confirmed through the narration of some of the research participants in the interviews and FGDs. Some of the expressions we found provided an indication of the possible physically violent nature of some mentally ill patients (Example (7)). Additionally, some expressions emphasized the communal effort required in managing mentally ill patients. Collectivism is considered as a key component in the management of mental illnesses. This is reflective of traditional Akan values where communality is more valued than individualism. Again, through these expressions (Example(1)), we note the traditional understanding of the chronicity of some mental illnesses. This view could sometimes result in the negative effect of stigmatization of mentally ill patients or persons who have ever shown signs of mental illnesses. We do note, however, that if properly managed, the traditional views expressed through the proverbs and idioms could be used as a powerful education tool to inform society as to the effective management of mentally ill patients.

As has been noted by some earlier researchers (e.g., Razali et al., 1996; Aina, 2004; Ofori-Atta & Ohene, 2014), a person's understanding or perception of the origin of mental illnesses and their nature will influence their health seeking behavior. It is thus critically important that health practitioners have a reasonable appreciation of the languages and cultural practices of the

communities in which they work. This is required for an understanding of the community's concept of mental illnesses, which then forms the basis, first for effective public health education and then for effective communication between health practitioners and the mentally ill and/or their caregivers. Knowledge of culture and language is a critical means of ensuring accurate diagnoses and treatment/management of such conditions.

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