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**Religion and Mental Health in Ghana: the Christian Perspective**

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**Abstract**

This paper deals with Religion and Mental Health in Ghana. It discusses how religion influences the perceptions and treatment of mental illness among a section of people in Ghana. Two Christian Camps: Tafilah Prayer Centre in Oyibi in the Greater Accra Region and “Agbelengor” Prayer Camp at Tokokoe in the Volta Region were selected for the study. This paper was achieved by the stated objectives: To find out the category of people who visit the religious centers for the treatment of mental illness. To examine the methodology used by the religious leaders for the treatment of their patients. To explore the experiences of the mental health beneficiaries of spiritual healer services. The paper adopted qualitative research design for data gathering. In-depth interviews were held with four religious leaders and ten mentally ill patients. Discussants in the focus group discussions comprised both male and female groupings made up of eight groups. Participant and non-participant observations as tools were used for additional information. The in-dept interviews plus the focus group discussions were all recorded, transcribed into English language for easy interpretation. Themes were formed from important information gotten from the data. The findings of this paper showed: Some of the centers use prayer, chanting, holy water, and black seed oil as mediums for healing their patients. It was also revealed that there is spirituality involve in their treatment regimen, and Biblical verses were recited to exorcise spirits.

**Keywords:** Mental health, Spiritual illness, Mental patient, Care giver, Spiritual healer, Perspective.

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## INTRODUCTION

Religion for centuries was the power category and science followed. From prehistoric times, the first medicine men cared for both the physical and magical needs of people (Krause, 2003).

Krause, (2003) asserted that in predynastic Egypt, mental and physical diseases could be explained in religious perspectives. Religion and faith healing have become a reality in the Ghanaian medical discourse. As such, it is found and heard over both print and the electronic media in all places, influencing peoples' lives in terms of healing and health seeking behaviour. Religious renaissance occurs as several independent churches and healing camps headed by Pastors, Bishops, Prophets/Prophetess, Mallams and Traditional healers etc. are found everywhere in Ghana (Mends et al, 2004). Indeed, Mbiti (1969) pointed out that the African is integrated into religion to the extent that, religion passes through all faculties of life.

In defining religion, Durkheim (1912) explained that religion is "a unified system of belief and practices relative to sacred things, that is to say, things set apart and forbidden, belief and practices which unite into one single moral community called a church, all those who adhere to them".

Bou-Young (2005) notes that, in the Chinese society, between 2000 and 500BC, it was a common belief that life was controlled by spirits and demons, and that one needed to pacify the spirits of the ancestors to avoid disease and chaos in life. Koenig et al (2012) indicate that there is a good relationship between religion and health to the extent that religion lowers marital stress and anxiety etc.

Taylor (1999) has proposed four mechanisms through which religion and physical science can be connected as follows: that, religion facilitates health behavior, foster psychological states, improves coping and provides social support. This notwithstanding, religion also has some negative tendencies among different people in their approach to its practice. For example, a controversial Pastor, Lesego Daniel, asked his followers to drink petrol and chew grass after claiming that it can miraculously turn into pineapple juice and the congregation obliged (<http://www.dailymail.co.uk/news/article>).

Despite these excesses, religion is important to the Ghanaian society such that it is impossible for one to isolate it from any field of human activities. The independent religious movements in Ghana are called “Pentecostal” or “Charismatic” or “Spiritual” or “Orthodox” Churches. Meyer (1999) made a distinction between Spiritual and the Pentecostal churches by asserting that both focus on healing powers of the spirits, however, the Pentecostals claim to drive away evil spirits by the word of God (the Bible) alone while spiritualists use holy water, incense, bells, candles etc. The World Health Organisation (2012) indicates that more than 2million Ghanaians are suffering from moderate and mild mental problems while 650.000 risk severe mental illnesses. In spite of the major role being played by religion and faith healing centers in the management of mental health care in Ghana, there is still not much information on how the treatments of mental patients are carried out. Little is also known about the category of patients that patronize the services of these religious healing centers. The researchers have investigated some of the above-mentioned concerns within the framework of religion in dealing with issues of mental health in the country. The essence of this paper is to account for the contribution of religion in the treatment of mental health problems in Ghana. The paper attained the following objectives: ascertained the category of people who visit religious centers for the treatment of mental illness, examined the methodology used by religious practitioners to treat their mental patients and found out mental patients experiences on spiritual healing. The work will add to knowledge in the existing literature on the health system. This paper explained how religion is used as a tool to salvage people’s problems in mental health. This document may serve as a reference material for people who want to study mental health and religion.

#### *Categories of People Visiting Spiritual Centers for Mental Treatment*

Imperato, (1976) intimates that traditional treatment is used popularly within poor societies in the United States. Work done by Cockerham (2007) explained that a group of people associated their healing to participation in religious healing activities in Baltimore. By this, Cockerham believes that, the benefits of religious healing primarily lay in relief from stress, enhanced feeling of support from God, and the adoption from a different view- point about the meaning of their

health problems in their lives. Cockerharm (2007) again indicates that most religious groups combine religious practice and professional care in treating health problems. However, the teachings of some religious organizations do not allow their members to accept medical treatment from a professional medical care provider. These groups use faith healing, laying of the hands on the individual, and communal prayers in treating the illness. Religious traditions (especially monotheistic one – Christianity and Islam) do subscribe to an intelligent designer of the universe (Creationism) (Osafo, 2012b). Such views of the world do lead to a thinking of a supernatural basis for almost every occurrence. One such view is the belief in diabolical interference. Several researches in Africa and Ghana specifically do report popular beliefs in diabolical aetiology for most illnesses (Osafo. 2012a). For example, belief in the supernatural determinism of a cardiovascular disease prevented patients from early treatments and adhering to their medications (Tagoe, 2014). Healing is believed consists of prayers meant to convey to individuals a deeper understanding of their spiritual being. This understanding is held to be a crucial factor in eliminating the mental attitudes from which all diseases are thought to originate.

De-Graft Akins (2005) notes that, certain sicknesses are considered mechanical and therefore cannot be handled by a spiritualist or a church. For example, broken bones or need for surgery, can be legitimately treated by a doctor and not a spiritual person. In this light, the Christian Science healing is thought to be incompatible with modern medicine. It is clear that an appeal to spiritual or the divine being promotes a sense of psychological wellbeing in the individual (Osafo, 2003).

#### *Methodologies of Spiritual Healers*

Various prayer camps use different methodologies in the treatment of the mentally ill. Cockerham (2007) notes that the Association of Unity Students use exercise as part of their treatment for the mentally ill. They exercise from one to six times a week, from 15 to 45 minutes each time. Exercises and spiritual practices include tai chi, hatha, yoga, martial arts, stair climbing etc. The Unity Students Association believe that God indwells in humankind and all creations, and that prayer and meditation are the direct access routes to an awareness of that dwelling presence. According

to the Association, for one to treat a mental health problem in a person, the mental health care giver needs to treat the whole person, spirit, mind and body. The methods include relaxation technique, meditation, nutrition, breathing exercise, the practice of pranayama. Pranayama is both authentic spiritual practice and one of the path ways to regaining and maintaining mental and physical health.

A study by Imperato (1976) in Chicago indicates that traditional healers and their clients could not differentiate between religious treatments and scientific treatments. They have the belief the life events are related to the environment be it good or bad. Based on this premise, the belief is that all illnesses can be treated by allopathic means or supernatural means. The allopathic means treat natural illnesses and the supernatural means treat unnatural diseases. The cause of unnatural illness such as mental disorder can bring disease burden. However, the etiology is unnatural and must therefore be treated as such.

#### *Care of the Mental Patient by the Spiritual Healer*

Watson's (1985) philosophy of care focuses on metaphysical and transactional notions about humans. She asserted that caring is a moral ideal that transcends its context. Bou-Yong's (2005) ideas about care contrast shapely with those of Watson. Bou-Yong's theory emphasizes self-care and responsibility as important aspect of care while Watson emphasized on community health. In his study of hope as a phenomenon, (Assimeng, 2010) indicates that religion creates hope which establishes relationship between man and his God and ultimately addresses patients' illness. Hope enhances spiritual wellbeing. Bou-Yong (1988), asserted that hope provides antidotes to Cancer patients, and patients with HIV.

In the words of Cockerharm (2007), the Hebrew Bible and the Talmud indicate that prayer is thought to be efficacious if offered by a proper person, at a proper time, with proper intentions, and under proper circumstance. The fact remains that, majority of humankind pray for the sick. Mends et al. (1994) indicate that despite recent scientific and technological advancement, 90% of the world population is involved in some sort of spiritual or religious practice. According to them, until the end of the 19<sup>th</sup> century religion and mental health were deeply associated. Jean Charcot

and Sigmund Freud associated religion with hysteria and neurosis. However, over the last few decades, the attitudes of psychiatry towards religion began to change in accordance with the World Health Organization (WHO, 2006) which regards spirituality as significant contribution in promoting mental health.

## **METHODOLOGY**

The study adopted the interpretive worldview or approach which believes in the social construction of knowledge. As such, the ontological position guiding the study is one of multiple realities with the belief that all participants in the research process have their own experiences of social reality. Creswell (2013) indicates that the goal of qualitative research is to rely on as much as possible the participants' views of the situation.

### *Research Design and Method*

This study is designed primarily as Case Study. As such, the researchers identified religious centers with a record of carrying out healing activities. Within the limits of the time available for the study, the researchers conducted intensive study of the chosen centers, focusing on all those who play active roles in the healing processes. The purposive and snow ball sampling methods were adopted to select all the religious centers as well as participants who were Prophets/Prophetess/Pastors or Priests who administer the healing services. Also, former and current mentally challenged patients, family relations of mental patients and some other leaders of the churches were also selected for focus group discussions.

Data from the above participants were collected from the natural settings where participants have direct experience of the healing events using semi-structured interview guides, participant observations as well as documents such as the record books and admissions registers of visitors or patient's relatives among others. The researchers provided adequate information to the participants, especially the leaders of healing centers about the purpose and intentions of the research.

## RESULTS AND DISCUSSIONS

This section consists of the findings and discussions of the two religious centers studied for this project. The centers are made up of Tefilah Prayer Center located at Oyibi in the Greater Accra and “Agbelengor” Prayer Camp at Tokokoe in the Volta Region.

### *Center One: The Tefila Prayer Camp, Oyibi*

The Oyibi branch of the Global Evangelical Church, called the Tefilah Church, was established in 2009 as a Retreat Centre where all the branches of the Church in and around Accra could use for their special retreat programmes. The Church is now being pastored by Pastor Dela Donkor.

Away from the original purpose of being a retreat center, the facility is now being used for regular church services on Sundays for worship and Tuesday for healing sessions. According to the Pastor, the Center also offers healing services for a wide range of sicknesses and diseases. Among these sicknesses is mental challenges. The resident Pastor intimated that several mental health patients had visited the camp and were healed by the power of God.

The interest of the researchers was focused on the role of the church in the healing of mentally challenged patients with particular emphasis on the social backgrounds of these people, the healing processes adopted by the practitioners, costs and care of the patients and challenges faced by the healers in the course of healing mentally challenged patients.

### *Background of the Mentally Challenged Clients*

Concerning the backgrounds of clients who patronize the services, it was learnt from the center that they come from all over the country, that is, from all the sixteen regions of Ghana. According to Pastor Donkor, clients were made up of people of various social backgrounds among whom were the rich and poor, educated, uneducated and politicians. Conspicuous among his mental patients were a medical doctor, a nurse and a banker all of whom received their healing from the center through prayers and fasting. Clients also came from different Churches. Patients were normally brought to the center after attempts to get a cure at the hospitals and sanatoria had failed. There were also other instances where the patients were brought straight to the center by their family members who thought such sicknesses were not curable at the orthodox medical

centers. On the average, patients spent from a day to two months before being healed completely, though according to the resident Pastor, some relatives wanted the healing to occur in a much shorter time.

#### *The Narrative of a Recovering Mental Patient*

The researchers made contact with one of the patients, a 26-year-old lady, who was said to have been suffering from mental illness before she was sent to the center. This lady was said to have been sent initially to the Anfoega hospital in the Volta Region. According to her, the family took her from the hospital and brought her to the prayer center after they realized that she was not getting better. Asked how she felt before she was brought to the prayer center, she narrated that she was absent of herself, without knowing what was happening around her. Also, she often left home for as long as one week and only roamed elsewhere without eating. The Pastor also suggested that these are some of the indicators that go to confirm the fact that the person was under the possession and control of a strange spirit. She was also asked how she felt now since she came to the prayer center. According to her, she felt better now at the center since she was now conscious of herself; she could now eat, sleep very well and also did no longer feel the need to leave home to roam about on the streets.

#### *Challenges faced by the Centre*

It was evident from both observation and the briefing received from the head of the center that accommodation facilities at the center were insufficient for the patients and their relatives. The center does not also have enough care givers and others who may assist the Pastor in providing basic services for clients. The Pastor also complained that most family members lack the patience required of them to wait for the full recovery of their patients. There were instances where some patients were taken home by their relatives who thought that they were healed but only to bring them back to the center to the displeasure of the Pastor who had earlier warned against such hasty actions on the part of family members.



*Center Two: Agbelengor Prayer Camp at Tokokoe in the Volta Region*

The name “Agbelengor” which literally means “life is ahead” was given to the church by a mad man in Peki town because any time he saw people going to the church, he would tell them “Agbelengor”. Apostle John Sam Amedzro started the church in 1961 at Peki Blengo in the Volta Region of Ghana as a prayer camp after he was healed from a mysterious illness. According to the informant, who is a junior Pastor of the church, the church started with healing general illnesses until one day, a mad man was brought and after spending some few weeks at the camp he was healed.

The church started at Tokokoe in the Ho Municipality where the study was carried out, in 1969. In terms of accommodation, the center has eight self-contained houses for housing the church leadership and some patients with their caregivers. Other smaller houses which were built before the modern ones were put up also serve as accommodation for some patients and their caregivers. According to the informant, “Celebrate Restoration”, three days fasting programme is held under the trees and during this celebration, most people receive their healings. Even though the informant indicated that healing at the center is free, in response to how they got money to put up the houses to host the patients, he indicated that they charge a token for the use of the facilities. One patient caregiver the researchers interviewed made it known that they pay twenty Ghana (Ghc 20) a month per a person.

*The Causes of Mental Illness*

According to the Head Pastor, the following were identified as the causes of mental illness: spiritual, self-induced and family curses and sometimes a combination of two or more. However, the most common cause is spiritual. According to the Pastor, spiritual cause means that, there are evil spirits haunting the person and as a result, the person’s behaviour became weird. Some reasons why the spirit will haunt somebody include envy, refusal to worship a specific god or when someone invoked the spirit against another. Self-induced mental illness was explained in different dimensions. In one dimension, it is believed that the patient had offended someone and the person decided to pay the offender back with such condition through a curse. The patient is

therefore said to be paying for a sin committed. Such sins include stealing, disappointing a boyfriend or girlfriend, murdering someone and cheating a business partner among others. Another self-induced cause is explained in terms of stress which may be caused by disappointment from a lover. Due to this disappointment, some people became mentally disorganized. Family curse was explained as a generational curse in the family. By this, it means that a member of the family had done something wrong and a curse of mental illness was pronounced over him and because he did not pacify the gods, such pronouncement is having negative impact on the family members. In another respect, a family curse can have impact on an individual if a member of the family killed a mad person. As punishment from the gods, members of the family suffer from madness or mental illness.

#### *Processes / Activities Taken Towards Healing*

According to the informant, most patients brought to the center had used other modes of treatment including attending other prayer camps without success before coming to the center. The main mode of healing therefore is through God's direction. They use three approaches in tackling healing. These are spiritual (prayer), allopathic (the use of orthodox medicine) and herbal medicine depending on God's direction.

The first step taken at the center which is the spiritual approach is that, the patient and/or a family member is put on fasting for specific time (hours, days, weeks) depending on the severity and the cause of the illness. According to the informant, the fasting is necessary because most of the illness have spiritual backings therefore, the person's spirit must be lifted high above the evil spirit. While the fasting is taking place, the patient and the patient's supporter at the camp meet the team of workers (camp leadership) at specific times of the day to pray. Apart from normal Sunday church service where all activities take place in the chapel, most of the "special prayers" for healing takes place at a special place called "Todzi" (mountain) which according to the Pastor was the same way Jesus Christ normally prayed on the mountain.

*Cost of Healing of Patients, Care and Sources of Financing*

According to the informant, treatment at the center is free. This assertion was confirmed by one of the patient's caregivers. Unlike other prayer centers where anointing oil, water and other things are sold to patients, "Agbelengor" prayer camp sells nothing of their own except orthodox medicines left with them by some doctors. Treatment at the center is mostly a team work. Apart from the collaboration with psychiatric doctors from Mamprobi Polyclinic, treatment or healing at the camp is a team work among a Prophet, two Prophetess, two Pastors, and 12 Intercessors.

*Background of Clients*

According to the informants, more females than males often report at the center with mental illness. These persons come from different professional background including students. Most clients also come from the middle- and low-income groups. Not only church members that patronize the services of the camp, but clients also come from different religious denominations across the breadth and length of Ghana while others also come from neighboring countries like Togo and Benin.

*A narrative of one family Caregiver*

On the day this data was collected, the research team met only two mentally challenged persons who happened to be siblings at the center. The only option was to interview the mother of the two patients since the patients themselves were not in a stable mind to respond to the interview questions.

The researchers interacted with this 54-year-old mother who had spent three months there, with her 25-year-old son, a final year student of Ho Nursing Training College and a 22 years old daughter. According to her, her son's abnormal behavior was identified during the 2013 Christmas season. He was found singing so loud and would suddenly isolate himself but she thought he was manifesting the presence of the Holy Spirit. However, he went for a Youth Camp meeting at Gomoa Feteh in the Central Region but unfortunately, the situation became worse and he left the Camp unnoticed. Those he went to the Camp with came with his belongings. She exclaimed, "Eee h! You could just imagine how I felt that day. The whole family busted into tears

as if he was dead". He was found the following day at Akweley near Kasoa also in the Central Region after walking several kilometers and was brought back home in the Volta Region. He was first sent to a hospital at Aflao and later to the Volta Regional hospital popularly known as "Trafaga". When his condition was not getting better, he was sent to the El-Bethel Prayer Center of the Church of Pentecost and by the grace of God he was well and was discharged to enable him go back to school.

She indicated that as at the time the boy was at the prayer center, it was his sister (who is now mentally ill) that took care of him. Unfortunately, the storms heat the family again when the girl's problem started, and hers was more severe and complicated than her brother's. "What could be the cause of all these problems? What have I done wrong and where do I turn to?". These were some of the questions and lamentations of the saddened woman. In short, the girl was also taken through the same processes just like the brother but to no avail and this has brought them to the "Agbelengor" prayer camp, because she was told that the center does well in treating mental illness.

## DISCUSSIONS

From the findings, all the religious centers used prayer for the treatment of the mentally ill patients. Olive oil (anointed oil), black seed oil, holy water, chanting, faith and belief among others are some of the things used in healing. When some of the patients were interviewed at the study centers, they attested to the efficacy of the prayer processes. The common phenomena mental patients reported to the healers were dreams they had which later turned into reality. All of the healers believed that all illnesses had spiritual dimensions and sources hence fasting and prayers including other religious ceremonies were recommended as core aspects of the healing processes. Herbal treatments were also commonly used coupled with recitations of the Biblical verses to exorcise demons. This finding is consistent with Cockerharm's study on the Assemblies of God Church in the City of Scotland, where the members had the belief that the devil causes illness and recitation of Biblical verses could exorcise demons. Counseling was another feature that was observed in all the study centers. The Pastors equally offer counseling services to their

clients in addition to the treatment they offered. Such counseling seems to be taking care of the environmental and /or physical causes from which some illnesses may have occurred.

The observation that some patients were sent to the prayer centers after attempts to get healing from hospitals had failed and the fact that even some orthodox medical staff were found to be receiving healing at the religious centers are powerful testimonies to the fact that science and religion could still work together for the welfare of society.

The mental patients together with their caregivers were generally found to be more comfortable at the healing centers than the hospitals since they found these places to be far less costly as well as being associated with fewer stigmas that such patients often receive at the orthodox medical facilities. The religious centers seem to show more love and sympathy for the patients and their relatives - one of the critical conditions that could be lacking in many Ghanaian hospitals and medical administration. This notwithstanding, the practice of putting seriously ill mental patients in chains may not be counted as an act of loving kindness.

## **CONCLUSIONS**

The study has brought to the fore, once again, the powerful influence that religious beliefs have over the habits of the individual including his health seeking behaviour. In a country like Ghana, where religion is part and parcel of the people, it is not surprising that religious institutions have and continue to play a major part in the provision of mental health to many. The need to establish a strong collaboration between the relevant state institutions and religious bodies to enhance health care provision to the citizenry could not be overemphasized.

## **RECOMMENDATIONS**

Based on the foregoing findings, the researchers wish to put forth the following recommendations for consideration by health care authorities and practitioners:

a) We propose the need for a strong collaboration between hospitals including all sanatoria and religious healing centers to enhance the provision of cost effective and adequate mental health for Ghanaians. Such a collaboration could enable professional mental workers to gain easy access to such prayer camps to provide some aspects of care including dressing of wounds of mental

patients at these centers. They may also provide appropriate medications that may tame the patients down in order to prevent them from being put into chains.

b) The state through the Ministry of Health and Local governments should also assist the prayer centers in the provision of accommodation and other basic facilities at such camps to improve the well-being of the patients and other care givers.

c) It is also suggested that the state and other Non-Profit Organizations should provide some level of professional training for leaders of the healing centers to enhance their effectiveness in providing health care to their clients.

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