

## Psychiatric Patients in Modern Ghana and Their Adaptive Various Sanctuaries

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### Abstract

This study aims to firstly find out how patients deal with their mental disorders using the traditional resources without entering into the psychiatric hospital for treatments. What psychiatric problems do they suffer? What are the various pharmaceutical drugs administered by these practitioners? What roles do group support play in the lives of these patients?

### Method

The method used was the structured and in-depth interviews, which consisted of background information and other relevant themes about their psychiatric related problems. Interviews were given to patients after we have attended their Sunday worships in their localities. Open-ended interviews were also administered to them and arrangements were made to meet them next week in the same worship service to gather them. Overall, 300 informants agreed to participate in the study.

### Results

The results revealed that there have been attacks concerning the manner of treatments, abuse,

emotional abuse, sexual abuse, and manipulation which these practitioners utilize in their various churches. Modern psychiatric hospitals where these patients could have gone in the first place to receive treatments are not many. The findings show that different relationship problems exist that male as well as female patients of all age groups undergo. Traditional pharmaceutical drugs were prevalently utilized but most of them were placebo in kind.

### **Conclusion**

In conclusion, it can be asserted that the social function of these mental treatments outweighs the abuse in general, which is tremendously circulated and reported by the media. The healing sanctuaries have important social functions, which without them modern mental institutions in Ghana will be over flooded with a tremendous number of unconventional patients. The prolific employment and glorification of *Akwankyere*, to psychologically speedy up treatment, makes healing methods affordable to all faithful adherents.

### **Introduction**

Ghana like many African countries has fewer hospitals where mental patients could receive psychiatric care and treatment. It is not only the lack of these modern asylum hospitals which serve as a hindrance but also the absence of medically trained psychiatrists that could be the major problem. It is, therefore, not uncommon to see patients utilizing the traditional psychiatric resources such as spiritual churches and fellowships owned by individuals, which offer care and treatment to numerous people with serious as well as trivial mental health problems.

An important psychiatric resource center where psychiatric patients throng for help is the one-man house of worship, where their practitioners most of them the clergy profess to treat many health problems related to psychiatric patients. In these places are found patients who show phobic symptoms, paranoia, depressive symptoms, anxiety-related symptoms, psychotic symptoms, and neurotic symptoms. One could well find people with strong addictions, such as Indian hemp use, tramadol, cocaine, that could also lead to the contraction of obsessive-compulsive disorders. There are also serial murderers and those that employ spiritual help to destroy their supposed persecutors who they believe are either using physical means or spiritual to harm them.

What sorts of persons and age groups solicit this help from these psychiatric sanctuaries? Patients are supposed to be adolescents, young adults, Middle Age, and old age who throng to these sanctuaries, knowing well that their symptoms are not welcome to be treated in the mainstream hospitals or other numerous church organizations. Moreover, there seem to be practitioners in the latter denominations who disregard these aspects of cure sought by these deeply troubled sick souls.

An account of one of these practitioners reveals that they have developed all kinds of protective medicinal charms, which some are medicated while others are used to rub on the skin of their patients that seem to ward off suspected attackers either physically or spiritually. These drugs are taken with meals while those

with oil mixed are given to the patients to smear on their crops to protect them. Categories of these medicinal drugs will be given below, but it is generally accepted that patients patronize these drugs at exorbitant prices and, based on their curative effects, they offer additional money to help their local pharmaceutical production as well. For a patient who experiences in her sleep that he or she is having intercourse with a spiritual entity so because of that she is not being proposed to in marriage by men, mental treatment could well be a sprinkle of these medicinal liquids on her sexual organs and the paranoid patient could experience relieve and more attraction to men or women later as a result of psychiatric ritual.

## **Aims of the Study**

This study aimed to firstly find out how these patients who have become staunch members of these sanctuaries, deal with their physical and mental problems without resorting to the main psychiatric hospital for treatments. What different kinds of psychiatric problems do they suffer? What are the various drugs administered by these practitioners? What roles do the members of these communities play in the lives of these patients?

## **Operational Definition of Terms**

- Akwankyere is used to denote the practitioners' manipulative tactics in which certain suggestions are made to the patients to complete certain tasks or give alms after which treatment will be made easy.
- Sexual dysfunction means any condition which impedes the fruitful intercourses between man and woman relationships to transpire normally.
- Drugs may be in the form of potion, pomade, fruits, cleansing water, oil, squeezed water from a dead organism, and physically pharmaceutically prepared tablets.
- Sacrifice means the use of living organisms, either human or animal, to be killed in secret or openly to perform magical or physical treatments.
- Psychodrama is an action method, often used as psychotherapy, in which clients use spontaneous dramatization, role-playing, and dramatic self-presentation to investigate and gain insight into their lives.
- Identification means individuals adopt the roles of the biblical figures in their minds and behavior to be like them in accepting and doing things that their characters portray.
- The practitioner is used to refer to the pastors, reverends, and bishops who are owners of these individual sanctuaries where adherents/patients worship and receive their treatments or cure.

## **Theoretical Framework**

### **Attachment Theory**

Attachment theory, according to Bowlby (1969) [1], is the conceptualization and the provision of security by a primary caregiver to an infant as essential for augmenting this infant's chances of survival. The cardinal reason is that infants have a common need of attachment with their primary caregivers when distressed and

in need of care. Ainsworth *et al.* (1978) [2] and Campbell, Adams, Dobson (1984) [3] similarly argue that as children grow in life and become adults, subsequent attachments may be shaped with other ancillary caregivers that provide their basic attachment needs and contribute to the development of identity. As a system of conduct, attachment capacitates an individual to build the trust, industry, autonomy, and implicit knowledge to handle the intimidations to self that often associate an identity formation process [4], especially in religious circles. Both Mickelson *et al.* (1997) [5] and Leonard *et al.* (2013) [6] point out that investigations on individual differences in adult affection processes have given the basis for examining the relationship between lifespan attachment development and religious fundamentalism, unearthing how adherents of an organization can ascribe to an ideology because of the psychological benefits it can afford them in dealing with issues pertaining insecurity in real life. Although most fundamentalist ideologies may be interconnected to religious prejudice and psychological benefits [7,8], the extent to which such ideology and benefits are internalized and interpreted is based on attachment needs remain unclear. On this point, Kashima (2016) [9] and also Saroglou (2016) [10] believe that this way of thinking about religious psychopathology as a conceptualization of religious violence can provide some insights into the potential of examining religious-related conflicts through psychological lenses.

### **Attachment Theory and Psychopathology**

According to extensive investigations conducted by Counted (2016a; 2016b); Howard *et al.* (2011); Lowenstein (2007); Liotti (2004) and Cicirelli (2004) [11-15], while the attachment connection erected with a religious *caregiving* practitioner can be encouraging and positive, its injury can be the worst thing conceivable and can upset both the individual's identity and security. And yet, attachment separation and disturbance can occur repeatedly throughout life in varying circumstances. About some individuals, the experience could be the loss of an attachment person through a tragic accidental death while others may experience attachment separation through caregiver unavailability or abandonment reasons that another important aspect of adult attachment development is 'the desire to protect the existence of an elderly mother [a primary caregiver] by providing physical care to preserve this unique attachment figure'. Cicirelli, here, contends again that a symbolic attachment in the form of a relationship with God can represent a parental attachment in which God is observed by the individual victim as a haven and secure base in the absence of a primary caregiver.

Even though God is an imperceptible entity thought to exist by a community of religious persons, by equivalence, persons who attach themselves to God would have the wish to safeguard their belief about the existence of God by enthusiastically shielding or justifying this belief is challenged by outsiders (Cicirelli 2004:372).

Cicirelli's disagreement seems to draw some counterparts with the investigations conducted by Kobak and collaborators on attachment disturbance and psychopathology. Agreeing with Bowlby's (1973) *Separation* volume in his trilogy on attachment theory, Kobak, Zajac, and Madsen (2016) [16] propounded an attachment theoretical model for comprehending psychopathology in which they posited that the monitoring of the caregiver's whereabouts and their physical proximity to a receiver of attachment is an expanded view on attachment processes. Kobak (2016) [16] and his friend's collaborators philosophize that this theoretical development accounts for the contribution of attachment processes to personality development,

psychopathology, and defensive processes. These alter attention from observing reactions to separations to observing patterns of emotional communication in dyads, that is, the individual-caregiver. Their argument was based on the premise that saw emotionally attuned communication in attachment processes as the central fulcrum for maintaining secure attachment bonds. Sroufe & Waters (1977) [17] cogently describe it, in other words, that reactions to prolonged separation from an attachment figure would imply that the central goal of the attachment system is the monitoring of caregiver proximity and responsiveness. And indeed, that is accurate for experiential clarifications from Bowlby and others, such as Robertson and Rosenbluth (1952) [18] and Ainsworth (1962) [19], depicts how that infant, for instance, observe the responsiveness and accessibility of their caregivers, particularly their ability to upkeep, shield, and offer for them in times of danger and distress.

## Consciousness as Control and Controlled Perception

### *Perceptual Control Theory*

Consciousness has been given intense scrutiny by researchers and philosophers for countless centuries, and yet it remains mysterious. An important theory that has contributed to our understanding of consciousness is the Perceptual Control theory (PCT). The theory states that the brain is a control system. It is an elucidation of the experience of organic control. From the perspective of PCT, things that exist and have life are autonomous control systems. What the theory means is that control is a natural, physical force in the same manner that electromagnetic and gravitational powers are natural forces. According to these life sciences notion, control may then well be the fundamental new principle that some scientists believe is desirable. Scientists explain the dynamic process of homeostasis, which begins in unicellular living creatures, and proposes that our experience of consciousness has its precursors in the adaptive processes of life. It is a mechanism that controls and can be applied to all living organisms. This dynamics has been explained by Thomas Bourbon as the business of spinning parts of the environment into oneself and defending oneself against the inevitable disintegration. It is about life. Inanimate substances like rocks do not do that, but all organisms do that. Every complex self-replicating molecule in every living creature does that [20].

Agreeing to the description above Powers (2005) [21] contends that control is the acquisition and preservation of a preselected perceptual condition in the controlling system through actions on the milieu that also discard the effects of instabilities and disturbances. The central mechanism of control is negative feedback, and it has been identified at all levels of functioning, including biochemical, physiological, psychological, and social. Negative feedback is the process of keeping the difference between a specified internal state and the corresponding experienced external state at a minimum. The central feature of negative feedback is error reduction. Powers (1990, 1992) [22,23] states that when there is a difference between the specified condition and the experienced condition the system acts to eliminate that difference.

### **Theory of Locus of Control**

Julian Rotter's (1954) [24] theory represents an amalgamation of learning and personality theories. For her, persons before showing a behavior consider the possible outcomes of that behavior and act on their beliefs.  $BP = E + RV$  is the symbolization of the relationship of which BP represents behavior potential, E being

expectancy, and RV being reinforcement value. The theory is cooperated by 4 variables, which are: behavior potential refers to the probability that an individual will act in a certain fashion relative to alternative behaviors; expectancy is the individual's belief concerning the likelihood that a particular reinforcement will occur, as a consequence of, a specific behavior; reinforcement value refers to how much the individual values a particular outcome relative to other potential outcomes; and the psychological situation implies that the context of behavior is important. The perception of the person's situation can affect both reinforcement value and expectancy.

According to Rotter (1954) [24], his theory differs from the behaviorist's social learning theory because what propels a person's behavior is not simply the environmental reinforcement but rather what the person thinks about a particular reinforcement. His theory of locus of control is, therefore, grounded on these notions. This theory, therefore, suggests that locus of control can be learned based on the person's beliefs about what causes a particular outcome or reinforcer. The Locus of control refers to the degree to which a person believes he or she has control over the outcomes of events in their lives. It has two categories which are: internal locus of control and external locus of control. Internal locus of control is where persons trust that they have control over the outcome of events in their personal lives and their lives as a whole. External locus of control, on the other hand, is where people trust that they do not have control over the outcome of events in their lives, and their lives as a whole are ruled by chance or some other uncontrollable force.

### **Summary of the Reviews: Treatment of Pathology, Attachment, Emotional Abuse and Violence**

An attachment perspective on psychopathology and disruption in people's lives in these sanctuaries must be investigated with an interest in honesty in religion and the overall aim to curb disorder, different conflicts, support those with emotional abuse and violence that predominantly occur. How does the attachment-psychopathology that is moderated by a large scale of psychological, biological, and socio-cultural factors influence the treatment process of these patients? From the theoretical arguments of basic attachment concepts, religion and psychopathology, consciousness control and controlled perception, and locus of control, our investigation will therefore offer examples demonstrating that re-enactments of attachment may also be associated with not only treatments and group support, but also emotional abuse, religiously attached violence that stem from the fact that the patients are also controlled through their unsteady consciousness. Emotional problems could also be illuminated through the nature of attachment processes which religion and psychopathology enlighten us on.

Now let us return to our earlier main focus of this study. We intend to be concerned with the psychiatric problems of these patients with the one-man church's practitioners who harbor them and offer them treatments. These may well be relationship problems with a male as well as female patients in different age groups. The different pharmaceutically prepared drugs that they use, and how they employ profuse glorification of *Akwankyere*, to psychologically quicken treatment, sidelining the traditional healing methods affordable to all from the Christian principles will also be investigated.

### **Methodological Consideration**

The study used mainly interviews and a simple questionnaire to collect research materials from several

communities of worshipers in Accra and Kumasi cities, where each of the churches was owned by a single practitioner. The structured and in-depth interviews, which consist of background information and other relevant themes about their psychiatric related problems were given to patients at their normal worships in their localities. Open-ended interviews were also administered to them, and arrangements were made to meet them next week in the same worship service to gather them. In addition to these, undergraduate research students were utilized to assist in the gathering of the structured interviews. These questions were emailed to some members, and others were met face to face. The data from Dar es Salaam in Tanzania were used to offer us comparison data concerning the nature of this phenomenon in other parts of the continent.

Overall, 300 informants participated in the study. Among these were 50% (150) male and 50% (150) female. The backgrounds of these respondents also reveal 90% of Christians and only 10% had other religions, which did not include Moslems nor Traditional adherents. The question of “how long have you been a member of this great church?” gave us 80% have been members between 1-5 years and only 20% have been attached for more than 10 years. We, therefore, believe that there was a representative sample since we used both the systematic sampling technique and random technique to choose the sample, which concerns those members we came across and those who come to worship regularly in these churches chosen to include in our study.

Apart from this systematic sampling technique and random technique, attendance to these different churches has been going on for over five years whereby observation, participant observation, and direct interactions were made among several members. TV stations where many of these great practitioners preach frequently were watched regularly to gain a proper understanding of these groups’ beliefs and norms and their manner of conducting themselves in their local sanctuaries. It was an impeccable manner of visualizing the role play and psychodrama, which are characteristics of their popular gatherings all over the country. More TV shows concerning their critics were also followed and watched by us and these gave us the numerous interpretations that members assign to their behaviors and way of thinking. It gave us a special perspective to comprehend the churches where more people throng for the treatment of their pathologies. Their meaning-making of these experiences was ascertained in a manner that provided a clear view. These impeded any misunderstanding that had been gained earlier about these one-man practitioner churches and their strong adherents’ experiences.

## Results

### Gender and Psychiatric Related Problems

Many women exhibited higher levels of psychological-psychiatric problems, bodily ailments [incapacitated to move so that they sat in wheelchairs], paranoia, anxiety, obsessive-compulsive, depressive mood [through facial expression], and problems with relationships than men. The results of a later structured interview also revealed that “fear,” (40%) “Spiritual attacks,” (30%) “Witches worries,” (10%) “Anxiety,” (10%) and “depression” (10%) are the major concerns of some respondents. These women were young adults who have reached the mature ages that they needed to be engaged with men or those other bachelors in the same churches. The rest of the women were divorced or widowed who experience loneliness, depression, anxiety, phobia, and some psychiatric difficulties in life. Their major times are spent on having strong engagements in the church activities. It must be mentioned that the

women form two-thirds of most of the church memberships and men form one-third and, concerning the church we visited, the men that attend these one-man churches are usually with their own families.

### **Material Riches and Worldly Pleasure**

Material riches and how to become physically wealthy and great in this world dominate their disseminating messages around than the biblical preaching. The practitioners had these messages expounded openly during the period allotted for the great sermons. Sermons can be spent on the economy of members. Women, men, and children alike dress flamboyantly and, there is some amount of show-off among themselves. Thus, at one of the meetings, I saw a male sad in appearance coming to kneel in front of the practitioner who suddenly said: “please, forgive me for the sins I have done against you.” The practitioner being benevolent answered that “the patient should not worry, for he would buy a taxi for him just as he had promised him a long time ago.” According to the practitioner, this patient had done something wrong by going out saying nasty things about him personally and his ministry. But even though he did this wrong which is an abominable thing to him, now he has been forgiven so that he would purchase the taxi for him. Thus role-playing was common in these churches where adherents suffer dire problems that need to be treated by the practitioner.

### **Charms, Drugs, and Various Ingredients That Bring Luck as Well as Treat Psychopathology**

There were more charm ingredients and drugs such as those that can “attract riches,” “ward off enemies,” “return evil/mental illness to the sender,” “general protection luck,” “pomades,” “holy oil,” “luck talcum powder” etc than ordinary biblical alter of churches. These treatment ingredients are brought to the church by the practitioners and their young apprentices. They have built local factories where these ingredients are locally manufactured. Later interviews with some strong adherents who left these churches later revealed that these merchandises provide huge sums of money for these practitioners and their families as incomes. The wealth of these practitioners can be seen to be coming from the businesses they engage in. Prices vary, and they may range from 100 Ghana cedis to 2000; depending on an individual’s status one would be asked to pay for more. Though the products used for the manufacturing of these treatment ingredients are cheap, practitioners have not realized the idea of reducing the prices for the ordinary man in the church. The phobic and paranoid ones enjoy investing much money to purchase these products, which are made of local ingredients with only prayers said on them by the practitioners. For some patients buying these ingredients to treat their illnesses has been one of the underlying motivations that caused them to join the church membership. Asked in the structured interview why did they join in the first place, some asserted it is because the practitioner “Could see spiritual things,” (40%) “You can speak in tongues and see visions,” (40%) and “Has the power to treat/ cure all illnesses,” (20%).

### **Akwankyere and Treatment of Psychopathology**

There were profuse glorification and show of Akwankyere (the so-called “spiritual direction” or “sacrifice” as some people refer to it) to quicken and attain wellness than traditional praying methods affordable from Christian religious principles. Akwankyere is used to denote the practitioners’ manipulative tactics in which suggestions are made to the patients to purchase something for a bigger ritual to be accomplished on the patient’s behalf or complete certain tasks after which treatment will be made easier. This particular ritual

could be expensive and could sometimes involve human sacrifice or the sacrifice of an expensive animal such as a cow to be slaughtered. Practitioners talk about these freely as if it is not forbidden to do these things in society. All because this performance would be carried out in secret, either on the sea or remote surroundings in the forest. As a result, it would be impossible to know and arrest the perpetrators who usually boast of their possession of magical powers which protect them and their egoistic personalities. Moreover, the perpetrators have established strong contacts with the authorities in the country, so it is impossible to arrest them and bring them to book when later they are secretly caught or reported to the criminal agencies in the country.

### **Experimentation with Other Denominations**

Members of these one-man churches are allowed by their practitioners to experiment with other curing methods practiced outside their institutions/denominations than the ones they are attached to. Perhaps what makes this one-man church very popular in the country is their Laissez-faire (leave alone) attitude toward other advanced and well-established denominations. They do not advise against their members going to other big churches to experiment with their power. One well-known practitioner said: "you can go to the other churches and socialize with them. We do not advise against that because it is only here that we can see things in spirits, or we have spiritual eyes that would protect you against the witches and evil ones." The practitioners insist that when it comes to protection and shielding them away from improper behavior and mental illnesses, they have the colossal power/ability to do that more than the other practitioners in the orthodox churches. They profess to have the power to treat all psychopathology and those problems that disrupt lives which many patients go through before they consult them.

### **Disregard of Christian Moral Principles**

Christian Moral Developments are more likely to be disregarded than the physical wellness of their adherents. Thus it was not uncommon to detect, as one visits these churches, that they care less about morals and the upright developments that Christian principles offer. In one of the churches in Kumasi, a well-known practitioner asserted in the public domain through his sermon preaching that "he has once been to the World Bank in Switzerland to steal some dollars," which he showed to his adherents and, it led to wide applause and response. This same practitioner once said that if people make him angry since he is filthy rich, he will purchase additional big and expensive buildings in Ghana to add up to his property. Some of these practitioners are psychotics. In their delusions, they see themselves as "angels," "obofour," or "gods" who frequent heaven always and profess to encounter those other practitioners who practice occultism during their night flight into heaven. The majority of these men are also deluded into seeing themselves as not only angels but also could turn themselves into snakes, dogs, horses, etc. They can visit their adherents who are in trouble in the prison environments or other difficult situations in the underworld, such as under the seas. A practitioner shouted in his auditorium during his sermon preaching: "I am holding you (the people) like a mobile telephone." "I can delete your password." "I can delete your poverty." "I have the authority to remove you away from any spiritual husband's bondage." "Please, raise your legs and let me push away the evil spirits under you." "Escape, escape, today I fix you a good marriage in your life."

## **Suggestive Language, Psychodrama and Individual Identifications**

Psychodrama is an action method, often used as psychotherapy, in which clients use spontaneous dramatization, role-playing, and dramatic self-presentation to investigate and gain insight into their lives. In most of these one-man churches where I investigated members' experiences, the practitioners used the method which led members through music and dance to compel those having struggles in their lives to roll on the floor. Some shook their bodies as if they were in spirit possession. Some were advised to beat Satan with their bare fists. And so both men and women were aggressively beating Satan in the air. In one of the churches, some members were holding cutlasses, guns, brooms, and as they sang their songs they aggressively depicted their intention to kill the master of evil, that is, Satan. They were not afraid of his mechanizations to leave them in perpetual misery. As music intensified and people rolled on the floor of the auditorium, I saw that there were identifications and the speaking of glossolalia just as it occurred in the Pentecost in the New Testament Scripture.

## **Spirit Possession and Glossolalia**

One-man churches are noted for their attraction of people who have psychiatric problems but are not taken care of by the mainstream denominations who see these conditions as portraying some form of psychopathology. The hospital systems in Ghana have no interest in attending to these special patients who reveal these distinctive needs or, the hospitals have no adequate trained doctors to deal with them. That is all the more reason that one-man churches have monopolized a large group of these people who require proper treatments in these distinctive psychiatric disorders. Their needs are so special that they often find themselves in the periphery of those churches where spirit possession and glossolalia are not permitted. Almost all the churches visited permitted their adherents to enjoy the freedom of playing the role of spirit possession and glossolalia. The psychological self-perception that accrued to these members that they are intimately connected with the spiritual world is unprecedented. Some revealed to me about their marriage to some spiritual beings that allow them to be favored by them and God. In addition to this, some practitioners who are capable of metamorphosing themselves into other spiritual beings like Angels enjoy seeing these adherents become possessed and speak in these highly exalted languages. Presently, clinicians have not categorized these characteristics as portraying some psychiatric disorders though certain truths appear when one commences to dissecting the meaning of these languages, which do not have an affinity to any other language on earth.

## **Locus of Control and Resistance to Manipulation**

On the whole, older female adherents with an internal locus of control and diverse experiences in life are more likely to have a higher resistance strength to the practitioner's coercive ability than their younger female counterparts. Accounts of the emotional abuse and sexual abuse by these members reveal that practitioners usually prey on young attractive females that are not well-experienced in life. These have resulted in the deaths of innocent young girls who thought the practitioners had a real interest in them when they, unfortunately, fell for them. Later, they were manipulated to die in the hands of armed robbers and their young collaborators' apprentices.

## Male Adolescents Are More Likely to Have a Higher Resistance to the Practitioner's Manipulation Tactics

Male adolescents are more likely to have a higher resistance to the practitioner's consistent pressure to engage in *akwankyere* (spiritual direction) than female adolescents. There were a few instances where male adolescents were asked to perform certain rituals which would help them to become rich and famous. But when these examples are put aside, it appeared in the study that male adolescents have a higher resistance attitude to the pressure to engage in *akwankyere* in general. They also are not on the list of those that receive emotional abuse and sexual abuse from the practitioners.

## Old Age and Locus of Control

There is a positive relationship between the locus of control, old age, and resistance to the practitioner's manipulation pressure. The study found that old age, which is characterized by wisdom and the attainment of considerable experiences, enabled the aged among these churches to be prevented from abuse and emotional abuse in general. Though once a while, they are also manipulated to donate their riches and properties to these cults. Reports of any of these malpractices are not given by people who have reached the middle-aged and have themselves extended relatives who care for them.

## Discussion

Recently, there have been attacks on the numerous practitioners in the different parts of the country concerning their manner of treatments, abuse, emotional abuse, sexual abuse, and manipulation of their adherents, and these things have provided us the need to investigate one-man churches in Ghana. This study is to help us embark on the building of modern psychiatric hospitals where these patients could have gone in the first place to receive treatments. The findings of the study have enlightened us on the different relationship problems which male, as well as female patients of all age groups, suffer. We became familiar with pharmaceutical drugs that they use in the treatment of their adherents. More importantly were their employment of prolific glorification of *Akwankyere*, to psychologically hurry up treatment, sidelining the traditional healing methods affordable to all from the Christian principles.

Researchers have not been conscious of the tremendous work of these practitioners in harboring these exceptional patients whom governments have no adequate resources to take care of them in the primary care and the modern well-equipped hospitals in the country. Earlier investigations had shown that had it not been their works, psychiatric hospitals would be filled with depressive patients, psychotics, serial murder/killers, vagrant schizophrenics, anxiety patients, etc.

But it is their atrocities and heinous crimes committed by some of these practitioners under the pretense of curing these sick souls that have brought the peoples' attention to them. The data we have systematically collected and analyzed above point seriously to the need for other professional psychologists, social workers, curators, and psychiatrists who have the training to deal with these numerous problems of these patients to come forward.

Another important tragedy that has been an oversight too many studies that have been conducted on these churches is that people hardly talk about the problems of these practitioners themselves who have been branded as “men of God,” “reverends,” “pastors,” and “bishops” in these one-man churches. It is a well-known theory in psychiatry and psychology of religion that many of these leaders who are now leading these patients have themselves gone through some psychiatric disorders before being propelled into this profession where they still head a large group of people they profess to care for them instead. Some have revealed some pathological behavior before. Others currently are experiencing psychotic symptoms that need to be given attention to by professional psychiatrists and psychologists. If they had gotten the opportunity of being examined meticulously and treated for their pathologies by psychiatrists and psychologists, they would not have entered into these professions. Some do not only preach but molest their adherents who now pretend to be offering them help and success through their spiritual powers. Once they have not been offered treatment in the psychiatric hospitals concerning their problems, we expect intensification in their troubles. They could even cause problems to these innocent victims. Simply put, most of these practitioners, if not all of them, harbor some latent psychiatric disorders which they continue to suffer in silence at the same time that they profess to be helping the numerous patients who have been trapped sanctuaries.

These investigations have called to the attention of the people of Ghana and its government to initiate the erections of more psychiatric hospitals in the country to take care of these numerous psychiatric patients who throng at the premises of these deluded practitioners, who are causing harm to themselves as well as to their adherents. Western-trained doctors/practitioners should be given additional intensive training concerning the cultural factors, which serve as the causes of their illness, the dealing of their pain, and the description of their experiences. These practitioners’ delusions are unprecedented, and it has been well documented and filmed by the media and social media concerning the harm they are causing to their members. Some of these practitioners see themselves as “angels,” “obofour,” or “gods” who frequent heaven always and profess to encounter those who practice occultism during their night flight into heaven. The majority of these men are also deluded into seeing themselves as not only angels but also could turn themselves into snakes, dogs, horses, etc., that can visit their adherents who are in trouble in the prison environments or other difficult situation in the underworld such as in the seas. Here, we do not distinguish between the psychiatric illnesses of these practitioners and their patients. All members of these peculiar groups should be visited to find better ways where they could be helped. While they keep on encountering all sorts of problems in a great manner, they besides these subjects mentioned above, put their life partners in dire trouble through their infidelity, divorce, and catastrophic financial problems [25-36].

## **Conclusion: Implication for Further Research**

We investigated attachment perspective on psychopathology and disruption in the lives of people that frequent their worships in churches that one practitioner owns them. Interest in these religious belongings and their different treatments they offer, conflicts they endanger, emotional abuse they practice, and violence that predominantly occur among its members have grown. Yet, adherents see them as the best place to act out and play psychodrama of their problems which do not receive special recognition among the mainstream denominations and Government hospitals. While they are being shunned by mainstream denominations, interestingly they are continuously being granted memberships by these one-man practitioners’ churches. Moreover, Ghanaian hospitals lack adequately equipped doctors who can combine the western-trained

methods and the cultural factors to treat these patients. The present study has argued with the help of basic attachment concepts, which offered us examples demonstrating that attachment may be associated with successful adaptive treatments of these peculiar patients. Patients' emotional troubles and inner violence could be helped when one comprehends the nature of attachment processes. It is important as one way of addressing the issue of religion and psychopathology.

## Limitations and Future Directions

Despite the contributions of the current study, there were some limitations. First, the sample size could have been increased had we employed the quantitative method to do the whole study. The study mainly concentrated on respondents in Ghana. Even though some data came from Tanzania, they were only used for comparison purposes. Research suggests that patients' experiences could have been richer if the data gathering occurred within a broader context of different ethnic cultures in Africa. Cultural differences would have been detected in how much people in other African countries desire and feel particular types of positive affect to be in a one-man church and the critical role they play in managing their emotional development in psychopathology.

In summary, this research provides preliminary evidence for the role of these churches in handling different symptoms of illnesses suffered by adherents. The present study also contributes to the literature examining attachment and psychopathology processes and their responses. Future research may benefit from longitudinal design and clinical samples, which would investigate practitioners' perspectives in dealing with patients' problems and related complications. Results of the present study suggest that there should be intervention efforts in promoting the building of psychiatric hospitals to benefit women, men, and their children.

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