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Common presenting problems in religious lay counselling practice in Ghana

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\textbf{ABSTRACT}

Mental help systems in Ghana are overwhelmed with severe and chronic mental health issues. Yet, rapid urbanisation is contributing to a weakening of traditional help systems. Religious organisations offer a viable option through counselling ministries and groups. To understand the role lay counselling plays in the help system in Ghana, we interviewed one hundred (\(N = 100\); age range: 24–80) lay counsellors practising mainly in Christian and Islamic religious contexts across four urban centres in Ghana. The purpose was to examine what people seek counselling for; and assess how this legitimatises lay counselling as part of the existing system of care in Ghana. Findings show that most presenting problems are interpersonal in nature and are typically low level, non-life threatening issues. Presenting problems did not focus on mental disorders. The implications of these findings are discussed along with directions for future studies.

\textbf{Introduction}

People seek help for a variety of reasons including physical, mental, and spiritual health. Previous work suggests that for mental health needs, people in Ghana utilise biomedical, traditional indigenous medicine, as well as spiritual resources (Asamoah, Osafo, & Agyapong, 2014; Kpobi & Swartz, 2018, 2019). Biomedical help can primarily be obtained from general and psychiatric hospitals (Nartey et al., 2019). People who desire herbal medicine may engage the services of indigenous medicine practitioners (Kpobi & Swartz, 2018; Ragosta, Harris, Gyakari, Ottoo, & Asase, 2015). Those who desire both herbal and spiritual help utilise faith-based care in prayer camps (Ofiri-Atta, Attafuah, Jack, Baning, & Rosenheck, 2018); churches (Asamoah et al., 2014), or Islamic faith healers (Kpobi & Swartz, 2019). For physical ailments, the literature shows that people seek help from both biomedical and traditional medicine sources (Nyaaba, Masana, de-Graft Aikins, Stronks, & Agyemang, 2018). This pattern of help seeking reflects the mental health system in Ghana which is driven by belief systems and culture. These factors influence conceptualisation of mental illness and choice of treatment (For review see Ofiri-Atta et al., 2018; Opare-Henaku & Utsey, 2017).
This current study focuses on a different facet of help seeking. It examines help for low level, non-clinical issues that people may encounter in their daily life and may seek help from a lay counsellor. Lay counselling is provided by anyone who does not have professional training as a mental health practitioner. The study was undertaken within a religious context. Specifically, we investigated how religious spaces provide personal support for everyday problems; beyond their typical role of providing spaces for worship and spiritual guidance. Literature from both physical health care (de-Graft Aikins, 2005, 2018) and mental health care (Ofori-Atta et al., 2018) acknowledge the role of religion in health care in Ghana. Most Ghanaians report affiliation with religion; 71.2% are affiliated with Christianity, 17.6% with Islam, and 5.2% with African Traditional Religion (Ghana Statistical Service, 2012).

Helping in Ghanaian settings

In traditional Ghanaian contexts, psychological care resources are available within extended family contexts, as well as from elders who serve as community counsellors (Esen, 1973; Van der Geest, 2015). The extended family provides help through several sources: uncles, aunts, older siblings, and cousins who make it their concern to provide help; sometimes unsolicited. Esen (1973) observes that the extended family arrangement ensures there is “always someone to turn to in the family, in case of problems” (p. 209). Further, people draw on the wisdom of elders in their communities when dealing with problems. It is believed that elders, by virtue of their knowledge acquired in life, wisdom, and life experience, can offer needed help (Van der Geest, 2015). Elders may be part of the extended family or community. They provide help mainly through advising – where they provide information with the aim of helping the help seeker resolve a problem. Primarily, the elder aims at teaching life’s lessons based on his or her wisdom and knowledge (Van der Geest, 2015).

Recently, Ghana has been witnessing rapid urbanisation with more people living in a few urban areas of the country (Yankson & Bertrand, 2012). One of the effects of urbanisation is the weakening of social ties (Ardayfio-Schandorf, 2012a, 2012b; Assimeng, 1999) and diminishing roles of traditional help systems. This happens as people move away from members of their extended families such that extended families are now more dispersed than they previously were.

Paradoxically, urban living is associated with stress, overcrowding, interpersonal alienation, crime, and poverty (Ardayfio-Schandorf, 2012a, 2012b; Yankson & Bertrand, 2012). In the absence of strong traditional systems of care, people may seek help from other networks such as those made available through their religious organisations. One of the ways religious organisations provide help is through the use of lay counsellors. In religious contexts, lay counsellors may include pastors, clerics, elders, lay ministers, and laity. The current study investigated help seeking within Christian and Islamic religious contexts in four urban settings in Ghana. Knowledge of who is providing what services is needed for professional practice and policy planning. It is useful to know what help people receive from lay counselling, prayer camps, as well as from psychologists. Examining presenting problems is one way of understanding why people seek help from various sources.

Religion and healing

Major religions in the world lay claim to the power to provide healing (Anand, 2009; Eneborg, 2013; Gunther Brown, 2011; Ndoua & Vaghar, 2018; Ranganathan, 2015). Religion
can be a source of different forms of healing: spiritual (Gunther Brown, 2011; McGuire, 1998; Watts, 2011); psychological (Anand, 2009; Oman & Lukoff, 2018); and physical (Krause, 2018; Powell, Shahabi, & Thoresen, 2003). Spiritual healing relates to healing for spiritual aspects of the person, that makes use of spiritual practices, or explained as part of a spiritual process (Watts, 2011). Psychological healing is linked to the mental health benefits derived from engagement in religious practices (Oman & Lukoff, 2018; Roger & Hatala, 2017). Studies have reported a positive relationship between religiousness and mental health outcomes such as depression, anxiety, and suicide (e.g., VanderWeele, 2017; Whitehead, 2018).

The rich literature on religion and healing has paid limited attention to the role religion plays in helping people deal with personal problems despite the evidence showing that most religious faithful often take their personal problems to their religious leaders (Krause, Ellison, & Wulff, 1998). In most African and African American contexts, where mental health resources are scarce, religious organisations take an active role in providing help for the personal ills of the congregants (Aholou, Gale, & Slater, 2011; Campbell et al., 2007). Activities such as physical activity, smoking cessation, HIV counselling and testing may be provided through health ministries and counselling units of religious organisation to support members (Campbell et al., 2007; Tagai et al., 2018; Van Dijk, 2013). Aholou et al. (2011) observed that African American clergy utilised the opportunity for premarital counselling to provide sexual health and HIV prevention interventions. Within African spaces, religious groups assume a prominent role in providing medical screening and sex education through the avenue of premarital counselling (Van Dijk, 2013).

In a highly religious country such as Ghana where formal help systems are overwhelmed, a vast majority of the people utilise help available from religious groups and organisations (Asamoah et al., 2014; Lo & Dzokoto, 2005). This study examines this facet of healing conducted via lay counselling in religious spaces in Ghana. We included Christian and Muslim lay counsellors to provide a broad, rather than an exclusionary, overview of lay counselling in religious settings. The guiding research questions are: what do people seek counselling for; and how does this legitimise the role of lay counsellors as part of the existing system of care in Ghana?

Methods

We conducted qualitative interviews with one hundred ($N=100$) lay counsellors in four urban centres in Ghana: Accra ($n=29$), Kumasi ($n=29$); Koforidua ($n=31$), and Cape Coast ($n=11$). Accra is the capital of Ghana. Kumasi, Koforidua, and Cape Coast are regional capitals.

Research participants

We used purposively convenient sampling to select participants for the study. We adopted multiple strategies to reach prospective participants. We approached some participants through their religious institutions. Others were contacted via snowballing techniques; participants who completed the interview referred us to others. Yet, other participants were recruited following their attendance at a workshop for lay counsellors. To be included in the study, prospective participants were to be 18 years old or older; and
should provide lay counselling within a religious institution. One hundred participants took part in the study with majority being males ($n = 75$). The reason for this rather large sample size is that we aimed to include varied Christian and Muslim denominations. Participants were affiliated with 29 different religious denominations. Participants’ age ranged been 24 and 80 (Mean: 51.18; SD: 12.69); and were highly educated. More than half of the participants had tertiary level education. Most of the participants ($n = 79$) were married. Majority ($n = 81$) of the participants self-identified as Christian and the remaining ($n = 19$) were Muslims. Thirty-seven (37) participants identified with one of the following religious leadership designations: priest, reverend minister, pastor, deacon, or Islamic cleric. Participants had been practising for between 1 and 40 years (Mean: 13.38; SD: 9.72). Table 1 provides participants’ demographic information as well as their practice history.

<table>
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**Procedure**

Interviews were conducted between September 2017 and October 2018 by eight individuals comprising six females and two males. They had a minimum of college degree. Participants were informed that the study was seeking information on their practice
experiences as lay counsellors. Some participants agreed to be interviewed after first contact; others scheduled for a more convenient time. Interviews were conducted in public locations that were quiet and also allowed for privacy. This study is part of a larger project aimed at learning about religious counsellors in Ghana. This particular study is based on a subset of questions selected to address the research questions.

Interviews lasted between 20 and 120 min (Mean: 52.12; SD: 19.36). Participants had a choice of using English or any Ghanaian language they were fluent in. Majority of the participants used English, a few used Twi, a local Ghanaian language. A few used a blend of English and Twi. Interviewers were bilingual speakers. It is not uncommon for people in Ghana to adopt a blend of English and a local language in everyday conversation. All interviews were conducted as individual interviews; and were recorded with participant’s permission.

**Data analyses**

English interviews were transcribed verbatim. Twi interviews were translated and transcribed simultaneously by native Twi speakers. Thematic analysis was used to analyse the data, following the step-by-step guide outlined by Attride-Stirling (2001) comprising identification of (i) basic themes, (ii) organising themes; and (iii) global themes. Two doctoral students independently familiarised themselves with the data and identified basic themes (e.g., infidelity, conflicts); and organising themes (e.g., marital problems, academic issues) that were recurrent in the data. The themes were further situated in the global theme of counselling situations. For validation purposes, two coders with masters' degree in clinical psychology reviewed the data using the generated basic and organising themes. Through the validation process, two additional basic themes, financial problems in marriage, and additional wife, were identified. Meaning saturation was reached during the analyses. Coders consistently observed similar codes when they compared themes across participants’ transcripts.

**Findings**

The study examined presenting problems religious lay counsellors encounter in their practice in Ghana. We observed four main counselling situations: (i) Premarital and in-marriage problems; (ii) Parenthood concerns; (iii) Psychological problems; and (iv) Academic and career issues. Other aspects regarding how the lay counsellors address these problems are being published elsewhere.

**Pre- and in-marriage problems**

Majority of the participants (\(n = 72\)) narrated presenting problems we categorised under premarital and in-marriage issues. Prior marriage issues were mainly about differences in social background of prospective couple (\(n = 17\)); mate selection (\(n = 10\)); and lack of parental consent (\(n = 9\)). Concerns of differences in social background include education, finance, and age of prospective mates. Issues about mate selection focused on partner preference and arranged or forced marriage.
The lady’s educational level was higher than the man … The woman was a senior high school teacher who has completed [one of the elite senior high schools in the country] but the man didn’t complete senior high school (Christian woman, 15 years of practice).

[Her] parents introduced a man to her to marry; in fact a very rich man … she is also trying to look for a young man too, but all of a sudden her parents slapped her with this old man … (Muslim woman, 15 years of practice)

A lady who came to see me because she wanted to get married … the man she wanted to marry, her parents were not in support of the marriage. (Christian man, 6 years of practice)

In-marriage problems participants worked on include spousal conflicts; finances; sex; infidelity; and domestic violence. Spousal conflicts ($n = 20$) focused on roles and division of household chores. The quotes below exemplify presenting concerns about spousal roles:

The marriage nearly collapsed and when they came to me, the woman even packed all her items and kept it with her friend … What went on is about their responsibility; they didn’t know their responsibility in the marriage in the first place. (Muslim man, 20 years of practice)

After about six months [of marriage] the woman came to tell me that the man is not helping her with the household chores. (Christian man; 10 years of practice)

Other conflicts were related to work–family balance, as well as lack of affection and care as illustrated in the quotes below:

Both of them [the couple] were working at the [XXX] firm; they have been married for a year. The woman was coming home at 10 pm, the man at 11 pm and they didn’t have a life of their own so the next morning they will all hurriedly leave the house for work. (Christian woman, 30 years of practice)

The man was complaining that the woman was not taking very good care of him, he is sick … but the woman doesn’t care. (Christian man, 10 years of practice)

A certain lady came to me with the complain that her husband is not in talking terms with her after several years of marriage and does not treat her with affection. (Muslim man, 3 years of practice)

A unique source of conflict was related by participants working with Muslim clients. They presented concerns that are associated with the selection of an additional wife. The conflicts were related to husbands’ decision to marry an additional wife; as well as the dynamic between the husband and wives. Islamic tradition permits the practice of polygamy (Kaniki, 1976).

… a man and his wife who have been sleeping in the same room for seven years without talking to each other … she wanted her husband to know that she has more power than him because he has gone to marry another person without her consent (Muslim woman, 10 years of practice).

A husband felt embittered about the wife’s treatment; he feels the wife is not cooperating and doesn’t do what he wants … so finally the man decided to marry another woman … instead of him sharing for them, maybe I will be here on these days and then I will go to the second wife, he didn’t do that but he stick to the new wife … finally the old wife has packed off. (Muslim man, 15 years of practice)

Financial problems in marriage that the participants ($n = 17$) encountered include changes in the financial situation of the couple, distrust about partner’s finances, and disputes about property acquired in the marriage.
Before their marriage, she knew his income but shortly after marriage, he could not meet all her financial demands because he was repaying a loan. (Muslim man, 12 years of practice)

There was one concerning someone and her husband … The man had not made the woman aware of his earnings so the woman assumed the husband had money and was trying to hide it. (Christian woman, 3 years of practice)

The woman has a land and she has used her money for it but the man is claiming that his money is part. (Christian man, 7 years of practice)

A number of the participants ($n = 16$) had worked with people on sex issues in marriage. Typically, people sort help regarding partner’s sex potency and sexual demands. Two examples are presented below:

A certain lady came to me with the complaint that her husband [was] not sexually potent; he can’t have sex with her. (Muslim man, 2 years of practice)

… the man said he wants anal sex from the wife and the wife refused. We try [sic] solving the issue but to no avail and in all the man even said when he has sex with his wife he doesn’t get any pleasure. (Christian woman, 18 years of practice)

Infidelity was another issue that the participants ($n = 12$) encountered. The concerns were often related to a spouse engaging in extra-marital intercourse. The quotes below showcase that both men and women sort help from lay counsellors when they had issues with their respective partner being involved in extra-marital intercourse:

Her husband was a womanizer so she wanted to divorce the man … she came to tell me that she wanted to divorce the man. (Christian man, 3 years of practice)

Someone came with a problem in which his wife was promiscuous … it was reported to him by someone that his wife has entered someone’s room and had an affair with the person … (Muslim man, 2 years of practice)

The type of domestic violence participants ($n = 7$) encountered was mainly spousal beating; and the perpetrators were reportedly husbands. The following quotes illustrate some of the cases participants narrated:

… the man beat the wife … the wife was pregnant and the man beat the wife so the wife came to me. (Muslim man, 7 years of practice)

There was this married couple who came to me. The man was an alcoholic. Whenever the woman complained, he beats her. He sometimes beat her without having any memory the next morning that he did that. (Christian man, 4 years of practice)

 Parenthood

Some of the counselling situations participants ($n = 35$) reported were related to childbirth and parenting responsibilities, and parent–child conflicts. The two examples below typify cases where couples sought help for infertility:

[A] man came to see me about his wife … they were having problems making babies. (Christian man, 20 years of practice)

The issue was about childbirth. They have been married for three years and they had no child. (Christian man, 13 years of practice)
Presenting issues on parenting were typically about conflict in the parent–child relationship, problems in the step-family dynamics, and choice of friends.

The parents are saying the lady doesn’t respect; that whatever they are saying she doesn’t listen to them … When the parent talks she talks back. (Christian man, 3 years of practice)

There was this one about a man and the wife and a child living together. The man had divorced his wife and one of the children was living with him … the woman, that is the man’s new wife, sees the child as a bad boy who wants to collapse the marriage. The man also sees the wife to be bad because of how she was treating the child. (Christian man, 6 years of practice)

There was a young boy who his parents brought to me that he wanted to join those fraud boys. So they brought him here and we discussed the issue. (Christian woman, 3 years of practice)

**Psychological problems**

A small number of participants \((n = 12)\) related encountering psychological problems such as substance abuse and unspecified mental health issues:

A child was reported to me about a smoking behaviour. He was a student … at junior high school. The parent came to confide in me that the child was a wee [marijuana] smoker and the way things were going, if care was not taken things might get worse. (Christian woman, 10 years of practice)

Someone came to me that she feels burning sensations in her head. I thought it was spiritual … I made her to go to the hospital. It was found that she has a mental disorder. (Christian man, 10 years of practice)

**Academic and career issues**

Academic and career-related situations were reported by a few participants \((n = 11)\). Issues presented include academic performance, financing education, and choice of subjects to read at the senior high school level. Career issues were about career trajectory after completion of national service, a compulsory service which is often completed after one’s tertiary education.

The mother told me the child was first doing very well but when she noticed the performance dipped and erh the child goes to school late … (Muslim man, 10 years of practice)

She chose Science as her profession and then unfortunately she was given Agricultural Science to study as a program in the Secondary School and she flopped horribly … I checked from the basic school results, she was rather good in the Arts. (Muslim man, 30 years of practice)

One guy came here, he has finished national service and doesn’t know whether to pursue the masters or … he wasn’t certain of getting a job, so he was torn between searching for job and getting the masters … or maybe starting his own business. (Christian man, 10 years of practice)

**Discussions**

The purpose of this study was to find out what people seek help for within the facility of lay counselling available in Christian and Muslims religious spaces in four urban areas in Ghana. Professional helping systems are overwhelmed with severe and chronic mental
health issues in Ghana (Ofori-Atta et al., 2018). In addition, because of rapid urbanisation, social ties and traditional help systems appear weak and unable to support many urban dwellers (Ardayfio-Schandorf, 2012a, 2012b; Yankson & Bertrand, 2012).

Our investigation of the practices of one hundred lay counsellors in four urban settings in Ghana revealed that the presenting concerns are predominantly interpersonal in nature. Presenting concerns were related to marriage and parenthood. These issues mirror the social context of Ghana. Marriage is a highly esteemed institution in Ghana (Anarfi, 2006; Gyekye, 1998) and a large percentage (approximately 43%) of adults are married (Ghana Statistical Service, 2012). Although our participants practice in urban settings, the issues in marriage are rooted in traditional values around marriage. Although Ghanaian societies are changing (Assimeng, 1999), vestiges of traditional considerations about parental involvement in mate selection and parental consent are still seen in the presenting problems. Assimeng (1999) argues that until recently, parental consideration in mate selection was deemed proper. However, due to social change, some of these parental considerations are being contested. Related to parental considerations for the marriage itself, there are traditional considerations for children in every Ghanaian marriage. In most Ghanaian societies, the primary reason for marriage is for producing children. The value placed on children is so high that failure to produce children could be grounds for divorce (Abraham, 2010). The presenting concerns reflected this expectation for children.

The presenting concerns on infidelity, domestic violence, sex, and financial disputes are consistent with recent observations about common transgressions in Ghanaian marriages (Osei-Tutu, Dzokoto, & Belgrave, 2019). To complement the study by Osei-Tutu et al. which only examined the types of transgressions in marriage, the current study provides insight into where people seek help for these transgressions.

A few presenting concerns were on psychological problems. This finding does not mean that lay counsellors do not work on psychological problems. Rather, it is possible that they are unable to diagnose less obvious cases of disorders because they do not have the requisite competence. Further, presenting concerns about careers and academic concerns were few. It is possible that people use other help sources available to them such as the schools to address academic and career concerns.

With a few exceptions, such as domestic violence, most of the presenting concerns may be considered as low level and non-life threatening in nature. These are issues that ordinarily will not end up in the clinical or medical systems of care. Because they may be considered low threshold, and not disorder related, it is possible that people may not seek professional help. However, it seems that people visiting the lay counsellors we interviewed believed that they could obtain the needed help from this source. Even where a presenting concern may have been disorder-related, it seems that people felt empowered to seek help from this non-threatening source. In most Ghanaian settings, mental health stigma is high (Mfoafo-M’Carthy, Sottie, & Gyan, 2016; Tawiah, Adongo, & Aikins, 2015). However, research suggests that visiting a religious counsellor may not attract the same level of stigma as going to see a professional (Crosby & Bossley, 2012).

The presenting concerns revealed that people are using the space provided in lay counselling to address their social problems; and that lay counselling is a viable resource for people seeking help for their personal issues. In the past, and in some rural settings in contemporary Ghana, people would typically consult an elder, a respected member of the family, or someone of good social standing in their community (Van der Geest, 2015).
However, in some African spaces, such as Ghana, religious groups have taken on this role by providing community counselling. Van Dijk (2013) observed that in Botswana, the church took an active part in counselling and thus regulated relationship modalities in that country. Rather than perceiving religious lay counselling as a new phenomenon in Ghana and other African contexts, we consider it as an old practice, which has found a new place of operation.

Our findings suggest that religious organisations are tapping into a natural resource available in most African contexts. It has been argued that Africans have a “care syndrome” (Esen, 1973) – a disposition to care about others and the expectation that one will be cared for in case of a problem. The care syndrome is pervasive so much so that it is not uncommon for people to provide unsolicited advice. It is interesting that religious organisations are utilising this resource for developing lay counselling units and ministries to respond to the growing needs and demands of urban dwellers in Ghana. Hence, although traditional systems may have weakened, religious institutions are using the same resources that would have otherwise been used by the extended family systems of care. The use of lay counsellors is not unique to Ghana (Healy, Kaiser, & Puffer, 2018). A number of innovative approaches that involve lay counsellors as help providers such as the friendship bench programme (Chibanda, Verhey, Munetsi, Cowan, & Lund, 2016) and the community-embedded lay provider model (Puffer, Friis-Healy, Giusto, Stafford, & Ayuku, 2019) have been developed across low and middle income countries in Africa.

Limitations of the study and future research

The findings of this study provide important insight into the practices of religious lay counsellors in Ghana. However, there are limitations. First, even though our sample of one hundred is considered large for a qualitative study, the findings may not capture every foci of lay counselling in Ghana. Second, we requested for counselling situations retrospectively as most of the lay counsellors we interviewed did not keep a written record of their practice. It is possible that the cases they narrated were based on what they recalled in the moment and did not capture the full breadth of cases they had worked on in their entire practice.

We are aware of the potential for abuse in religious lay counselling, but we did not examine this issue. Studies are needed to examine this critical issue. Studies are also needed to explore the efficacy of lay counselling as well as user satisfaction. Lay counsellors may experience negative interactions from those they help. Prospective studies could examine how lay counsellors deal with unpleasant experiences in their practice, their coping approaches, and use of supervision.

Implications of the study

Religious lay counselling is a global phenomenon. In Ghana, religious lay counsellors mainly address personal problems that are related to marriage and parenthood. The services lay counsellors provide are especially important in urban settings where local systems of care are weak and mental health systems of care are overwhelmed. Lay counselling can be an important channel for implementing parenthood and mental health promotion interventions. Mental health professionals can collaborate with lay counsellors to develop a system of referral.
Conclusion

This study is one of the first to examine lay counselling in both Christian and Muslim contexts in contemporary Ghana. We examined the nature of problems people seek help for from lay counsellors within selected Christian and Islamic religious spaces across four major urban centres in Southern Ghana. The findings show that people are using religion to solve everyday problems; supporting the argument that religious organisations are substituting for extended families in caring for the personal problems of urban dwellers. Findings highlight the potential role of lay counselling as a resource and a legitimate part of the help system in Ghana.

Disclosure statement

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References


