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Is personhood lost after mental illness? Exploring the dynamic interface between personhood and mental illness in Ghana

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Abstract

Understanding of local conceptions of personhood and mental illness is central for developing therapeutic alliance and treatment regimens for persons living with mental illness. Such persons are exposed to several discriminatory behaviours yet factors that seem to encourage these behaviours are still not entirely understood. Personhood as construed from an emic perspective could potentially guide an understanding of societal attitudes toward individuals suffering from mental illness. This study explored Akan and Ewe conceptions of personhood in relation to mental illness. Using a semi-structured interview guide, seven Focused Group Discussions (FGDs) were conducted in the Tutu and Taviefe communities of the Eastern and Volta Regions of Ghana. A thematic analysis of interviews brought out three main themes: loss of sense of personhood during mental illness; liminality of personhood status after mental illness; and restoration of personhood status. Within these conceptions, activities such as restoring routines and occupational therapy could be utilized to "restore personhood" at least at the performative level. This demonstrates the dynamic interface between notions of personhood and mental illness with implications for stigma reduction.

Keywords

attitudes, Ghana, mental illness, personhood, stigma

Introduction

Personhood is a broad concept that is addressed by multiple disciplines, yet has no single definition, philosophical underpinning, legal implication, or psychological meaning. According to McCormack and McCance (2016), personhood refers to an individual's innate humanness, expressed through the things that matter to them, and it is considered as the status of being a person (Anker-Hansen et al., 2020; Laitinen, 2007; Taylor, 1985). An individual's personhood comprises not just how they perceive themselves, but how they are perceived by others (Young, 2019). Rosfort and Stanghellini (2009) maintain that personhood does not lie exclusively in our biology or experience but in who we are, which is our identity. Personhood is multi-faceted and the focus of controversy and debate in many fields of academic enquiry and practice, including philosophy, psychology, religion, anthropology, and law.

The multifaceted nature of personhood is reflected in tensions on topics like abortion, fetal rights, and reproductive rights. Medical ethics deals with the complexities of personhood on issues such as neonatal rights, the rights of the disabled, ill, and dying . Researchers in the field of personhood use diverse definitions of personhood. However, there is broad agreement that personhood is not a static quality but one that is dynamic and varies cross-culturally. Kitwood and Bredin (1992) exemplify this in their description of a type of personhood referred to as *transcendental personhood*, which is simply personhood based on being an anatomical human being. Cooley (2007) describes personhood in terms of rationality and the ability to communicate that rationality to others. Personhood can also be defined as "a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust"

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(Kitwood, 1997, p. 8). Clearly, personhood is a complex concept and any attempt to simplify raises conceptual and contextual concerns.

Western discourses on personality tend to conceptualize a person in Kantian terms as made up of metaphysical qualities by which the status of personhood is attained and therefore tend to perceive the self as independent and separate from other people (Lim, 2016). From a philosophical viewpoint, Western conceptions of personhood centre on the uniqueness, individuality, and sense of stability of individual beings that are irreplaceable. This ideology is a central theme in Kantian thought, which holds that the normative nature of personhood is embedded in recognizing and accepting the unique differences between people (Ikuenobe, 2006; Nelson, 2009).

The above examples suggest that the conceptualization of a person from a Eurocentric perspective is predominantly individualistic or self-oriented. For instance, Rogers (1961) describes humanistic psychology (Eurocentric) as a holistic approach to human existence that pays special attention to such phenomena as creativity, free will, and positive human potential. Rogers further argues that humanistic psychology encourages viewing ourselves as a "whole person" greater than the sum of our parts and encourages self-exploration rather than the study of behaviour in other people. Most approaches to mental health, counselling, and psychotherapy for Africans are based on Eurocentric concepts of the person even in the face of cultural variations (Kpanake, 2018). For example, collectivism (interdependence) is a cultural value that is characterized by emphasis on cohesiveness among individuals and prioritization of the group over self (Agulanna, 2010). Individuals or groups that subscribe to a collectivistic or interdependence worldview tend to find common values and goals as particularly salient (Schwartz, 1990). Thus, unlike the dominant Western theories on the development of personhood, which are based on ontological views following Kantian thought, African explanations are mostly based on an interdependence philosophy which holds that it is the community or society that defines the person, and not some isolated static quality of rationality, will, or memory (Menkiti, 1984). In this regard, the conceptualization of personhood can be viewed from a dual perspective: an emic (native) perspective that highlights how the notions of personhood are circumscribed within a specific sociocultural context, and an etic (outsider) understanding of the concept which allows and informs comparative cross-cultural inquiry (Harris, 1989).

Afrocentric conceptualizations of personhood therefore seem to encompass more than just the individual. For example, Kpanake (2018) observes that many African cultures illustrate a dynamic interplay of connections in understanding and defining the concept of personhood and outlines three distinct connections; (a) spiritual component, including God, ancestors, and spirits that influence the person; (b) social component, including the family, the clan, and the community, with extension to humanity; and (c) self-component, which is responsible for the person's inner experience. Kpanake's observation of the interplay of different connections in conceptualizing personhood emphasizes both the social and personal aspects of the Afrocentric conceptualization of personhood. Thus, a normative conceptualization of a person would be as an individual that has all the three levels of connection active and is not impaired. This distinctive form of personhood underlies concepts of the "normal" person, understandings of mental illness, help-seeking behaviour, and clients' needs and expectations (Kpanake, 2018).

Mbiti (2008) indicates that individuals in a community owe their existence to other people including those of past generations and their contemporaries; they are part of the whole. It is therefore the community that makes, creates, and produces the individual. As such, as Mbiti aptly captures this, "I am, because we are: and since we are, therefore I am" (p. 106). He suggests that this "is the cardinal point in the understanding of the African view of man [*sic*]" (p. 106). Opoku (1978) corroborates this view and asserts that "a man is a man [*sic*] because of others, and life is when you are together, alone you are an animal" (p. 92). This assertion seems to suggest that an individual is considered a person only because the community or society considers them a person and therefore human. Hammack (2008) and Kirmayer (2007) further shed light on the dynamic nature of personhood. They assert that implicit cultural concepts of personhood have relevance for current psychological theories of development and social behaviour, psychological assessment, psychopathology, and policy development. Different cultural contexts generate different concepts of the person, consequently, providing ways of interpreting individual experience (Kpanake, 2018; Menkiti, 1984).

For instance, among the Akans of Ghana, Gyekye (1997) argues a moderate communitarianism of personhood. In this regard, he asserts that although there is a preponderance of interdependence within the space of social arrangements, an individual's sense of self and autonomy can still be observed. Gyekye articulates this view by drawing on Akan proverbs to explicate his moderate communitarianism and its implication for the relationship between the community and individuals. One such Akan proverb he draws on is "*Abusua te sɛ kwaeɛ, wowɔ akyiri a, ɛyɛ kusuu; wopini ho a, na wohunu sɛ dua koro biara wɔ ne siberɛ*" (To wit: The matriclan is like a forest: if you are outside, it is dense; if you are inside you see that each tree has its own position [Appiah et al., 2007, p. 67]). In other words, when seen from afar, the community appear huddled together, but would be seen to stand *individually* when closely approached. From this standpoint, he thus argues that although we are part of a larger group, our sense of individuality is not diminished. In this

sense, Gyekye (1997) holds the view that neither a community nor the individual's aspirations is threatened in the kind of relationship that exists. He illustrates this in the following statement:

> A social structure is evolved not only to give effect to certain conceptions of human nature but also to provide a framework for both the realization of the goals, hopes, and potentials of the individual members of the society and the continuous existence and survival of the society. (p. 35)

While Gyekye (1997) held the moderate communitarian view by which individuals can attain full personhood status by themselves, Wiredu (1992) ascribed to the normative concept of personhood. He contended that the community was paramount in conferring personhood on individual members of the community as a social recognition of their adherence to social norms. Personhood can therefore be lost due to deviance from moral injunctions.

Personhood and mental illness

According to Cutler et al. (2021), personhood has been described as a fundamental right which should not be lost or diminished as a result of mental illness. However, this issue in the current discourse on personhood is contested by several observations in most African societies where persons living with mental illnesses are not considered as "whole" humans, for which reasons they are subjected to some inhumane treatments. Evidence of this is found in the numerous reports of mistreatments (i.e., chaining, forced fasting, beating, and scarification) in prayer camps, traditional healing centres, etc. (Kpanake, 2018; Kpobi et al., 2019). Although some authors (e.g., Read et al., 2009) rebrand chaining as restraints, the reality of injury, exposure to the elements and the overall dehumanization of the chaining process cannot justify the attempt to desensitize the crude imagery conveyed by such antiquarian methods. Kpanake (2018) argues that mental illness can be explained in terms of the sick person losing connectedness between the mind, body, and spirit, and not only as a defect in physiological and biochemical structures. In this light, it can be inferred that a lost sense of personhood is perceived from among persons who subject persons living with mental illness to inhumane treatment. The role of Indigenous healing could therefore be seen as a means of restoring the "person" within a context that intensely holds a "holistic" conception of life.

In a study to investigate the acceptability and feasibility of person-centred mental health services in Timor-Leste, findings suggest that a major challenge for the implementation of person-centred care is the sociocultural perceptions of individual personhood which included a diminished personhood for persons living with mental illness (Hall et al., 2019). Persons living with mental illness and other disabilities were generally not considered as persons in Timor-Leste and were excluded from social settings for being aggressive, dangerous, and incapable of making rational decisions. The onset of mental illness was likened to the "loss of a family member" since the person is no longer "normal" (Hall et al., 2019). Hagen et al. (2020) also examined female patients' experience of suicidality and being in a psychiatric hospital and found that their experience of being in an acute psychiatric ward included liminality and a weakened sense of personhood and that a crucial aspect of care is recognizing and strengthening patients' personhood. Liminality meant that patients were in limbo or a phase of confusion and exposed to the pain, vulnerability, and insecurity in suicidality. Majority of the patients expressed concern about their future, including whether they would ever fully recover and have a future. Some patients spoke of their existential struggles and concerns with regard to their identity as persons, their future selves, and their significance to others.

Similarly, Cutler et al. (2021) investigated how personhood influenced patients' perception and experience of safety in acute psychiatric units. The findings indicate that safety for participants meant having their needs for equality, respect, and choice met, which are core tenets of personhood. Admission to an acute unit can be accompanied by feelings of shame and humiliation and a potential threat to patients' personhood. Being seen as an equal meant recognition of one's dignity and worth by others. According to Cutler, to maintain the status of patients as valued individuals who are "taken seriously, respected, and understood", it is necessary for staff, who were mostly nurses, to interact in a person-centred manner.

Several studies in the domain of dementia highlight the loss or diminishing of personhood. Social psychology has had significant influence in dementia care over the past 20 years by questioning and pursuing alternatives to the understandings of dementia that were centred on decay, decline, and deficiency, and by proposing a concept of personhood that positions persons with dementia at the centre of care (Hampson & Morris, 2016). The idea of "personhood" is fundamental to person-centredness and is made even more evident in dementia-related conditions, which may challenge person-centredness. Johnston and Narayanasamy (2016) conducted an integrative review to assess, evaluate, and synthesize studies that featured interventions related to both personhood and legacy. They argue that dementia care and interventions should go beyond pharmacological treatment for effective management. However, psychosocial interventions have primarily centred on caregivers of persons with dementia, or ability to manage the symptoms of dementia, enhance cognition, and minimize inappropriate behaviour. As dementia is experienced as a life-limiting illness, persons with dementia can have their personhood compromised. Johnston and Narayanasamy's findings revealed

that psychosocial interventions that improve perception and experience of personhood in dementia is an under-researched area and there is a need to increase the evidence base to improve dementia care. The importance of providing care that preserves dignity is emphasized as a component of healthcare and a duty of all healthcare practitioners (Gallagher et al., 2008; Johnston et al., 2015).

Hampson and Morris (2016) explored the various perspectives on the self and personhood in dementia care and established methods of providing care for persons with dementia that could minimize the level of impairment in the midst of cognitive decline. They argue that, historically, the view that the self, diminished to nothing or a non-person, was the prevalent approach, resulting in care which was not person-centred. However, the emergence of Tom Kitwood's approach in the late 1980s has led to the recognition that the self and personhood of a person remains and must be maintained to improve the wellbeing of persons with dementia. Despite its flaws, Kitwood's approach has succeeded in improving the care of persons with dementia and should be considered along with other approaches to advance the improvement of the wellbeing of persons living with mental illness.

The current study sought to investigate the relationship between conceptions of personhood and mental illness. More specifically, the study aimed to document Akan and Ewe notions about people who had suffered mental illness or were currently experiencing an episode of mental illness in relation to their personhood.

Methods

Research setting

Two sites were selected for data collection for this study, Akwapim Tutu in the Eastern region and Taviefe in the Volta region of Ghana. Tutu is one of the Akwapim towns located about 38 km north of Accra. The town is situated in the Akuapem North District and has a population of about 4,935 inhabitants who are Akans (Ghana Statistical Service, 2013). Taviefe, on the other hand, is in the Ho Municipal area and about 9 km (15 minutes' drive) from Ho, the capital town of the Volta region. The population of c. 4,500 consists of Ewes of Ewedome (northern Ewe) descent. The participants for this study were mainly peasant farmers with a few of them engaging in petty trading.

Participants and procedure

Four groups of participants were selected across the different data collection sites. Their ages ranged between 18 to 77 years old (youth 18–35; men/women 36–59; elders 60 and above). Eight focus groups made up of four Akan and four Ewe focus groups were employed in this study (Table 1). In all the focus groups, discussions were conducted in an informal way among their peers where each participant was free to express their perspectives openly. To ensure freedom of expression, the participants were put in groups of equality: youth as a mixed group, men only, women only, and chiefs and elders only. Thus, the chiefs engaged in the discussions without an interpreter, which is different from tradition in which chiefs would speak through interpreters in formal or ceremonial settings.

The study made use of a focal person who was an inhabitant of Tutu. The focal person led the researchers to the linguist who in turn led us to the chief and elders of Tutu. As custom demanded, we presented some drinks and a token of money to the elders as the community entry rites. Permission was then granted to meet with the participants of the study. Four focus groups were created involving the chiefs/elders, only women, and two mixed gender groups including the youth. We collected the data for the youth and men's group at the location where the researchers lodged. Data with the chiefs was collected at the palace and that of the women was collected at the residence of a female sub-chief of Tutu. At the second data collection site in Taviefe, a focal person helped the team to gather the groups of participants. In Taviefe, all focus group interviews were conducted in the house of the focal person.

We employed the purposive and convenience sampling techniques in the selection of participants for this study. These methods were chosen because the study required persons who have intimate knowledge of the culture and practices of the community and were also available for the study. A semi-structured interview guide made up of eight main questions with probes where necessary was used to conduct all seven Focus Group Discussions

Table 1. Table showing the distribution of respondents across gender and location.

	Elders mixed		Youth mixed				
Site	Males	Females	Males	Females	Men only	Women only	Total
Taviefe	4	3	3	5	7	8	30
Tutu	5	3	5	3	8	8	32
Total							**62**

Males = 32, Females = 30.

(FGDs). Sample questions on the interview guide included "What is your understanding of health and mental health?", "What is your understanding of mental illness?", "Who is a person as understood in your community?", "Is every human being a person?", "Is an individual considered a person if they have mental illness?", etc. The interview guide was first written in English and given to independent translators from the Department of Linguistics at the University of Ghana to translate into the Ewe and Twi languages. The research team reviewed the translations to ensure that all conceptual confusions were addressed before approving its use. Two members of the research team who are native Twi speakers led the interviews at Tutu. Another two Ewe language speakers of the team led the discussions at Taviefe.

Each participant was given a number identifier instead of using their names to ensure anonymity. A coding system was developed using these identifiers during transcription by using the language used during the interview, gender of the participant, group and the identification number. A participant with the code AFW3, for example, implies the third Akan female in the women's group.

Research design

Since this study sought to understand how conceptions of personhood influence notions of mental health, we employed a qualitative research design to explore what it means to the people in the research area. Our aim in choosing this design is to have an interpretative approach that is based on natural responses from people in their natural sociocultural environment (Creswell & Creswell, 2017).

Ethical considerations

The University of Ghana Ethics Committee for Humanities (ECH) approved this study (ECH 320/21-22). Before the start of each interview, participants were reminded that they had the right to discontinue participation at any point during the interview process if they felt uncomfortable for any reason. All the interviews were voice recorded upon receiving consent from all members of the groups. Participants were assured that the audio-recordings will be kept strictly confidential and would be used only for research purposes. None of the participants discontinued participation after the start of the interviews. The interviews lasted between 60 and 120 minutes and participants were each compensated with 20 Ghana cedis as a sign of appreciation.

Analysis

Analysis of the data involved first transcribing the recorded voices into the respective languages used during the interview, Ewe and Twi. The transcripts were then translated into English. Four members of the research team (2 Ewes and 2 Akans) read through the translation to ensure consistency in meanings. It was decided to leave Ewe and Akan expressions as they were in cases where it was difficult to get equivalent translations in English without compromising on the original meanings. A transliteration of their meanings was rather given. We employed the experiential thematic analysis approach to unearth what the experiences of the participants are in relation to personhood and mental health in their social world (Braun & Clarke, 2006; Braun et al., 2019). This paper adopted the 6-stage analytic approach recommended by Braun and Clarke; namely, familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes, and producing the report in analysing data.

Findings

Analysis of data brought out three main themes: *loss of personhood during mental illness*; *liminality of personhood status after mental illness*; and *restoration of personhood status*. The analysis of data revealed very similar ideologies on the subject matter across the respondents from both the Tutu and Taviefe cohorts. No significant variations in thought were identified after a careful analysis of the data.

Loss of personhood during mental illness

This theme brought out insights from participants on the fact that, once an individual suffered from mental illness, their personhood status was lost. Participants further opined that personhood was lost during and after suffering from mental illness. This status was dependent on the cause of the illness and how far the illness had progressed. For example, these participants explained that although a person may have all physical possessions as a human being, their personhood is lost:

> For someone to be called a person presupposes that they are whole. Now, if we say the person is suffering from mental illness, though they are still a human being, even if they have possessions like houses or cars, their personhood is gone. That is why such an individual cannot be made a chief, assemblyman or a leader. (EMM3)

Another participant took another angle when he explained that personhood is based on conduct and therefore mental illness that impairs proper conduct causes a loss of personhood: "for one to be called a person, it is dependent on conduct. So, with the onset of the illness, the individual can no longer exhibit such conduct and so ceases to be a person" (AMY2).

> Losing of personhood comes in different forms. As humans, it is your conduct that will make people determine

> that you are a person. However, you can change and act abnormally because something has happened to the brain. We will then say that he is no more doing things as is expected of persons. Thus, the personhood of such a person is lost. Personhood can be lost through mental illness or any action or behaviour of ours. (AMM1)

Other participants took a different stance by describing specific behaviours that are exhibited by the mentally ill and which also show a loss of personhood: "once they start eating from the gutter and things like that, it [the mental disorder] can never be restored" (AFM3); "He can pick food from the gutters and eat. Then you know that the mind is now off and so their personhood is lost" (EEF1); "When they start walking around naked on the streets, they can never recover. This means that they have lost their personhood" (EFW4).

From the above, notions of personhood appear to be defined characterologically and that to be conferred personhood status, one's character and conduct must conduce to the communal good. From the voices above, mental illness leads to character flaws, and in so far as a person's character and conduct goes beyond what is circumscribed within the normative contexts, on account of mental illness, it is no longer tenable to ascribe personhood status to the person. These views discount the significance of the metaphysical or the biological persons and rather projects a normative personhood.

Liminality of personhood status after mental illness

Some participants were of the view that although a person who suffers from mental illness did not lose their personhood, they were also not considered a person. A possible partial personhood status seemed to emerge. The theme further discussed perceptions of treatment and its efficacy. The analysis reveals that for some participants ($n = 7$), even when one was cured or treated for mental illness, their personhood status was never restored to the original. For example, the views of these participants given below talk about a partial personhood status:

> It can be said to be "half-half". This is because at a point someone may refer to the cured person as once being mental. Such a person may not complete what they are saying before others will interrupt them. So, the restoration of personhood may be partial. (EMM3)

> People who develop mental illness and are treated are sometimes able to come back to their normal state as they were before. But they will always be tagged as mentally ill and may not be considered as persons in some circumstances. So, their personhood is not fully restored. (AYM3)

> When a person is cured of mental illness and they return to society, the individual is a person, but it is not immediately restored after they are cured. It takes time. (EYF2)

Other participants talked about the lack of completeness of a person who has suffered mental illness and went further to say that even though they have been cured, there are still traces and therefore a loss of a part of their personhood. The following extracts throw more light on the matter:

> As for me, I hold that once a person has suffered mental illness, even if they have been cured, there are still traces that could be seen. So, their personhood cannot be complete. (AFW1)

> There is something we call indelible stain which can never be erased so, no matter how cured you are, you may or may not be regarded as a person depending on the situation at hand. (EYF5)

> Even if it [mental illness] is treated, it will return. A little stupidity will still manifest. This means that you cannot fully consider them as persons. (AWE3)

The next extract goes further to agree with the assertions above. Contextually, many people fear people with mental illness or "mad men" as they are sometimes referred to, potentially due to their conduct and lack of predictability. A common expression related to the mentally ill, is shown here when a participant said: "he's been cured but the little that he can use to scare the children is still present" (AMY5).

Other participants agreed that a person who has suffered from mental illness may have a tainted personhood, but ascribed some form of personhood to the person suffering or who has suffered from mental illness based on physical characteristics of their bodily composition: "Though someone may be mentally ill, they are still persons since they are blood and water" (EFY3); and "As far as the person has blood flowing through the body and goes about, the person is considered a person with some slight changes which is as a result of mental illness" (EFY5).

One can glean from the above that participants spoke to the existence of the metaphysical and biological dimensions but not so much to the significance of the normative dimension. On this account, although they admit the loss of the normative, they do not wholly deny the individual's personhood since the metaphysical dimension still exists. Embedded in the voices is also the assumption that mental illness can be treated but not wholly cured, which still denies the conferment of a whole person on the individual suffering mental illness. The individual is thus in a liminal state. Furthermore, analysis showed that the liminality of personhood status was exemplified in a dual perception of the mental health sufferer by their immediate family

and that of the larger community. There was a difference in participants' perceptions of personhood status as split within a particular community. For example, the society's perception of the recovered person with mental illness seemed to be different from that of their immediate family:

> … their family members cannot avoid them, but outsiders do for fear that they may harm them. (EMM4)

Other participants observed that,

> Family members can never avoid their sick members as they have to help to give them a bath or haircut. Some of the patients do come back to the house and are fed or given money to buy whatever they need. (EMY5)

> A lot of the mentally ill persons in the community still have their families caring for them even if they go and roam for several months and return. It is their responsibility. (AMM4)

Restoration of lost personhood

This theme identified what needed to be done or could be done to restore or enhance a lost personhood status. The theme recognized that restoration of personhood status was based on performance of activities that are socially defined as that of the normal person and good conduct. Participants mentioned the needed actions for a restoration of personhood or personhood status. For example, one participant believed: "if the qualities that make a human being to be called a person is seen in the cured person again, then they can regain personhood" (EMY6).

Other participants talked about performance in restoration of personhood, noting that:

> Once the person can do the things they used to do which were normal, they can regain the status. (EMM2)

> When such a person goes to the hospital, they can be cured and then come back into society. They can go back to their normal functions in life. Then their personhood is restored. (AFW2)

> There is someone who used to be a "big man" of an organization before he was mentally ill, and he used to help the family and society. But all stopped when he was mentally ill. However, he began all the good things he used to do again after getting cured. He got back his glory and he is still considered as a person. (AMM4)

Discussion

This study sought to understand from traditional perspectives in Ghana whether personhood is lost during and after mental illness. Our data suggest that there is a perception that a person suffering from a mental disorder may lose their personhood. This is because attainment of personhood is thought to be contingent upon conduct that is congruent with societal norms and expectations. While persons living with a mental disorder may be recognized as human beings, their personhood is lost due to the perceived notion that they no longer have the mental capacity to act according to accepted behavioural standards. This finding corroborates the assertion of Kpanake (2018) that personhood from the African perspective is relational and that being embodied as a human being is not sufficient grounds to be considered a person. While there is an argument in the literature that the concept of personhood is ambiguous and therefore not relevant to providing psychiatric care (Higgs & Gilleard, 2016; O'Connor & Joffe, 2013), the perception of some participants in this study suggests otherwise, since they connected their conception of personhood strongly to mental health.

It is also pertinent to consider the perception of the liminality of personhood in relation to suffering from mental illness as it has serious implications for diagnosis and treatment. The idea of liminality of personhood in relation to mental health becomes a basis for labelling and categorizing the patient that may lead to stigmatization and thus affect the recovery process (Zalzala et al., 2019). However, one can glean from the idea of liminality of personhood an opportunity for enhancing the strengths of a person living with mental illness and for promoting their self-worth. This is because, although personhood is deemed to have been affected, there is also an implicit belief that the person living with mental illness is at a stage where personhood is still redeemable. This latter view is essential as it can help fight stigma, foster empathy, and restore persons living with mental illness to a premorbid state of personhood. This can be done through interventions that seek to increase the performative aspects of personhood for which personhood can be re-conferred. Moreover, as suggested by Zalzala et al. (2019), treatment and recovery outcomes are not limited exclusively to the professionals offering the service and the patients. Instead, the entire process is situated within a cultural environment within which the patient living with a mental illness derives their identity. It has been noted that the environmental context of treatment is critical for recovery (Kpobi et al., 2019).

A critical fact of concern about the traditional method of treatment of patients with a mental illness is the concern over the potential for abuse of their fundamental human rights as seen in chaining, flogging, and starving of patients. Considerations of whether patients are still persons during the time of their malady are part of the bases for such abuses, since traditionally such individuals could be thought of, for example, as being possessed by demons (Nolen-Hoeksema, 2013). The conception among the

participants that patients with a mental illness lose their personhood or cannot be completely healed of their disorder is instructive. With a significant portion of the Ghanaian population relying on traditional healers and faith healing centres where the belief in the supernatural etiology of mental illness is rife (Kpobi & Swartz, 2018), the continuous abuse of the patients may seem to be supported and reinforced through cultural beliefs.

Generally, many patients living with a mental disorder usually maintain their identity and make decisions to deal with their mental health challenges (Zalzala et al., 2019) even if the society within which they live does not consider them as having full personhood. The fact that the status of personhood is acquired through agency, based on the thinking of many collectivist cultures, may impose undue pressures on patients to freely express themselves for fear of being labelled "mad". Findings from this study reveal that one of the factors that might show that a patient has been healed of a mental illness is for that individual to be able to perform those standardized functions that makes them persons in the first place. Once the patient can perform those roles again, their personhood is restored even if partially. This knowledge gives insight into activities that can become part of the recovery programs for patients who have been healed to reintegrate them into society.

The complexity of the concept of personhood makes it imperative for it to be understood from the perspective of the people who are the target of psychological or psychiatric interventions. Considering this complexity, Higgs and Gilleard (2016) argue that personhood as a concept cannot provide a foundation for the development of models of treatment or a program of care for people with a mental disorder. They suggest instead that caregivers focus on the capabilities of such individuals instead of their incapacities. This argument sounds convincing when personhood is looked at from the Kantian perspective that makes the individual the focus of treatment. Contrary to this individualistic approach, however, it would be helpful if mental care service dispensers in Ghana consider the findings of this study to design models and interventions that are aimed at the holistic treatment and eventual reintegration of persons with mental illness into society to avoid the negative impacts of stigmatization associated with mental illness. The findings of the research also have implications for the role of occupational therapy in helping restore individuals suffering from a mental health condition to a premorbid state in which they can execute daily functions that allows them to be integrated into societal systems of interaction.

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