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Essay

Unpacking the stigma of suicide in Ghana through the suicide-morality connection: Implications for Stigma reduction programs

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Abstract: Suicide is not only a health issue but also a moral one. It is this moral aspect of suicide that drives the deep stigma towards the act in several cultural settings. The African ethical system (including Ghana) vigorously moralizes suicide. This intense moralization, it is argued, in this essay manufactures a robust social stigma towards the act. This essay examined the moral particularities of the African moral system and utilizes such review to shed light on the moral content of suicidal behaviour as gleaned from the burgeoning literature on suicide research in Ghana, and other areas in Africa. A central moral content of suicidal behaviour that emerges from such review is social stigma. The essay shows how suicide stigma as a social reality, becomes instituted at three levels: Family/community, religious, and legal. The essay asserts that there cannot be any meaningful suicide prevention programs that sideline these institutions. In conclusion, efforts to increase suicide literacy in families/communities, churches and in the judiciary are urgently needed. These institutions can also be targeted for training in gatekeeping.

Keywords: stigma, suicide, Ghana, suicide-morality.

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Background

Death is inevitable in life and most societies have organized beliefs about life and death. In the Ghanaian (Akan) cosmology, death is associated with birth and is viewed as a transition from this world into that of the ancestors. In most African societies, death is classified as good or bad.

A long life before death is associated with wisdom, honour and authority. Additionally, there is a general belief that when one lives longer and dies naturally, his next life will be successful (van der Geest, 2006). In fact one criterion of acceptance into the world of the ancestors is the way a person dies (De Witte, 2001). Consequently, the way a person dies in an Akan (Africa) society is very important. Deaths in Akan society has therefore been classified into good and bad death. Good death as viewed by the Akans are described

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as peaceful death which includes, not dying through violence, contributed to family welfare, dying naturally at home among others (van der Geest, 2004). A bad death includes accidental, motor-traffic, still born, suicide among others (De Witte, 2001). The moral view of suicide as a bad death is further explained by the social consequences of shame that is transferred unto the surviving family. In a recent article by Adinkrah (2015), the negative attitudes toward suicide in Akan culture is also expressed by specific mortuary rites and practices performed during suicidal death. This includes a generalized lack of mourning, brief period for grieving, denial of proper burial and funeral rites for suicide deaths (Adinkrah, 2015). Suicide is thus described among the Akans as an extraordinarily moral evil that brings catastrophe and shame to both the family and the community at large for which reason it is strongly disavowed (Adinkrah, 2015; Gyekye, 1995).The meaning/s of suicidal behaviour in Ghana therefore appears to be socioculturally constructed. Attitude studies towards suicide in Ghana aimed at exploring the meanings of suicide for the past 7 years have identified several meanings of the act which are heavily laden with moral properties. Some of these meanings are: suicide is a waste of potential, suicide is a murderous act, suicide is a religious transgression, suicide is a faith-failure, and suicide is a social injury (Osafo, Knizek, Akotia & Hjelmeland, 2011c; Osafo et al, 2011b). All these meanings appear to be slanted towards a moral conception of suicide in Ghana.

As a cultural artefact, the meaning of suicidal behaviour is socioculturally constructed (Boldt, 1988). Several authors have thus examined various cultural dimensions and how they impact on suicide in various cultural milieu. For example research into culture and suicide has revealed that a great deal of suicide in rural China are laced with cultural meanings- where women used the act as a protestation against patriarchal oppression (Meng, 2002). In Uganda, the act is viewed among the Banganda as a terrible act that requires social distancing as means of addressing it (Mugisha,, Hjelmeland, Kinyanda & Knizek, 2011). In Ghana, the act is viewed as socially injurious to the entire family set up and the offender is found culpable (Osafo, Hjelmeland, Akotia & Knizek, 2011c). In Africa, the moral elements in suicide point to a certain dominant moral system. Such moral conceptions of suicide must be unpacked to explore how stigma towards the act is processed and institutionalized within certain social contexts and the implication this has on stigma reduction programs in Ghana. This is the thrust of the essay.

The first part of the essay reviews the features of the African moral landscape, situating it within the Akan moral scheme. In the second part the historical currents influencing suicide stigma from religion to criminal codes are examined. This culminates in a discussion of how suicide stigma has become institutionalized by three social systems in Ghana- family/community, religion and the law code, and the potential impact of such stigma on persons in suicidal crisis. The final part of the essay identifies three major stigma towards suicidal persons and addresses specific attempts in reducing suicide stigma in Ghana.

Discussion

The African moral system

Ethics and morality have often been used interchangeably in the literature. Morality is used in a broader sense than ethics although the margins are diffused (Nel, 2008). Nwosu (2004) offered a descriptive view of morality as “a public system of rules that all rational persons advocate and adopt. It is concerned with the behavior of people in so far as that behavior affects others and institutions… In effect, morality aims at a good—a just and peaceful social order, conducive for humanity…“ (p. 208-209). Nel (2008) defines morality as “the sense and view of what is right and wrong and that which constitutes an absolute reference for character and behaviour. It is an authoritative code of conduct in matters of right and wrong” (p. 35).

Ethics as Gyekye explains is the formal study of moral issues whilst morality refers to the lay reflections on virtues (Gyekye, 2010). Nel (2008) adds that ethics is any action a person engages in which is informed by moral principles of good and bad. To avoid conceptual confusion in this paper, I shall use the term morality since, it is out of my scope in this paper to attempt a thorough formal treatise on African ethics. What I shall do is rather to provide an extensive review of the prominent features of African morality.

Various philosophers writing on the African moral system identify certain specific moral particularities unique to Africans. Although African culture cannot be viewed as monolithic, there are general patterns observed in the way African tribal groups engage or view moral issues. I do subscribe to a universal ethical system which are common to the human experience and wherever there are human interactions. As observed by Mertz (2007), there are moral issues in the African setting which are similar to those in the western context. For example, Mertz indicates that the following actions are incontrovertibly immoral in both western and African contexts: to kill innocent

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people for money, to have sex with someone without her consent, to discriminate on racial basis when allocating opportunities, to steal goods from their rightful owners. However there are moral tendencies and particularities within the African setting that are unique; Africans find the following more immoral: to make policy decisions in the face of dissent, as opposed to seeking consensus, to create competition as means to wealth as opposed to a cooperative one, to distribute wealth largely on the basis of individual rights, as opposed to need and to ignore others and violate communal norm (Mertz, 2007). The African moral system thus lends itself towards specific moral standpoints that might be different from western perspectives.

Examining African philosophers' description of the moral landscape, one can find certain descriptive elements of African morality that must be unpacked as one examines the suicide-morality connection. Most articles that have examined this connection are western papers and they have examined the moral issue in suicide along the lines of Judeo-Christian ethics and the law. African (e.g., Ghanaian) perspective on the morality of suicide are not only Judeo-Christian. They are also intermingled with the broader cultural beliefs and practices of the people. Accordingly, certain features of African morality are discussed. These features are not exhaustive but essential and relevant to the subject of suicide. There will not be any authoritative claim that Akan morality (ethics) is a microcosm of African ethics in this essay. However, as Gyekye (2013) indicated there are empirical and conceptual evidence that Akan morality resonates on the moral landscapes of other African societies. Against this backdrop, the essay will cite examples from Akan morality, a Ghanaian ethnic group the author is familiar with.

One feature of African morality is its centrality on humanism and community. In other words, it is inclined towards the interest of human beings and the smooth functioning of community in pursuit of such interests (Gyekye, 2013). The centrality of community in the discourse of morality is best expressed by Nel (2008) who argued that "Community in the African context is the basis for morality in that it guarantees the well-being of both the individual and the community" (p.42). Gyekye (2013) has observed that the foundation of African morality is humanism, the view that considers the essentiality of human interests and welfare to the thought and action of the people. This view is corroborated by Ikuenobe (2006) and Nel (2008) who both highlight the centrality of community, personhood and wellbeing as major tenets of African morality. The epicenter of African morality is its tendency towards the welfare of a group of humans (the community) . African societies have the tendency to organize their social life on the basis of communality, solidarity and fellow feeling. The degree to which the sense of communalism is experienced has however been contentious among scholars of African ethics. For instance Menkiti (1984) and Mbiti (1989) have been challenged by Gyekye (1995; 1996) as proposing extreme form of communalism which completely submerges the individual. Gyekye posits, rather that, the African social arrangement is *moderate communitarianism* which allows space for the individual to pursue his or her personal aspirations. However such pursuit should not run counter to the groups' interest. The individual within such ethical framework is expected to conduct himself/herself in a way that facilitate communal welfare. Any other actions that detract from securing the social order and the interest of its members cannot be acceptable. Behaviors are examined in terms of consequences for others. Actions that might threaten such welfare system is an eventual threat to social survival and might be adjudged immoral. This is explained clearly by Gyekye (2013) thus: "In Akan moral system (or African moral system generally), good or moral value is determined in terms of its consequences for humankind and human society" (Gyekye, p. 221). This orientation towards community, human welfare and wellbeing often makes African morality a social ethic (Gyekye, 1996).

Another feature of the African ethical system is the notion of character. The presence of virtue in a person or the lack of it is considered a measure of character- good character or bad character. The celebrated African theologian and Philosopher, Mbiti (1989) asserted that**,** " the African moral system is " a morality of conduct rather than a morality of being…man is not by nature either good or bad (evil) except in terms of what he does or does not do. This, it seems to me, is a necessary distinction to draw in discussing African concepts of morality and ethics" (p. 209). This view is concurred by Gyekye (2013) when he argued that "Good character is the essence of the African moral systems, the linchpin of the moral wheel" (p.211). The implication is that social welfare is a product of individual collective good conduct. The social good destroys if the members who are the fulcrum of it abandon the moral good for the bad. Good conduct such as hospitality, friendship, and caring, giving, support are all conducts that are building blocks for social survival. African morality therefore determines a good or bad conduct by how much the moral conduct contributes towards the social good or otherwise.

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Maxims such as *"A person is a person through other persons"* and *"I am because we are" although* are sometimes used to express a metaphysical claim, to the effect that one could not have become who one is without living in a society, they are also usually meant to express an evaluative claim. In particular, they are implicit prescriptions to become a *real* person, to bring out one's true self, or to live a genuinely human way of life that supports the survival of the community. Herein, ones character becomes paramount.

Closely related to the notion of character is personhood. In African moral system, personhood is earned and not innate. A person is considered a moral person not because he has the metaphysical qualities of reason, feelings, and language. Rather, he/she has the capacity to acquire moral education and contribute to the social good and survival agenda (Ikuenobe, 2006). As Nel (2008) argues, one's humanity is validated on grounds of sharing fellowship with others in the African cultural context. Children in this regard will not be viewed as full human beings (though they have the potential) (Gyekye, 2010). Human beings and a full person is someone who has received moral education that facilitates social welfare and communal living. In this regard the views of three African philosophers are presented below:

Gyekye (2013) opines that*:*

> *"it is the individual's moral achievement that earns him the status of a person. Every individual is capable of becoming a person inasmuch as he has capacity for virtue-for performing morally right actions- and should be treated (at least potentially) as a morally responsibility agent" (p. 216).*

Mbiti (1989) echoes thus *"…a person is what he is because of what he does, rather than that he does what he does because of what he is" (p. 209).*

Ikuenobe (2006) also adds:

> *"what defines a person as having moral personhood is the ability to consider the needs of others and one's own needs in the context of the community, and to feel a sense of shame , guilt, remorse, and show moral sensitivity" (p. 112)*

Although a person may not lose his or her humanness on the basis of a misconduct, he or she risks social censure and loss of respect if his personhood and actions are inimical to the social good and contravenes solidarity (Gyekye, 2010). Every effort thus is made to socialize children to be responsible moral adults within the normative social setting in African societies. Moral education has thus been extensively studied by Ikuenobe (2006) as the basis for acquiring responsible personhood in African setting.

The African moral system also places emphasis on the value and reverence of human life. This aspect of African morality has been described as anthropocentric because of its preoccupation for well-being (Van der Walt, 2003). Gyekye (1996, 2013) has extensively analyzed certain ethno-philosophical themes from Akan proverbs to elucidate the underlying meaning of the perceived goodness of human life. This belief in the value, Gyekye, argues, manifests in the expression of virtues towards visitors. On a broader level, it is a manifestation of the belief in a common brotherhood that is believed to be shared across all cultures. The ethic of generosity and hospitality are some of such indices of the value Akan morality places on human life (Gyekye, 2013). These values for human welfare are protective and facilitative of nurturing human life within African traditional societies (Gyekye, 1996).

The strong orientation to duty and responsibilities more than rights is also characteristic of African morality. Duty is expected obligations that are exacted upon the individual as a contribution toward social welfare. Rights are demands that the individual expects from the community for his/her welfare and comfort. Gyekye (2013) indicates that *"…a robust feature of the African communitarian society, mandates a morality that clearly is weighted on duty to others and to the community; it constitutes the foundation for moral responsibilities and obligations*" (p. 234). What an individual is <u>*entitled to*</u> is not the focus, rather, what he is <u>*expected to*</u> is the thrust. By implication rights are bracketed off or suspended in circumstances that require the prosecution of full responsibility. People going through crisis might therefore be expected to hold fast to their obligations and duties more than the rights they have as individuals. A blame might be exacted on the person who fails to be dutiful even in crisis. For example a man who is in suicidal crisis and attempts or dies might be condemned for not thinking about his duty as a husband to his wife, father to his kids and a member of a family with responsibility of protecting the family's honour. He might be viewed as abdicating all three responsibilities in the midst of the suicidal crisis and might be heavily condemned.

A holistic conception of life is another feature of the African moral space. Everything is interdependent and interlaced with other. Verhoef and Michel (1997) asserted that the African ethos

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is such that "…the relationship between philosophy, religion and morality as lived by the people is one of unity" (p. 395). A plausible extension is that an act considered personal may have group and social dimensions and implications. Nel (2008) corroborated this when he indicated that in this holistic and interlaced universe, one cannot separate an act from the impact it makes on its contexts such as environment, societal or spiritual.

Sanctions are also key in the African morality space and are means of ensuring compliance (Aja, 1997). A deviation from the moral standards are punishable whilst conformity with it is commendable. Sanctions are viewed as restoring the disequilibrium that is perceived to have occurred when people engage in perceived criminal acts.

The suicide-morality connection

Religion took a center stage in moralizing suicide. There are indications that early Christians used martyrdom as instances for suicide (Kaplan & Schwartz, 2010), but formal formulations by the Church on suicide came later. Such formal formulations also facilitated further legal criminalization of the act (Barton, 1976). In Christianity, Augustine first formulated the Christian view of suicide condemning it on three grounds: 1) that suicide violated the commandment "thou shalt not kill", 2) that suicide disallowed any opportunity for repentance and 3) that suicide was a cowardly act. This view was later expanded by Thomas Aquinas who also added that suicide was immoral because 1) It is unnatural and uncharitable to oneself, 2) suicide is antisocial because a person is member of a social unit and thus detrimental to the community, 3) life is a gift of God and represents God's property; suicide thus represented a usurpation of God's prerogative to determine man's fate (Kaplan & Schwartz, 2010). Excessive martyrdom and the tendency towards suicide abounded among early Christians who viewed suicide as redemption. In an attempt by Church Fathers to stop this, they began to associate sin to suicide (Leenaars, 2004). The second Council of Orleans (AD 533) produced the Church's first official position of disapproval of suicide by denying funeral rites for suicides because they were accused as criminals. (Kaplan & Schwartz, 2010).

During the Renaissance in the 15 century scholars challenged the Christian "transgression view" of suicide. For example in 1516 intellectuals such as Thomas More and John Donnes began defending that suicide did not contravene the laws of reason and God (Barton, 1976). Further, between the 18th and 19th centuries, several writers also began changing the moral view of suicide in western cultures. Such persons included David Hume, Voltaire, Montesquieu, Schopenhauer. Certain cultures however, historically had not kept a moral view of suicide. Typical of such cultures included the Samurai in Japan that viewed suicide as an image redemption act from social stigma. Suicide was thus viewed as an act of honor within the Japanese culture.

However, continental Europe and the United States regarded suicide as a crime, deepening the suicide-morality connection. For example English Common Law declared suicide as a felony. If suicides occurred, all the estate of the deceased was confiscated, a stake was driven through the body, the person was denied church burial and rituals were performed to debar the ghost from returning to the earth and all forms of abetments were also criminalized (Barton, 1976). This legal code was however changed from felony to misdemeanor and the confiscation of the suicides possession also expunged. The English Common Law against suicide received various rulings which eventually accepted attempted suicide as a misdemeanor punishable by imprisonment and hard labour (Neeleman, 19996). By the 19th century, the sanction against the suicides bodies and mutilation as well as the confiscation of their possessions had ceased. Attempted suicide thus remained a criminal act but considerations of intentionality and the protection of the suicidal person's health were important elements in establishing intentionality until the law was repealed in 1961 (Neeleman, 1996). Compared to Germany, France and the Scandinavia which outlawed the crime against suicide since the 1700's and the 1800's respectively, the decriminalization of suicide in Britain was delayed due to court judgements delaying legal reforms (Neeleman, 1996). Although the act was decriminalized, Neeleman reported that there were indications from coronal reports that strong stigma towards suicide continued to persist. One major source of such stigma is from the Anglican Church. The Church of England since 1959 distinguishes between honorable and non-honorable deaths with Coroners providing the church with further information to help the church decipher the two (Neeleman, 1996). In the Catechism of the Catholic Church (1992), expatiation on the respect for human life has included statements delegitimizing intentional homicide, abortion, euthanasia and suicide. Suicide is explained as a contradiction to the love of self and to God in the Catechism of the Catholic Church. Thus in general religious formulations and

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legal codes set the grounds for tabooing suicide on moral grounds.

Institutionalizing Negative attitudes towards suicide in Ghana

Research consistently has reported a generalized negative attitudes towards suicide in Ghana (Hjelmeland, Knizek, Akotia, et al., 2008; Osafo, et al 2011b). These negative attitudes are often expressed towards the suicidal person (Osafo et al, 2015). It is argued in this section that these negative attitudes appear symbolic and institutionalized. When members live in a community, as Nwosu (2004) explained, they become culture-bound enough to accept certain rules by which they relate to one another and interpret certain actions as an attribute of morality and adopt rules which guide their conduct as people; and once these rules become guide to their conduct they will acquire a moral value within that context. Consequently, certain behaviours might be normalized and practiced over time as part of the moral fabric of the people. The harsh negative attitudes toward suicide in the Ghanaian society therefore might achieve a symbolic nature as a social reality in the way the act is construed and the shared meanings established among a group of people. As Ibáñez (1997) argues, "Nothing is social if it is not instituted within the sphere of shared meanings which belongs to a collective of human beings."(p. 30). The negative attitudes towards suicide might be established within the sociocultural moral fabric of people to the extent that they receive unscripted social backing. For example viewing suicide as social evil might have received a strong societal backing through the convergence of the ethics of social welfare and respect for human life. Plausibly, over the long haul, such condemnable view of suicide are functionally thought to be preventive as we have begun to observe from some of our studies (Hjelmeland, Osafo, Akotia & Knizek, 2014).

Instinctually, humans are wired towards self-preservation and so suicide does not resonate with our innate make up (Tang et al. 2011). A negative attitude expressed towards a suicidal person to suppress self-destructive desires might consequently be thought of as suicide preventive. But such view is simplistic as in most cases people tend to expressed negative attitudes towards the person going through the suicidal crisis and not the behaviour. In our 8 years studies of suicide in Ghana, a consistent observation is that people have found it difficult to decouple the suicidal person from the act. They hate the act, condemn the act, but are unable to express empathy towards the victim. The social reactions towards suicide attempters therefore become traumatic for them in Ghana (Osafo, Akotia, Andoh-Arthur & Quarshie, 2015). These negative attitudes toward suicide, it is argued, are products of the Ghanaian sociocultural set up which has created a value system of what constitutes good death and bad death. It is argued that such moral view of death is facilitated by three influential institutions. The first institution is the family/community, the second is religious organizations and the third is the law that criminalizes suicide. Each of these are discussed further.

The family and community. The social arrangement of Ghana is patterned along interdependence. Sociological analysis have revealed that the family is a social insurance in Ghana and therefore socialization of members are patterned along moral lessons that are geared toward reducing loses and maximizing success (Assimeng, 1999; Nukunya, 2003). Children are socialized to avoid any behavior considered image damaging since the damage inflicted by acts of misconduct is shared by all members. A personal act therefore has serious social consequences for the rest of the family and by extension the community. Suicide in Ghana is, thus viewed by most communities as an anathema, with molestations of the body of the suicide, the destruction of anything or method used in the process and the memory of the suicides destroyed (Adinkrah, 2012, Osafo et al. 2011c). Thus socio-culturally, beliefs and practices in Ghana are all proscriptive of suicide. (Osafo et al. 2011c)

Research on the meaning/s of suicide in Ghana has discovered that suicide as a phenomenon has been conceptualized as an act with serious consequences for the family. For example, suicide is conceived by lay persons in both rural and urban Ghana as a waste of potential, an act of cowardice, a threat to conjugal opportunities and a social injury for the family (Osafo et al., 2012, 2011c). African families (much as Ghana) value honour. It is an attribute that gives families a stake to participate within the social space of human interaction. A loss of this honour as a result of suicide is considered a threat to social survival. In certain tribal groupings it is even considered a curse, with serious future consequences for the family. The suicidal attempter then has an uphill task of survival because his or her first tormentors might be from the immediate family and the community at large. In one of our studies, a suicide survivor indicated that the inhumane treatment meted out to him by the community was severer than the pressures

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which pushed him to consider suicide (Osafo, Akotia, Ando-Arthur & Quarshie, 2015). Such harsh attitudes reflect a view of the suicidal person as an outcast and *antisocial person* to the collective survival of the family and community. In the African moral space any conduct that is non-aligned to the collective good is an "*anti*" entity and might have to be re-aligned through social sanctions and punishment. There are complexities of stigma that exude from suicidal behaviour in interdependent societies. Mbiti (1989) asserts that in such societies personalities are intensely naked as life is shared with each other. From that basis, the act of suicide might represent a pain of betrayal and abandonment for the family and at the same time a threat to their social image (Osafo et al, 2011c, 2011a). The suicidal person consequently, might be a target of anger and strong antagonism.

Religious groups: Ghana is rated as a very religious nation (Gilani, Shahid, & Zuettel, 2012). In recent times Pentecostal, charismatic and neo-prophetic ministries have turned the religious landscape into a vibrant one. Religion thus has been deeply infused into Ghana's cosmology and sociocultural practices. Descriptions of Ghanaians as incurably and notoriously religious lends support to this assertion (Gyekye, 2010; Pobee, 1992). It is important however to draw a distinction between religion as a basis for morality and religion as exerting impact on moral behaviours. Gyekye (2013) and other philosophers subscribe to the naturalistic basis of African morality but does admit the influence of religion in the moral beliefs and practices of the African. Others subscribe to a supernatural basis of African morality (Mbiti,1989; Menkiti, 1984). What appears to be common in these perspectives is that religion influences African moral discourses (Ikuenobe, 2006; Gyekye, 1995;1996), and this conclusion resonates within the morality-religion discourses in Ghana. For instance, studies have confirmed that religion facilitated negative attitudes towards suicide in Ghana through strongly held religious views such as the sanctity of life, "thou shalt not kill" , and the equation of suicide with murder (Osafo et al., 2012). As the moral community theory stipulates, individuals are nested into a community of like-minded persons and this can reinforce religious ideals and behaviors (Stack and Kposowa, 2011a). Most people in Ghanaian communities might be living in religious moral space which enforces certain moral behaviours and sanctions immorality. It is an everyday experience to see various church groups in almost every community in Ghana openly expressing religious lifestyle through prayer and other rituals. Within such intensely charged religious environment, suicide was viewed by our informants as faith-failure, an idea that expressed incapacitation on the part of a religious person to deploy intrinsic religious resources in coping with life's challenges (Osafo, Knizek, Akotia & Hjelmeland, 2011b). To deploy religious resources during distressing circumstances also appears to be a measure of one's successful religious lifestyle. Suicide persons are viewed as having failed in their religious lifestyle. Such commitment to core religious beliefs and the pervasiveness of the experience of living in highly religiously moral communities normalizes the negativity toward suicide. Accordingly, it may be normal to perceive the suicidal person as a *sinner and transgressor* before the religious community.

Legal code: Although efforts are intensifying to decriminalize suicide and improve mental health services around the world, attempted suicide continues to be criminalized in some countries. In an extensive review on the legal status of suicide from 192 countries by Mishara and Weisstub (2015), 25 countries still do have penal codes against attempted suicide with additional 20 countries proscribing attempted suicide under Islamic law where the victim could suffer jail sentences. In some African countries such as Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, including Ghana attempted suicide is penalized (Adinkrah, 2013; Kahn & Lester, 2013).The 1960 Criminal Code of Ghana indicates that "whoever attempts to commit suicide shall be guilty of a misdemeanor." (Act 29, section 57). Widespread stigma towards suicide in Ghana appears to lend some credence for criminalizing it and thus difficult to change this law (Kahn & Lester, 2013). In the meantime, the code is not dormant but active. There are reports indicating that suicide attempters in Ghana are being aggressively prosecuted and fined with majority pleading guilty and receiving sentences ranging from incarceration to fines (Adinkrah, 2013). However other reports show that some professionals such as Police, Nurses, Psychologists and Medics are calling for the repeal of this law though others support it (Osafo et al., 2015; Hjelmeland et al., 2014). Those in favour of the repeal of the law viewed the suicidal person as sick and unwell, whilst those who support the law viewed the suicidal person as a criminal and a potential murderer. They thus validated the need to use the law as means of deterring people and preventing suicide in the long run (Hjelmeland et al 2014). The institutionalization of criminal code against suicide might prime the value of life and

living and accentuates the criminal view of suicidal behavior and persons. This can contribute towards deepening social stigma towards persons as *criminals* who deserve punishment.

The impact of stigma of suicide

As analyzed above, the ultimate result of negative attitudes towards suicide from the family/community, religious groups, and the law code is the intensification of stigma towards suicidal persons. Stigma is a mark that denotes a shameful quality in the person who has been so marked (Pompili, Mancinelli & Tatarelli, 2003). The sources of the stigma are varied and may include beliefs and prejudices (Pompili et al, 2003; Sartorius, 2003), ignorance (Joiner, 2010) and careless use of diagnostic labels (Sartorius, 2003). Stigma till date, continues to be a major obstacle to quality of life of several persons suffering from one form of mental distress or another. Although mental illness is stigmatized, the stigma of suicide continues to be unique one and as a special domain of mental distress (Sudak, Maxim, & Carpenter, 2008; Rudd, Goulding, & Carlisle, 2013).

Suicide stigma has serious consequences which must be tackled. In a recent editorial, Rusch, Zlati, Black and Thornicroft, (2014) have showed three ways in which stigma can be related to suicidality. First, suicide stigma can lead to social isolation and impaired social network. Secondly, suicide stigma can create structural discrimination. This implies that there will be poorer funding of mental health care and this will eventually reduce access to quality mental health care services. Thirdly, stigma can lead to self-stigma which may lead to a sense of worthlessness, hopelessness and a threat to coping resources.

Stigma is one likely obstacle when planning effective intervention for warning signs of any type including suicide (Sudak, Maxim, & Carpenter, 2008). Warning signs are useful indicators for public health education and awareness which eventually may lead to early detection and effective intervention of suicidal persons. (Rudd , Goulding & Carlisle, 2013). The stigma attached to suicide may become hurdles in lowering enthusiasm to provide help to person who are experiencing suicidal crisis (Sudak, Maxim, & Carpenter, 2008). For example in one study that examined the impact of stigma on participants' readiness to provide urgent help and their degree of comfort and trust in their helping efforts, participants showed readiness to respond urgently towards heart attack patient than someone in suicidal crisis. (Sudak, Maxim, & Carpenter, 2008).

Suicide stigma can also lead to people distancing themselves from the suicidal individual and potentially compounding the sense of isolation, loneliness, and burdensomeness (Van Orden, Joiner, Hollar et al., 2006). In one study in Uganda, the stigma attached to suicide is so deep that at the instance of a suicide, the family, lineage, and the entire clan detach themselves from the suicidal person as a way of ritually managing the fear of collective social stigma (Mugisha, Hjelmeland, Kinyanda & Knizek, 2011). The labels of suicidal ideations and persons as weak, shameful, sinful and selfish may prevent them from seeking early help in the suicidal process and those within their social network may also pull way for fear of shared stigma (Pompili, Mancinelli, Tatarelli , 2003; Rusch, Zlati, Black & Thornicroft, 2014).

The emerging literature (although inconclusive) is beginning to show some support for the hypothesis that stigma variables contribute to suicidality (Rusch, Zlati, Black & Thornicroft, 2014). For example in one study, that examined patients views about suicide prevention efforts, 83% of patients were conscious of the stigma associated with mental illness when feeling at their worst, with 59% indicating that this stigma had contributed to their feeling at their worst. (Eagles, Carson, Begg, A., et al, 2003). A recent study in one rural community in Ghana reported that attempters indicated that the stigma following suicide was traumatic for them with one ending up killing himself from social taunting a few weeks after the interviews. (Osafo et al, 2015). Stigma reduction has thus been considered as a one of the suicide prevention efforts (Pompili, Mancinelli, Tatarelli , 2003; Rusch, Zlati, Black & Thornicroft, 2014). In fact stigma reduction is a recommended national prevention method by the WHO as means of globally combating the suicide menace (WHO, 2014);

Summary

I opine in this paper that stigma towards suicide in Ghana is institutionalized. The institutionalization of stigma appears to build a certain sense of normalization of negative attitudes towards, not just suicide, but suicidal persons. This may reduce the interest to empathize, help as well as the willingness to seek early help during suicidal crisis (Osafo et al., 2015). There are three forms of stigma towards suicide and suicidal persons as identified in this essay. The first is viewing the act of suicide as *anti-community act* and thus the *suicidal person as antisocial*. Generally in psychology, an antisocial person is characterized by a long standing pattern of irresponsible behavior including a lack of conscience and diminished sense of responsibility

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to others (Colman, 2015). The view that the suicidal person's acts represent a social injury (Osafo et al., 2011b) is consistent with both the aggression and rule violating criteria of the antisocial criteria as indicated by Sperry, (2003) in the DSM-IV-TR. The person's act is perceived as constituting irresponsibility towards the group and a confrontation to the social order. The African ethos is oriented towards social equilibrium and the punishing of non-conformists (Verhoeff & Michel, 1997; Gyekye, 1996). Suicidal persons in Ghana are verbally abused as "stupid" and "foolish" (Osafo et al, 2012). Such labels may reflect acts of social sanction. Efforts that target the reduction of stigma should focus on such labels and replace them with more humane and empathic alternatives such as "unwell", "sick", "needy" and "distressed" as expressed by psychologists and medics in the country (Osafo et al., 2013, 2015). Such words can provoke prosocial tendencies towards the suicidal person.

The second major stigma towards suicide and the suicidal person from the fore discussion is that the act is a transgression. Following from that view, the suicidal person is *a sinner or transgressor*. As a transgressor, he or she is viewed by the religious community as desecrator; or an evil person. Such view may lead to social isolation and lack of enthusiasm to provide help for suicidal persons and their families within faith communities or religious groups in the country. Perhaps this attitude might be changing because of the recent reports of clergy suicide with fatal outcomes in Ghana. Such acts might awaken the Christian community to reconsider concrete efforts in addressing the issue of suicide than the traditional avoidance and condemnatory posture that has often characterized reactions towards suicidality. Stigma as has been argued may serve a deterrent purpose, but empirical evidence has indicated that stigma discourages report and timely intervention (WHO, 2014). Churches should therefore begin to reduce judgmental attitudes, embrace and provide support for persons who might be experiencing some psychological distress leading to suicide.

The third form of stigma toward suicide and suicidal persons is perceiving the suicidal act as a crime and the *person as a criminal*. This is perhaps, the strongest form of stigma as it presupposes that the person has attributes that may be physically dangerous to the rest of the community. In earlier studies conducted in Ghana suicidal persons have been described as murderers (Osafo et al, 2012). It is my view that the highest intensity of suicide stigma is expressed at this level of perceived criminality. Such label may lead to severe isolation and discrimination towards the person. This might provide a robust justification for the law courts in Ghana to prosecute the suicidal person as a "law breaker" who deserves incarceration as presently observed in Ghana (Adinkrah, 2013).

Implications for suicide prevention

Stigma is considered one of the most problematic attitudes attached to mental health and suicidal behaviour and thus programs targeting its reduction, is central to suicide prevention efforts (Mann & Currier, 2011). I firmly assert in this essay that suicide prevention efforts will not be effective unless these institutions that are virtually manufacturers and repositories of suicide stigma become part of the efforts in addressing it. Such efforts will require specific steps towards formulating a national policy on suicide and suicide prevention in the country. The nature of stigma and the levels at which they are expressed as indicated in this essay show that public awareness and education targeting the reduction of stigma can occur at two major levels: 1) the general population level where families are primary focus for suicide education and 2) institutional and professional levels where religious leaders and legal practitioners are targets for suicide literacy.

Families and the communities within which suicides occur are often a risky one in Ghana and the attempter may suffer afterwards (Osafo, et al. 2015). Suicide education for community can take both universal (i.e., targeting the whole community and education people on warning signs and how to refer persons to appropriate quarters for help) or indicated (where families with suicide episodes are identified and educated, including support programs for those who might be bereaving).

Further, gatekeeper clubs can be formed in communities to provide initial help to suicidal crisis. These gatekeepers may be the only identifiable and available support group for persons with mental and suicidal crisis. Lack of knowledge about suicidal warning signs and the presence of negative attitudes still pervade in Ghanaian communities. Public education at the family and community level should become a major preventive program in Ghana. Evidence of this exist in Australia where Australian Aborigines received suicide education to reduce stigma through community gatekeeper training workshops (Capp, Deane & Lambert, 2001). Such can be piloted in certain communities in Ghana and evaluated for effectiveness and generalized application. Some evidence-based researches have also indicated that large scale public education and

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awareness campaigns have beneficial effects (Hegerl, Althaus,& Stefanek, 2003)

Public education at the institutional and professional levels is also very key. Suicide is a state of emergency issue that requires specific actions and steps that should be followed to prevent it (Fountoulakis & Rihmer, 2011), especially when there are potential helpers who see the suicidal person prior to the act. Religious leaders are among such potential frontliners. Yet religion's role in mental health issues is often is doubled-edged (Koenig, King, & Carson, 2012). Its role in the fight against reducing stigma cannot be ignored, however, it must be tactfully guided. In this regard the role of religious groups (and their leaders) become critical. Religious leaders in Ghana are also frontlines in mental health crisis in Ghana (Osafo, Agyapong, & Asamoah, 2015). They may often be present at a critical time when someone is in the middle of some mental crisis including suicide and either provide help or put up an attitude that discourages the person from seeking early help. The need to provide them with education for purposes of modelling prosocial acts and referral system is very important. Evidence of engaging religious groups and their leaders is already available in Ghana. For instance during the fight against HIV'AIDS stigma, religious leaders in Ghana were actively engaged to send messages of compassion and support to the general public and this has been evaluated as effective (Boulay, Tweedie, Fiagbey, 2008; USAID 2003). The potential for religious meetings as sites for public education on mental health in Africa is already demonstrated (Hale & Bennett 2000, Koenig, 2008) and this can be harnessed to improve suicide prevention in Ghana.

There is the need to target the legal institution as a professional group and provide them with education about the evidence-based reasons to decriminalize suicide. We already have some evidence on the grounds that law enforcers such as the police generally support the repeal of the law that criminalizes suicide (Hjelmeland, Osafo, Akotia & Knizek, 2013). In this regard, research and advocacy are needed. Research is needed to back advocacy programs. We have begun this in earnest. Our recent studies have focused on understanding the attitudes of lawyers and judges. Preliminary results are indicating that they are in support of decriminalizing attempted suicide. Earlier advocacy work on decriminalization that targeted parliament was petitionary and based on evidence built elsewhere around the world. To make sustained impact, knowledge generation that should drive advocacy towards decriminalizing attempted suicide in Ghana should go beyond simple petitions to evidence based advocacy. Such evidenced-based advocacy must also have a strong educative slant. Thus the lawmaker (parliamentarian), the law interpreter (lawyers) and the law enforcer (police and judges) all need to improve their suicide literacy to facilitate the advocacy efforts. In one of our dissemination programs, we observed a sharp drop in negative attitudes toward suicide when we gathered the views of participants before and after a suicide prevention educative seminar and training program (Hjelmeland, Osafo, Akotia, Kinyanda, Knizek 2011).

To sum up, the major negative attitudes towards suicide in Ghana is stigma which appears to have some normative support at three major social levels- family/community, religious and legal. Suicide risk is not static and stigma can vary, heighten or even change the initial risk completely resulting in elevated perturbation and high lethality. The firm assertion in this essay is that stigma toward suicide in Ghana is institutionalized and that efforts to reduce stigma and ultimately prevent suicide should target these institutions and incorporate them into prevention programs based on sound and evidenced-based research.

Competing interests

The author declares that there are no competing interests

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